THE DUSTOFFER

DUSTOFF ASSOCIATION NEWSLETTER FALL/WINTER 2006

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PLAN NOW FOR THE DUSTOFF REUNION FEBRUARY 16–18, 2007

PLUS

THE DOCTORS OF WAR

BY BOB DRURY, A FIRSTHAND ACCOUNT FROM ARMY DOCTORS AND MEDICS IN IRAQ

DUSTOFF with escort in Afghanistan

President's Message

As we begin preparations for the 2007 DUSTOFF Association reunion, I am reminded of the sacrifices made by our brave DUSTOFF Warriors each and every day in Iraq, Afghanistan, and all around the world. This last year we lost three brave warriors in our two combat zones. SSG Heathe Craig was on his second hoist of critically wounded Soldiers from a fire fight in Afghanistan. SSG Craig gave his last full measure of courage in the effort to save another Soldier's life. SGT Steven Mennemeyer and SGT Jeffrey Brown were killed during an NVG training flight in Iraq.

The legacy of Charles Kelly lives on today. This reunion will also honor our founder, SSG Thomas "Egor" Johnson, with his induction into the DUSTOFF Hall of Fame. Without his vision and his gutsy determination, this great Association would not exist today. On his shoulders rested the task to get this organization off the ground, chartered, organized, and headed into the history books.

Now we stand as the keepers of the legacy. Our programs are strong and meaningful. This year we awarded our first scholarship under the new program in partnership with the Quad-A. Lucas R. Markham received our 2006 Mike Novosel DUSTOFF Scholarship and is attending the University of Central Arkansas. Please read my report on the scholarship on page 13.

We are also supporting the efforts of the Medical Evacuation Propency Division and the AMEDD History Program by providing funds to transcribe oral history accounts of our DUSTOFFers who have served since the end of the Vietnam War. It is a noble thing we do to document and publish the history of DUSTOFF since Vietnam.

Finally, this October saw the dedication of the Spurgeon Neel Pavilion at the AMEDD Museum. This Association donated $5,000 to that effort over the last five years.

I am proud to have had the honor to serve as your President and am looking forward to seeing as many of you as possible in February at the Holiday Inn Riverwalk. We have a full schedule and hope to fully energize our "unit level reunions" for our Friday Night activities. See reunion information on pages 26–27.

God bless you and God bless our DUSTOFF Warriors. Doug.

—DUSTOFFer—

Letters to *The DUSTOFFer*

Pat Brady is leading the search for the DUSTOFF legacy at the Viet Nam Center at Texas Tech University.

I recently became aware of the Viet Nam Center at Texas Tech University. In 2005, I attended their annual conference, which was very interesting. I also found that the Center was well managed and resourced. But while there I discovered that although much of the Viet Nam experience is well documented, there is virtually nothing on DUSTOFF!

The only explanation was that the DUSTOFF community has not participated. I feel DUSTOFF is a story that needs to be told, so I agreed to put all my papers and writings there. I also sent a list of all the books on DUSTOFF that I could find. The University will add them to the site. In the future I will do an oral history and expect to lecture on DUSTOFF, as well.

I would encourage all the DUSTOFF community to check the Center to see if you can contribute anything that may be useful to the DUSTOFF legacy. I fear that legacy will die in our active forces, and in the future the only trace will be at places like the Viet Nam Center.

Pat Brady

Old-Timer Steve Vermillion sent the following notice about an upcoming event.

Our new website is located at <www.vietnamdustoff.com>. The 2006 Reunion will be in Atlanta, Georgia, on 10–12 November 2006. The web page has more current information. Please tell your buds who were pilots, crew chiefs, flight medics, or support personnel in DUSTOFF or Medevac units in on the action.

If you know someone who has written books, articles, or have other things for sale (Vietnam stuff), let me know.

If you know someone who can join us as a guest speaker at no cost, please let me know.

Steve Vermillion

General Shows Different Kind of Courage

An article written by Sig Christenson, military writer for the San Antonio Express-News, *keeps us up-to-date with one of our heroes.*

Retired Army Major General Patrick Brady is known for his bravery, rescuing 51 men by helicopter on one day in Vietnam.

A Medal of Honor recipient, Brady, 69, of Cibolo, tried to raise the morale of wounded troops Thursday, but it took a different kind of courage to do that.

One of the first Soldiers he saw, Staff Sergeant Nathan Reed, lost his right leg at the knee six weeks ago, after he was hit by a roadside bomb in Baghdad.

"I'm planning on playing golf when I get out of here," Reed, 36, of Shreveport, Louisiana, told him.

Brady left the room wiping tears from his face. It was early afternoon and he'd just begun a tour of Brooke Army Medical Center. But the difference between Brady and others visiting the troops is that he was a patient as well, two days removed from hip replacement surgery.

Propped up in a reclining chair on wheels, Brady was pushed from room to room on BAMC's fourth floor, his left leg carefully set so the new titanium hip wouldn't pop out. At each spot, he'd try to make small talk while signing copies of *Medal of Honor—Portraits of Valor Beyond the*

(Courage, *continued on page 7.*)

MG Pat Brady visits with SSG Nathan Reed.

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Closing Out the Flight Plan

SSG Heathe Craig

Notice appearing in the *Stars and Stripes,* Mideast edition: "Flight Medic Remembered at Emotional Service at Wiesbaden," penned by Matt Millham.

Soldiers prepared to fire a volley during a 21-gun salute to Staff Sergeant Heathe M. Craig, a member of the 159th Medical Company (Air Ambulance), who died on 21 June in Afghanistan during a mission to rescue two 10th Mountain Division Soldiers who had been injured in combat.

As a combat medic, SSG Craig understood that sometimes saving people means risking your own life.

Sometimes the risk doesn't pay off.

Craig and another Soldier died the night of 21 June during a rescue mission near Naray, Afghanistan.

The night started peacefully enough. Craig had just chatted with his wife and played peek-a-boo with his one-year-old daughter, Leona, over a Web camera when the call came. Three 10th Mountain division soldiers were critically wounded in a firefight near Naray.

"He always had missions that came up," Craig's wife, Judy, said. "And that's what happened. A mission came up and he was ready." The couple also have a four-year-old son, Jonas.

Craig's DUSTOFF crew had been called to rescue the wounded. By the time Craig and his air ambulance arrived at the pickup point, one of the Soldiers was already dead.

It was past dark at takeoff, and the terrain where they were headed made it impossible for the Black Hawk rescue helicopter to land.

That meant Craig would have to be lowered into the combat zone by a hoist. It was one of his least favorite things to do, said CPT Angela Wagner, the rear detachment commander of the 159th.

The battlefield still wasn't secure, but Craig plunged in anyway. He secured the first Soldier and got him safely to the hovering ambulance. That troop would make it out of Afghanistan alive.

But as Craig and the second patient were being lifted into the helicopter, the hoist malfunctioned.

"On the second try, I lost him," said SGT James Ramey, the helicopter's crew chief, in a letter that was read at Craig's memorial ceremony in Germany.

Craig and the Soldier he was rescuing, PFC Brian Bradbury, both died. Craig grew up in Virginia. Bradbury was from St. Joseph, Missouri.

"He gave his life saving another," Wagner said.

SGT Krendra Jackson, one of Craig's close friends, couldn't keep herself from crying as she talked about her fallen comrade during the memorial service at Wiesbaden Army Airfield's chapel.

She told how Craig, even after back surgery, would work tirelessly, laboring beyond his body's limits, afraid he might come off as a slacker. Jackson remembers telling him to take it easy. "He would look at me with those blue eyes and say, My name's not worthless."

Few in attendance could hold back their tears as Jackson recounted her friendship with Craig. "Judy, you once told us we acted like brother and sister. He was my brother," she said. "He was our brother."

Mike Toennis

Michael W. Toennis, born April 25, 1955, in San Antonio, Texas, died July 23, 2006, in Houston, Texas, at age 51.

Mike earned a BBA in 1978 from the University of Houston, where he was a member of Beta Theta Pi Fraternity, and an MBA in 1992 from Syracuse University.

He proudly served his country as an Army DUSTOFF aviator, medical logistician, and health services comptroller for the U.S. Army Medical Dept. Michael was medically retired as a Major after 14 years of active duty, during which time he was a member of the DUSTOFF Association.

Later, he became a CPA after working as an auditor for the firm of BDO Seidman. Mike is preceded in death by his father, Ewald Toennis, and is survived by his wife, Karen Toennis and their son, Joseph Toennis, both of Kingwood, Texas; mother, Lilo Toennis; and brother, Andre Toennis.

Mike fought a thirteen-year battle with ALS. During this time, he remained active in the DUSTOFF Association, rarely missing a reunion. He served as the Special Assistant to the president of the Association for many of his last years, accomplishing tasks for the Association using his "eye-blink computer."

Mike and Karen were always the light of the DUSTOFF reunions and exhibited courage and steadfast love for each other. Many a DUSTOFF Aviator faced possible death with skill and even daring. Mike and Karen faced certain death with grace and courage and even a bit of cheer, standing as a true testimony that we all recognized as coming from within and from outside of themselves.

Visited by his friends and comrades in the last days before his death, Mike left us all in awe of his courage and fortitude. Karen and Joe remain in our prayers and thoughts as they face life without Mike. We are all better for having known and loved Mike.

The family suggests memorial contributions to MDA/ALS Research, c/o IBC Bank, P.O. Box 272243, Houston, TX 77277-2243, or to your charity of choice.

Wesley Hunt Green

Wesley Hunt Green, a beloved husband, father, son, brother, uncle, nephew, and friend, died on 22 September 2006 at Baton Rouge General Medical Center. He was 42, a resident of Lottie and a native of Baton Rouge. He was a U.S. Army veteran with 14 years of military service, including Operation Desert Storm, with the rank of Sergeant/Crew Chief with the 872nd Medical Detachment (Helicopter Ambulance).

His wife, Carol, wants everyone to know that he loved his children, and every decision they ever made had their best interests at heart. He loved many

people and many of life's events. His daughter, Cayleen, will always remember him teaching her new and exciting things, like all the buttons in a helicopter. Brandt, his son, will always remember the fun at Blue Bayou Waterpark on the Purple and Gold Ride.

Bob Mock

Bob Mock passed away in his sleep on October 13, 2006.

82nd Med Loses Two Soldiers in Iraq

SGt Steven P. Mennemeyer, 26, of Granite City, Illinois, and SGt Jeffrey S. Brown, 25, of Trinity Center, California, died when their UH60 Black Hawk DUSTOFF helicopter went down in a lake near Rubtbah, Iraq, west of Baghdad, on 8 August 2006, during a night vision goggle training/orientation flight.

Survivors of the accident include the Pilot in Command, Instructor Pilot, and two other service personnel, one a member of the Navy and one a Marine.

The 82nd was under the operational control of the 3rd Marine Air Wing, 1st Marine Expeditionary Force.

—DUSTOFFer—

542nd Med. Co. (AA) DUSTOFF en route to an urgent mission from a base in Kirkuk, Iraq.

54th Med Co. (Air Ambulance) DUSTOFF in harm's way in Iraq.

Vietnam History not in School Books

In a recent interview published in the *Wall Street Journal,* former Colonel Bui Tin, who served in the general staff of the North Vietnamese Army and received the unconditional surrender of South Vietnam on 30 April, 1975, confirmed the American Tet 1968 military victory. "Our losses were staggering and a complete surprise. Giap later told me that Tet had been a military defeat, though we had gained the planned political advantages when Johnson agreed to negotiate and did not run for reelection. The second and third waves in May and September were, in retrospect, mistakes. Our forces in the South were nearly wiped out by all of the fighting in 1968. It took us until 1971 to reestablish our presence, but we had to use North Vietnamese troops as local guerrillas. If the American forces had not begun to withdraw under Nixon in 1969, they could have punished us severely. We suffered badly in 1969 and 1970 as it was."

On strategy: "If Johnson had granted Westmoreland's requests to enter Laos and block the Ho Chi Minh trail, Hanoi could not have won the war . . . it was the only way to bring sufficient military power to bear on the fighting in the South. Building and maintaining the trail was a huge effort involving tens of thousands of soldiers, drivers, repair teams, medical stations, communications units . . . our operations were never compromised by attacks on the trail. At times, accurate B-52 strikes could cause real damages, but we put so much in at the top of the trail that enough men and weapons to prolong the war always came out at the bottom. If all the bombing had been concentrated at one time, it would have hurt our efforts. But the bombing was expanded in slow stages under Johnson and it didn't worry us. We had plenty of time to prepare alternative routes and facilities. We always had stockpiles of rice ready to feed the people for months if a harvest was damaged. The Soviets bought rice from Thailand for us."

On the Left: "Support for the war from our rear was completely secure, while the American rear was vulnerable. Every day, our leadership would listen to the world news over the radio at 9 a.m. to follow the growth of the antiwar movement. Visits to Hanoi by Jane Fonda, former Attorney General Ramsey Clark, and ministers gave us confidence that we should hold on in the face of battlefield reverses. We were elated when Jane Fonda, wearing a red Vietnamese dress, said at a press conference that she was ashamed of American actions in the war and would struggle along with us. Those people represented the conscience of America, part of its war-making capability, and we were turning that power in our favor."

Bui Tin went on to serve as editor of the *People's Daily,* the official newspaper of the Socialist Republic of Vietnam. Disillusioned with the reality of Vietnamese communism, Bui Tin now lives in Paris. ■

HOOAH!

You may be too HOOAH if:

- Your newborn must attend the newcomer's orientation briefing within the first 30 days.
- Your wife's two favorite shades of lipstick are light green and loam.
- You go to a barbecue and insist that your family feed tactically.
- You make your children clear housing before they go off to college.
- You require your mechanic to replace the sand bags on your floorboards as part of a tune-up.
- Your POV is equipped with black-out lights.
- Your kids call their mother "Household 6."
- Your kids volunteer to pull air guard on the school bus.
- Your doorbell sounds off with the current challenge and password.
- You have sector sketches and range cards posted by every window in your house.
- You give the command "Fix Bayonets" at Thanksgiving dinner.
- Your kids show their meal cards at the kitchen door, except the oldest, who is on separate rations and must pay for the meal.
- You make your daughter sign out on pass on Prom Night.
- Your kindergartner calls recess a "smoke break."
- Your wife "takes a knee" in the checkout line at the supermarket.
- You do your back-to-school shopping at the U.S. Cavalry Store.
- Your son fails the third grade but tells everyone he was a "phase three recycle."
- Your kids salute their grandparents.
- Your wife's "high-n-tight" is more squared-away than your Commander's.

Courageous 498th Plans Reunion

The 498th has scheduled its next reunion for 16 February 2007, to be held in conjunction with the DUSTOFF Association Reunion, 16-18 February 2007.

Both reunions will be held at the Holiday Inn Riverwalk, San Antonio. Registration for the 498th Reunion will be open at 0900, Friday, 16 February, on the seventh floor, adjacent to the Tango Room. The bar will open for drinks at 5 p.m.; dinner will start at 7 p.m. in the Tango Rooms 1 and 2, with music and dancing from 6.30 to 10 p.m..

We hope this information will garner your excitement about attending the Reunion. We had 74 in attendance in '06 and hope to have at least 90 in 2007. All DUSTOFFers are invited, not just 498th alumni.

The fee to attend is $40 per person, including registration, dinner, and music. Please forward your attendance fee to Ron Chapman, 6303 Meadow Grove, San Antonio, Texas 78239, and include your name, address, and e-mail with the fee. Please forward the fee to arrive NLT 1 February 2007.

Famed 54th Inactivated in Memorable Ceremony

The 54th Medical Company (Air Ambulance) was inactivated on 15 April 2006 at Fort Lewis, Washington, where it had called home since the early 1970s. The 54th, under the command of MAJ Peter Lehning and 1SG Ruth Bryner, held the company's last formation at Grey Army Airfield on 13 April. The entire 62nd Medical Brigade was on-line for the event. With its rich history in combat and the Great Northwest, a large gathering of 54th alumni was on hand for the occasion, ranging from Vietnam to recent Operation Iraqi Freedom veterans. Also on hand were a number of individuals the 54th had rescued off Mount Rainier and local accidents over the years, along with a contingent of local press. The ceremony was presided over by the Brigade Commander, COL Thomas Bailey. It was a great honor to have Medal of Honor Recipient and former 54th Commander MG (R) Patrick Brady as the guest speaker, which added tremendous dignity and importance to the day.

The colors were folded and sent to the Department of Heraldry, where they will be kept until the 54th is reactivated sometime in the future. The remainder of the memorabilia was shipped to either the Department of Heraldry or the Army Medical Department Museum at Fort Sam Houston.

A reception followed at the Fort Lewis Cascade Club for all present and former members of the 54th.

Some key leaders and all aircraft and related equipment were shipped to Fort Bragg, North Carolina, where they have become Charlie Company, 3/82nd Aviation Battalion and will continue the DUSTOFF mission. ■

(Courage, *continued from page 3.*)

Call of Duty. The book profiles Brady and 115 other medal recipients.

Brady's visits generally went well, the soldiers talkative and pleased. Staff Sergeant Josh Forbess, one of four survivors of a fiery helicopter collision in 2004 over Mosul, learned that Brady's daughter, CPT Meghan Smith, was in Iraq at the same time he was.

"The word hero to me is overused. But he's living proof of the meaning of the word," said Forbess, 28, of Fort Campbell, Kentucky, in town for his 12th operation, this one to get a nose.

"It makes me feel good my son's not forgotten," said Terri Johnson, whose son, PVT Steven smith, 19, of Brookfield, New York, lost both legs on 8 April in Iraq.

Brady was a DUSTOFF pilot in Vietnam, saving wounded troops. More than half the men in his unit earned Purple Hearts while saving thousands. He lost two choppers the day he earned his medal, but that wasn't unusual. There'd been worse days.

"It (the danger) gets to be a routine," he said. "But there's no more fruitful routine than saving lives."

A major on his second tour in Vietnam, Brady flew a UH-1 Huey to rescue two badly hurt South Vietnamese soldiers on 6 January 1968. It was a volunteer mission that followed other failed efforts to extract the soldiers because of bad weather.

Thick fog and nearby enemy fire greeted Brady as he lowered his craft between trees and jungle foliage, but he got the men out. He was soon on another mission, fighting his way through fog in an area where two other DUSTOFFs had been shot earlier in the day. Somehow, Brady made five trips, saving every wounded GI—39 in all.

But he wasn't done. On his third mission, enemy fire damaged his 'copter, but Brady still got the injured men out. He got another Huey and made another mission, arriving in time to see a fellow Huey fly off after a mine exploded. After Brady landed, his crew navigated the minefield to reach the wounded.

All but one of the wounded were on board when one of Brady's crewmen stepped on a mine, damaging the copter. He flew six soldiers to the hospital and got a new 'copter, saving 51 wounded that day. When it was over, 400 bullet holes were found in the 'copters he'd flown.

Perhaps no one this day knew that, but Reed enjoyed meeting Brady, as did SGT Ezequiel Hernandez of San Antonio. Both survived a Memorial Day IED attack in Baghdad that claimed the lives of CPT James Alexander Funkhouser, Jr., a 35-year-old Texas State University graduate with New Braunfels ties, and a pair of CBS News journalists.

Still, not everyone was cheery. SPC David Gonzalez, 22, of Glen Ellyn, Illinois, a Chicago suburb, lay quietly in his bed as Brady struggled to make conversation.

"David is a deep thinker and not much for conversation," his mom, Catherine Gonzalez, 50, also of Glen Ellyn, explained. "But he's a good kid."

Brady met other patients on the ward, looking like one of them in his green hospital gown and plastic identity bracelet.

(Courage, *continued on page 8.*)

MG Pat Brady visit with SSG Josh Forbess.

The Wall

They walk along the granite block
Past names all etched in stone.
Among so many others here,
But feel so all alone.

So many here to touch a soul,
That passed so long ago.
And tears now streak from off your cheek,
Emotions have to show.

There are so many people here,
Who wish the pain to end.
Why not reach out a hand to them,
To listen, be a friend?

The Wall can bridge the largest gap;
It made our nation one.
We thank the nurses one and all,
And every Soldier, son.

Whose names we see forever etched,
Upon the granite stone.
Though painful, makes us realize,
That we are not alone.

The sacrifice that you all made,
That brings us to this shrine.
Brings all of us closer, left behind,
Perhaps the grand design.

To help the friends and family,
To understand the call.
That took your names from off life's list,
And placed them on this Wall.

You fought a war, unpopular,
In Nam, so far away.
And now you've found the greatest peace,
As we stand here and pray.

Beyond the Wall we hope to find,
The reason for it all.
Why you with pride went far away,
To answer duty's call.

Perhaps the flag that others burn,
Became your symbol proud.
Why you gave life, proclaim love,
Of country, very loud.

So, rest in peace, my Warrior,
My nurse and doctor, too.
And rest assured forever more,
We'll all remember you.

The Wall means much to everyone,
Those names in granite cast.
To keep you memories alive,
As long as time will last.

So look upon the granite face,
And touch the names with pride.
For all their spirits linger there,
Beyond the Wall, inside.

(Courage, *continued from page 7.*)

He was one of them in most ways, even though his war was 38 years ago and he's among just 100 surviving Medal of Honor Society members.

"The kids, who knows what went on, but what I'm saying is the emotional side of this is very difficult for me. I just think about what these kids have given," Brady said, choking up. "It's just tough. So I wouldn't want to do this every day, that's for sure. God bless them." ■

MG Pat Brady visits with PVT Steven Smith.

DUES CALL!

If you are not a Life Member of the DUSTOFF Association and have not made your annual dues payment in a while, you will recieve a letter from us shortly asking that your dues be brought up to date. According to our constitution, dues are $15 per year for officers and civilian members. Dues for enlisted members are $7.50 per year. Life Member status is attained after 15 CONSECUTIVE years of dues payments.

To convert to a Life Member status, one should consider the following fact: After 9 consecutive years, it is more cost-effective to pay the remaining years' dues (up to 15 years). For 8 or less years, it is more cost-effective to pay the Life Member dues fee of $100 for officers and civilians or $50 for enlisted members. We have not sent out a "dues call" letter in about three years, and we have several members who are delinquent in their dues payments. If we don't hear from you, we will have no choice but to put your name into the "Inactive" category.

DUSTOFF Company Transports Injured to Facilities

Writing for the 4th Infantry Division Public Affairs Office, SFC Reginald Rogers, provides an update on the state of the transformation of DUSTOFF within Army Aviation.

Camp Taji, Iraq—One unit has sole responsibility for getting Baghdad-stationed coalition forces and civilians in need of medical care to the right facilities.

Since November 2005, more than 3,500 patients have been transported by Company C, 2nd Battalion, 4th Aviation Regiment, Combat Aviation Brigade, 4th Infantry Division. The more than 80 Soldiers assigned to the unit operate from Camp Taji and Forward Operating Base Falcon.

Missions taken on by the DUSTOFF Company are categorized as urgent or priority, according to patient's conditions.

"Our overall mission is to facilitate the safest and most rapid evacuation of casualties from the battlefield, and that includes all casualties, Soldiers, sailors, airmen, Marines, enemy prisoners of war, non-U.S. military and civilians," said the company's operations officer, CPT Chris Chung.

While some of their work takes place on secure operating bases, other parts occur outside the wire. The more dangerous point-of-entry pickups include roadside evacuations resulting from IED strikes or vehicle rollovers.

According to Pilot-in-Command CW2 Toby Blackmon, every mission varies from the previous.

"We once had a mission right in downtown Baghdad, where we had to come down between light poles and wires," Blackmon said. "Even when security is provided, landing the aircraft on a road in the center of the city with tall buildings can still feel insecure."

> "We're able to maintain a level of camaraderie that makes us a great company."

"You just have to trust your mates and crew chiefs to keep the aircraft clear as much as they possibly can, and trust your gut to do the best job you can," he said. "Getting the patient on board the aircraft is what it's all about."

Charlie Company is in the midst of its third deployment in support of Operation Iraqi Freedom. The unit deployed during OIF I and II as the 507th Medical Company (Air Ambulance) before being reassigned to the CAB and deploying as part of the brigade's General Support Aviation Battalion. Some of the unit's Soldiers spent no more than eight months between deployments.

Despite the high OPTEMPO, Chung said morale remains high because the Soldiers realize the importance of their jobs.

"We're able to maintain a level of camaraderie that makes us a great company. Our morale remains very high because everyone takes pride in the mission, which is the most important thing here."

Chung and Blackmon agreed that crew coordination and unselfishness help the Soldiers work as a team.

"Crew coordination is making sure that everyone knows what their job is inside the aircraft," Chung explained. "I think it helps that everyone's unselfish. They know that when we're flying, we've got three other guys we've got to take care of, in addition to the patients we're picking up. So, as pilots-in-command, it's our job to ensure that we bring everybody back."

"Each crewmember plays a vital part in accomplishing missions," Blackmon added.

"There are four people required to be on the aircraft for us to run a mission: the pilot-in-command, the pilot, the flight medic, and the crew chief. When you put all four of them together, each person is the most qualified on that aircraft for their special position. If you have one person missing from that group, the others cannot work," Blackmon said.

The unit will be among the CAB's first to redeploy back to Fort Hood in the upcoming months, but Chung and Blackmon both refuse to look that far ahead.

"It's a short amount of time, but we still have a lot to do," Chung said. ■

Plan Now for Reunion 2007

Make your plans now to join us for the next DUSTOFF Association Reunion. We will meet in San Antonio at the Holiday Inn Riverwalk on the weekend of 16–28 February 2007. We are working hard to make this another memorable event. Friday night is once again going to be set aside for reuniting with your favorite unit. We DESPERATELY need volunteers to step up to the plate and be "Unit Captions." Your duty, should you decide to accept it, will be to work with our Executive Director to decide where you will hold your unit get-together on Friday night. Use your imagination and get together with your comrades to decide how you want to handle it. We will publish any known plans in the November *DUSTOFFer*, so time is of the essence—make your plans now. For those who don't have a favorite unit or have a unit that doesn't set up a separate event, we will work on having a big mixer at the hotel of some sort. We don't want anyone to feel left out. Contact Dan Gower and discuss the options as soon as possible. You may call him at work (210-221-1835), on his cell phone (210-379-3985), or at home in the evenings (210-822-7206 or 325-388-2631). Don't be afraid to volunteer—it can be fun.

The Making of a Crew Chief

A priceless recollection by the founder of the DUSTOFF Association and most recent inductee into the DUSTOFF Hall of Fame, Egor Johnson.

Forty-one years ago, as a 19-year-old Private First Class, I arrived in Vietnam and began my processing at Camp Alpha. In reflection, I remember entering this tent camp with trepidations as to my future and what I would be required to do during this tour. Having served for eight months in Alaska crewing a CH-21 in the cold weather, the heat of Vietnam was new to me.

I remember arriving with four other helicopter mechanics and our discussion in the tents that evening. We discussed our desire to be assigned to a gun ship company, for if we were going to be shot at, we sure would like to shoot back.

> "It doesn't matter what unit you're assigned to, as long as it's not a DUSTOFF unit. Those guys are crazy."

My memory is vivid as it relates to the evening prior to my assignment. We were joined by a crew chief returning from R&R and waiting for his flight to his unit up-country. As he was a combat veteran, we listened with silent respect as he told us about the war. I remember to this day his words. He said, "It doesn't matter what unit you're assigned to, as long as it's not a DUSTOFF unit. Those guys are crazy. They fly unarmed Hueys with a big red cross for a target. Hell, if you're assigned to them, your chances of going home are about zero." I went to bed that night with this advice on my mind.

The next morning, my name was called at formation. The Replacement Sergeant announced that I was to be assigned to the 57th Medical Detachment, and I was to wait at the Admin Tent for the unit to pick me up. At 1100 hours, across the footbridge next to Camp Alpha, a large SP5 came to pick me up. Shortly, I met my first DUSTOFFer, SP5 George Brevaldo. Ten minutes later I was entering the hooch that was to be my home for the next seven months. I was now assigned to the mission that I feared most.

Less than an hour later, George had me down by the flight line, at the Orderly Room. I stood before an epitome of DUSTOFF and an officer whom I would begin crewing for in two months, Major John W. Dean, the Detachment Executive Officer. He welcomed me to DUSTOFF, and I received my first briefing on DUSTOFF and the legend of a man whom I have come to respect beyond all others, Major Charles Kelly, and the mission that became my life.

I remember after processing into the unit, my arrival back at the hooch and my introduction to the crewmembers who were soon to be my brothers in arms. That evening I was enthralled by my bunk mate, a hero who within two weeks would be wounded. SP4 Billy Hughes spent hours telling me about DUSTOFF and about Major Kelly. I went to sleep that first night in DUSTOFF with a desire to be one of these special men and to be accepted into this special "Band of Brothers," whose one goal in life was to save wounded.

Over the next seven weeks, I spent my time, working on the unit's helicopters, repairing damage, helping my heroes pull their inspections. I guess I was doing well, because it seemed that I was given some difficult missions in maintenance to fix. It seemed that I was always able to get them done. One evening the guys began calling me "Igor," after fixing a linkage problem that no one seemed to know the cause. This was just prior to New Year's Eve, and the next night I received orders to pull guard at the Officers' BOQ. I was assigned on the patio, just outside the Officers' Club.

As a mechanic, I was assigned an old M-1 carbine. However, I had become friends with SP5 Ted Bartley, a legendary scrounger in the unit, and I asked him if I could use his German sub-machine gun.

That evening, having been told there was intelligence that the VC were planning to hit the BOQ, I took my post on the patio. I decided to pull the bolt back on the sub-machine gun and place it on safety. As the evening wore on, somehow the bolt slipped from the safety notch into the firing position.

It was almost midnight, and I accidentally nodded and (despite the legend) hit the trigger, causing the sub-machine gun to fire nine rounds through the bamboo in front of my position. Well, every officer (except one, Major Dean) hit the deck inside the club. Needless to say, I was not too well liked that evening, and I remember having the sub-machine gun taken away from me and being given a .45 pistol with one round, to finish my tour. That evening I earned the wrath of our Commanding Officer, Major Bill Campbell.

After this incident, I was sure my goal of crewing a DUSTOFF ship was gone forever. Two days later, I had finished a 25-hour inspection on one of our helicopters when Captains Jim Truscott and Ed Taylor came walking out to the helicopter.

I saluted them and stated, "Sir, the ship is ready for its test flight." As long as I live, I will remember what Captain Truscott said next.

"OK, get your helmet; we are going up." Always before, one of the crew chiefs would take over and take the ship out. In this case, the ship did not have an assigned crew chief, as SP5 Roger Reel had left the detachment to go with Air America. Here I was going on my first flight in a UH-1B as a crew chief. Well, we took off and were in the air for only a few minutes when a call for an urgent medevac mission came across the air.

Although we had no weapons and I had no experience, Captains Truscott and Taylor decided as we were the closest ship, advised the unit we were inbound. Quickly, Captain Truscott began to tell me what I was going to have to do. Minutes later, I was to fly my first DUSTOFF mission, and evacuate my first two wounded.

(Crew chief, *continued on page 11.*)

Army School of Aviation Medicine Flight Medic Course

Published in the 30 June 2006 Army Aviation *magazine, this article and update were authored by CSM Buford Thomas Jr., Command Sergeant Major of the U.S. Army Aviation Warfighting Center, and SFC Ronald Belcher, NCOIC of the Flight Medic Course.*

The training of flight medics begins at the U.S. Army School of Aviation Medicine (USASAM) here at Fort Rucker, Alabama. I have made several visits to observe the Flight Medic Course (FMC) training and have had the opportunity to participate in hoist operations training.

I am always impressed with their attention to detail and their vigilance in their training of flight medics. As it's often said, "We train the way we fight." It sometimes doesn't happen that way, so it is always good to see Soldiers training the right way.

The war efforts continue to prove the flight medic is a combat multiplier.

A Little History

The concept for medical evacuation has been tried and tested over the centuries. Ancient Greek and Roman armies introduced the concept of providing surgeons, medics, and litter bearers, in addition to a standardized medical system similar to today's levels of care.

During the civil war, MAJ Jonathan Letterman, the medical director of the Army of the Potomac, identified the need for trained medics to go into battle with Soldiers. Throughout ensuing conflicts, the Army followed and built upon Letterman's doctrine of dedicated assets for evacuation. This decreased the evacuation time from point of injuries to receiving treatment at facilities. With an emphasis on doctrine, technology, and command oversight on medical evacuation, the survivability rates increased.

The Korean War demonstrated the value of helicopter evacuation, but the lack of en-route care highlighted a need for air crews augmented with a flight medic with aviation training.

During the Vietnam conflict, the UH-1 was ushered in as an air ambulance for aerial evacuation with trained flight medics (FM) working in the cabin, lifting Soldier morale immensely. With these two assets, troops were able to receive lifesaving care within 30 minutes, greatly increasing the chance of survivability. This remains the "gold standard" of evacuation.

Modern-Day Capabilities

Over the past three decades, evacuation and training of FMs evolved into a modern, state-of-the-art system, saving thousands of lives.

Prior to the Global War on Terrorism, the FMs were trained to support a variety of operations, ranging from humanitarian support operations to high intensity conflicts. In addition, FMs were taught how to support civil-based programs, such as Military Assistance to Safety and Traffic or MAST, a mission supporting civilian populations co-located with military bases. The benefit to supporting MAST missions is that a flight medic is able to apply what is taught in the FMC and also to improve their skills in patient assessment, triage, and transport.

For over two decades, aircrews and FMs have demonstrated their dedication and bravery, while conducting high-angle rescue and hoist operations at high altitudes, providing en-route medical care and training, to serve the MAST community definitively.

In preparing Soldier-medics for one of the jobs in the medical field where medics are constantly employing their skills, the FM course proves to be an invaluable springboard of education, experience, and eye-openingly realistic training. Being able to treat patients with various injuries, from car accidents to gunshot wounds, in peacetime, during deployments, and at the home station, FMs and aircrews

(School, *continued on page 12.*)

(Crew chief, *continued from page 10.*)

After the mission, Captains Truscott and Taylor remained behind and gave me the counsel of their wisdom on crewing and on DUSTOFF. That was the day my life changed. As I was still in trouble with Major Campbell, I can only assume that they spoke with Major Glenn Williams, who was the new Provisional Company Commander, for he made me his crew chief.

That evening, upon my return to the hooch, I ask SP4 Erick Shank, an artist and medic, to paint my helmet. While we were celebrating (which included a bunch of drinking), Erick painted my helmet RED with a monster on the back, and on the front, in reflective paint, placed my nickname (misspelled, as we were all drunk by then), EGOR. Little did I know then, that this helmet would become famous, and that misspelled nickname would follow me that for the rest of my life.

Many stories have been told about me, not only in DUSTOFF, but my later career as an MP, CID Agent, Instructor, and later in my civilian law enforcement career. I have had the honor of flying this, the most honorable mission, and as a law enforcement agent have been on the ground when calling for a DUSTOFF. I was to meet then Major Jim Truscott again, on a DUSTOFF mission at Gelnhausen Germany when I called for an urgent DUSTOFF.

Throughout my life, the greatest honor I have had, to include being promoted to General Director of Public Safety in the best housing police department in Boston, is being a member of the Band of Brothers that is DUSTOFF.

—DUSTOFFer—

School, ***continued from page 11.***)

are prepared for simple to complex missions from treating one patient to up to six or seven patients.

Ready for the Challenge

After the GWOT commenced, all the preparation and dedication that the FMC put into training FMs came full circle, benefiting from two decades of training advancements to accomplish missions that would test even the most skilled FMs. Yearlong deployments and short turnaround periods at home stations, with an ever-evolving enemy, demanded a change to the program of instruction at the FMC.

To ensure critical lifesaving skills, the International Trauma Life Support was continued, with a high level of concentration placed on patient assessment and identifying any type of life-threatening penetrating or blunt force wounds. Advanced Cardiac Life support continues to be taught, so FMs can treat patients with supportive care, ranging from medication support to early defibrillation for patients severely injured or ill, or not breathing and without a pulse.

Case simulations also build the FM's confidence by letting him/her act as the person in charge of a trauma and medical situation. Students must demonstrate to a high degree their ability to direct and lead a team to manage these situations effectively.

The flight medic course needed to prepare medics for MEDEVAC units by teaching aeromedical factors, aircrew coordination, and increasing their knowledge of lifesaving skills in an aviation environment. Classes also demonstrate the effects of altitude on patients in the aircraft and how to identify symptoms to manage patients in the unique aeromedical environment.

Evolving Combat Care

Because the enemy is constantly changing and combat evacuations are becoming more dangerous, the Army has adopted a concept called Tactical Combat Casualty Care (TC3). This concept has proven vital in saving military lives in Iraq and Afghanistan.

Changing the "old school" thought process that tourniquets should be applied only as a last resort, instead tourniquets are applied early to stop bleeding immediately in combat situations. The TC3 concept introduces three phases of care: care under fire, tactical field care, and casualty evacuation (CASEVAC) care. TC3 is being taught Army-wide to teach needle decompressions, antibiotics, IV fluids, and many other skills needed for today's battlefield, to ensure more Soldiers return home alive.

Another part of the FMC is the introduction to the UH-60A and HH-60Q aircraft, and experiencing different modes of flight in a UH-60 helicopter. The FMC allows the students to experience hoist operations in a safe training environment. Using the USASAM's 65-foot hoist tower, students learn to operate the high performance hoist and practice insertion and extraction techniques.

Bringing It All Together

All this training prepares the FM for one of the high points of the four-week intensive course, a 24-hour situational training exercise (STX). The STX allows the student to apply the concepts, tactics, techniques, and procedures taught in the first three weeks of the course.

Students prepare like actual FMs, assuming first up duties starting with packing aid bags and conducting maintenance checks on their equipment. They receive a nine-line MEDEVAC request and are sent on a rescue mission.

The students are inserted with the hoist, navigate through the woods tactically to a downed aircraft, and then assess and treat multiple patients, applying TC3 tactics and packaging the patients for movement. They move again tactically through the woods to USASAM's UH-60A and HH-60Q Medical Suite Trainers (MST), where they train on treating the patients while in flight.

At the completion of the MST portion, they move on to the survival portion. Survival skills, taught earlier in the course, must be employed in order to save themselves, their team, and their patients. Armed only with the equipment found in aviation life-support equipment of ALSE vest, FM students must perform a variety of survival tasks. Eventually, the student will receive a radio call that his or her aircraft is inbound and to prepare the patients and their team for hoist operations.

All students receive a detailed after-action review (AAR) to ensure training was effective and realistic. The majority of the STX occurs at night under limited visibility, with pyrotechnic simulators, smoke, and using an M-240B machine. The STX was introduced to provide the FM with a realistic training experience and to show what it would be like to treat a patient in a combat environment, integrating all the skills taught in the FMC.

Summary

The war efforts continue to prove the flight medic is a combat multiplier. A rich history of service, combined with current, relevant training and the ability to adapt, shows that flight medics will continue to be ready for any mission at any time and anywhere.

Some of the Army's finest Soldier-medics continue to walk through the door of USASAM motivated to take on the course challenges and become part of the great history of MEDEVAC. The School of Aviation Medicine will continue to evolve as new lessons are learned. The warfighters can depend upon receiving the very best emergency medical care from the flight medic. The flight medic is truly "Above the Best." ■

DUSTOFF Association Scholarship Report

by Doug Moore

In July 2006, I represented the DUSTOFF Association on the Army Aviation Association of America (AAAA) Scholarship Board. As most of you know, our DUSTOFF Association scholarship is handled through the AAAA. I would like to share some thoughts with you because I believe our membership is not taking full advantage of this great opportunity.

Members of the DUSTOFF Association and their spouses, unmarried siblings, unmarried children, and unmarried grandchildren of current and deceased members are eligible for scholarship grants and loans that range in value from $1,000 to $11,000. This year a total of $239,000 was distributed through 138 scholarship grants and 10 interest-free loans.

To be eligible, the parent, grandparent, or student must be a member of the DUSTOFF Association and the AAAA. This allows applicants applying for the DUSTOFF Association scholarship grant to compete for several other grants and loans funded by the AAAA or by their corporate sponsors.

From my personal observation, this is an extraordinarily competitive process because the applicants represent the very best of America's youth, with nearly half of them posting perfect grade-point averages. With that said, I am certain we can rally more than the three applicants we had this year.

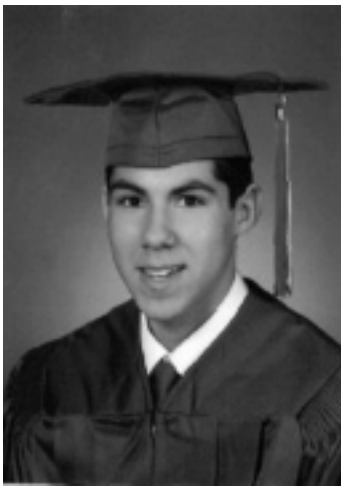
The actual selection process works much like a promotion or school selection board. Applications are reviewed for completeness, and identifying information, like names of parents or other relatives, is removed to prevent bias. Applicants are then grouped as freshmen, upperclassmen, and graduate students because some scholarships are limited to those groupings.

Board members review each file individually, looking at grades, areas of study, extra-curricular activities, references from teachers and others, and personal essays, to get a "whole person" picture. Each file is then scored by board members.

After the board members' scores are tabulated, an order of merit list is established and entered into a computer program according to the grants or loans for which they are eligible. This is a somewhat complicated process because some are open to applicants from a specific chapter or organization, others are open to freshmen only, or to freshmen women, and others are open for all groupings.

I hope we have many more applicants from our Association. Please go to DUSTOFF.org for more detailed information and the application to apply for a scholarship or loan.

—DUSTOFFer—



I would just like to say thank you for this prestigious award that will further my college life. Going to college is a major a step in a young person's life, and I would just like to say thank you for your aid in furthering my education. *—Lucas R. Markham, son of SP5 Tommy R. Markham, recipient of 2006 Mike Novosel DUSTOFF Association Heritage Scholarship.*

Military Truths

- Friendly fire—isn't.
- If it's stupid but it works, it isn't stupid.
- No battle plan ever survives contact with the enemy.
- There is no such thing as the perfect plan.
- Incoming fire has the right of way.
- Anything you do can get you killed, including nothing.
- Tracers work both ways.
- Military intelligence is a contradiction.
- Weather ain't neutral.
- Flies high, it dies; low and slow, it'll go.
- Killing for peace is like screwing for virginity.
- Exceptions prove the rule and destroy the battle plan.
- The worse the weather, the more you are required to be out in it.
- When reviewing the radio frequencies you just wrote down, the most important ones are always illegible.
- The tough part about being an officer is that the troops don't know what they want, but they know for certain what they don't want.
- A Purple Heart just proves you were smart enough to think of a plan, stupid enough to try it, and lucky enough to survive.
- All-weather close air support doesn't work in bad weather.

The Doctors of War

by Bob Drury, photos by Max Becherer published in Men'sHealth *magazine*
See what doctors and medics go through to save lives on the battlefields of Iraq.

The call comes in at 1330 hours one recent hot, dusty afternoon in the heart of the Sunni Triangle. Ambush. A Humvee, call sign Hardrock Six, 3rd Infantry Division, hit flush by a rocket-propelled grenade. Two soldiers are down, one "urgent," one "priority." Urgent means loss of life, limb, or eyesight; priority means loss of blood. Precisely five minutes later, our UH-60 Black Hawk med-evac lifts off from Balad Air Base, 12 miles away. It soars over the blue-tiled roof of the mosque personally designed by Saddam Hussein, banks left, and within seconds clears the concertina wire surrounding Logistical Support Area Anaconda.

"No matter how many times you do it, you still pucker once you get over the wire," says one of the helicopter's pilots, Chief Warrant Officer Lance Duensing. Duensing is handsome, square-jawed, towheaded—not quite a buzz cut. He looks as if he'd prefer to be flushing quail near his home in the East Texas hill country. The pilot in command, Chief Warrant Officer Jackson Wood, his sunburned face as taut as a clenched fist, throttles the aircraft, the rotors drown out conversation, and we hurtle at 145 miles per hour toward the evacuation, or dustoff, site.

Near the Tigris River, the dull, silvery brown talc of the Iraqi desert turns greener, wetter, burgeoning into lush fields of corn and melon linked by irrigation ditches. Rows of date palms sprout in symmetrical patterns on both sides of the emerald waterway, each tree capable of concealing a man with a Kalashnikov assault rifle or a shoulder-mounted rocket launcher. All eyes are outward except those of Specialist Elizabeth Shrode, the flight medic, who's busy arranging the blood supply and bandages. She rechecks the oxygen tanks. Beside her, crew chief Brandon King fingers his M-16 and scans the terrain below, his toe tapping nervously on the armor-plated floor.

> It's a story about the men and women . . . who reclaim the lives of young American soldiers, who if not for their care, would die on a battlefield far from home.

From the rear seat, I steal another glance at the medic. Her brown hair is pulled back in a tight bun, and beneath her flight helmet, her dark eyeliner flatters an oval face with sharp, high cheekbones. Rifling through her first-aid kit, she appears the picture of serenity. I turn back toward the window. I pretend to be searching for snipers. It's an act. I am scared.

This is a story about a pipeline. It begins with a bullet, a chunk of shrapnel, a percussive blast attempting to suck the life out of an American soldier somewhere in Mesopotamia, and culminates on a forested hilltop in Landstuhl, Germany. It is a story about the men and women who make this remarkable medical pipeline flow—the pilots, medics, surgeons, mechanics, nurses, and litter bearers who reclaim the lives of young American soldiers who, if not for their care, would die on a battlefield far from home.

War may be the best teacher of war, as Clausewitz observed, but from Gettysburg to Khe Sanh to Samarra, it has also been an unparalleled teacher of medicine. The rescuers in this story are aided by great leaps in modern technology, the conflict in Iraq having been the proving ground for a number of medical innovations: robotic prostheses for amputees, pills that read soldiers' vital signs, computer chips that pinpoint wounds, vacuum-sealed sterile pressure bandages, operating-room laser technology, and even a new form of antibacterial gauze with a veneer of Vaseline. All are very likely to be put to use in civilian emergency rooms across America someday.

But the primary components of this pipeline are the wisdom and heart, the dignity and valor, the expertise and dedication, of its practitioners. In many ways, this is a horrific story, as all narratives of violence visited upon youth need be. War, for all its lies, is about the truth, and no matter your view regarding the necessity or prudence of the invasion of Iraq, the fact remains that in a distant desert land, our country's soldiers are being torn to pieces at conveyer-belt rates. They would not make it home alive without this pipeline, which starts in the "golden hour," that first 60 minutes after a soldier is wounded in action, when life and death literally hang in the balance.

It starts with the medics in Balad—1337 hours: Wood maneuvers the Black Hawk at treetop level, darting, zigzagging, pursuing a course over as many open fields as possible, the better to spot and evade snipers. A downed American helicopter, even one with a red cross adorning its bulbous nose, is a major coup for the Iraqi insurgency. Below, children race from whitewashed farms to peer up at the noisy bird, perhaps expecting to receive one of the soccer balls the med-evac crews often drop as gifts. Two boys fishing from a shallow punt in the slow-moving Tigris give a desultory wave. To the northeast, perhaps a mile distant, two small, single-engine Kiowa Warrior helicopters armed with laser Hellfire missiles flit like dragonflies about a whitish gray plume of smoke. This is the point of impact. The flight crew

(*Continued . . .*)

does not know if the landing zone is still hot. No matter. They will try to set our aircraft down for no longer than 10 minutes. "Load and go" is the objective.

"We're in and out, no buts," the medic, Sergeant Gerry Bickett, had warned me earlier as we clambered into his helicopter. Bickett, tall, broad, hard as a sandbag, is nicknamed the Angry Medic. He drove home his point by jabbing a thick finger into my chest. "You fly with us and wander off, and we got the wounded loaded but we don't got you? Sayonara, we leave without you. You get some car speeding up and throwing a grenade into the bird. Or somebody in the bushes with an RPG. Don't need that. Understood?" I nodded.

Bickett told me that the 54th had flown more than 3,000 med-evac missions during this, its second tour in Iraq. (The 54th's 11-month tour ended late last November, a few weeks after my visit.) He could count on his fingers, he said, the number of times they'd put down longer than 10 minutes. One of those occasions, said fellow medic, Tomas Chavez, had occurred at the scene of a Humvee ambush–turned–firefight outside the northern city of Kirkuk. Chavez reluctantly recounted the story as Bickett swore under his breath at the memory.

Chavez's crew had arrived to find the driver of the Humvee dead, ". . . his head barely attached by little bits of muscle." Another soldier was wounded, critical but treatable, after having been run over by a second American vehicle in the confusion of the gunfight. A bullet had severed the femoral artery of a third soldier, Chavez's priority.

"He looked about 14," the medic said. "I'm kneeling in this spreading pool of his blood, reaching up into his gut looking for the artery, trying to see if I could feel any bleeding against my fingers in there, and this kid, ghost-white pale, he keeps grabbing my hand and repeating, 'Don't let me die. Don't let me die.'

"I'm pushing his hand away, reaching in, trying to put some pressure on the severed artery. But I knew when you lose that much blood—" Chavez's voice trailed off. Bickett walked away, head down, muttering.

"That was one day we were on the ground for more than 10 minutes," Chavez said finally. "The boy died. It sucks. I had nightmares for months. Remembering this kid holding my hand. 'Don't let me die.' Jesus." Chavez shook his head violently, like a wet dog. "That's the exception, though."

I'm reminded of his words as, at 1339, exactly four minutes after lift-off, we close in on the cloud of smoke from

> " . . . and this kid, ghost-white pale, he keeps grabbing my hand and repeating, 'Don't let me die. Don't let me die.'"

the blasted Humvee. The Kiowa helicopters loom larger. Below, I catch sight of Abrams tanks and Bradley fighting vehicles tearing down one-lane dirt paths, throwing up gouts of dust as they race toward the point of impact. Two more soldiers down.

U.S. Air Force Balad theater hospital, one typical night: Helicopter rotors slice the desert air, the sound reverberating like the clang of a sword. The aircraft hover in tiered formation, waiting, in turn, to land. A constant procession of two-wheeled, metal rickshaw-like litters streams into the emergency room. The ambulatory are herded into a corner area, while doctors, nurses, and medical technicians toting chest tubes, wound kits, bandages, anesthesia, antibiotics, and emergency airway tubes swarm the litter-bound, five or six to a patient. They break into teams, depending on wounds. Orthopedic surgeons with vascular specialists, neurosurgeons with ophthalmologists, heart surgeons with facial-reconstruction experts. The most desperate patients are stabilized, prioritized—for the trauma ward, for ICU, for surgery. In heartbreaking situations, some are marked "expectant," as in, expected to die.

From Tikrit, a specialist E-4 is wheeled in, a member of the New Hampshire National Guard, his head swollen grotesquely from a gunshot wound. Next, from Balad city, a GI who has taken an RPG to the chest and looks as though he has passed through a wood chipper. Two Marines follow, from Anbar province, victims of an IED blast. Blood drips from too many wounds to count. "How's my buddy?" croaks the one still conscious. After him, another army grunt, looking no older than 15, his left arm gone, his torso and legs punctured by shrapnel. Followed by a burly soldier, another specialist E-4, his right leg hanging by sinews, his left arm swathed in bandages that reek of rotted flesh. It reminds me of a charnel house, men torn to pieces.

An Australian army chief of nurses stands at the tent entrance, tracking the patient and resource flow. Behind him, unscathed soldiers emerge from the night, shuffling their feet, worried, sad, pissed off, their rifles on safety. They have come to check on squad mates, to volunteer to give blood. Med techs race out of the E.R. with dirty instruments, rush back in with sanitized ones. Litter bearers bend to scoop up soiled desert camouflage uniforms, bandages cut from torn bodies. More stop to sop up puddles of blood. The smell of putrid, dying muscle and tissue is almost visible. It mixes with the rubbery odor of fluids used to clean wounds, to fill intravenous tubes. No one shouts or hollers. Still, authoritative voices, sharp enough to cut falling silk, pierce the din.

"Need x-rays right here, now!"

"Just frags, soft-tissue damage. Wheel him aside."

"Out of the way, move, move, move; body coming through."

"Internal blood pooling. Sonar

(*Continued . . .*)

scan, please."

Air Force Colonel Elisha Powell IV, M.D., the hospital's commanding officer, locks eyes with me. "Drury! Men's Health! Over here. Little help." Given the frenzy, I find his catch-in-the-throat baritone incongruously calm. "Talk to this soldier."

It is the burly GI close to losing his leg. His face is peppered with shrapnel, his front teeth missing, his lips swollen. I read his name off his chart, stroke his unbandaged right hand. "Charles, Charles, it'll be okay. You're going to be all right. Charles? You hear me, Charles?"

"Hell'm I doin' here?" he rasps. He is from the California National Guard. Blown out of the turret of his Humvee by an IED while conducting a raid in south Baghdad.

"Charles, listen to me. These docs are the best, man. The best. Fix you up like new."

Dr. Powell, an orthopedic surgeon, bends over the soldier's shattered leg and says, without looking up, "Gonna get you on the cover of *Men's Health,* Charles."

I say, "That's right, Charles, get you on the cover."

With this, the slits of Charles's hot red eyes open almost imperceptibly. He turns his head.

"No way, man. Ain't got the abs." Then the IV of Valium, tender oblivion.

"O.R. 3 is open," someone says.

"I need it!"

Like this, for hours.

The Balad theater hospital, the busiest frontline medical facility since the Vietnam War, resembles nothing so much as a Bactrian bazaar. Two rows of parallel, 64- by 20-foot interconnected tents extending 300 yards have been laid over a concrete slab in the shape of a giant letter H. The double-corridored canvas structure, connected by a middle passageway, houses a large emergency room, a pharmacy lab (with a mobile isolation chamber capable of mixing drugs, such as antibiotics or insulin drips, in a sterile environment), multiple recovery wards (for Americans, allied combatants, Iraqi civilians, and enemy wounded), warrens of offices, storage rooms, and nonmedical tents used as a conference room, small chow hall, and admitting office. Its six operating rooms are its only hardened facilities, built to withstand a mortar attack.

One night, a wounded GI, his arm in a sling, stubs out his smoke and asks me if I know the name of the doctor in pale blue scrubs standing outside the door to the tented emergency room. "I swear that's the guy who brought me in," he says. It is, in fact, Tomas Chavez, who, when not flying DUSTOFFs, volunteers as a physician's assistant in the hospital's emergency and operating rooms. After

> "It's all about speed. That's the biggest difference in saving lives in this war. We call it the Del Rio model. . . ."

Chavez and the wounded soldier exchange greetings, I sit down with the medic, who is emblematic of the symbiotic nature of the U.S. military's medical pipeline.

With his dark, brooding features and big coal eyes, Chavez, 30, is ribbed by his fellow medics as the Erik Estrada of the 54th. He's the oldest son of Mexican immigrants who settled in Tempe, Arizona. The first in his family to attend college, he was a senior majoring in premed when the 9/11 attacks occurred. He interrupted his schooling to enlist in the army and, like his fellow medics, before being deployed to Iraq was put through courses in trauma medicine, emergency medical skills, and Special Forces medical training. He intends to enroll in the University of Arizona's medical school when his four-year enlistment is up.

He says what he has learned assisting the doctors at the hospital has been invaluable out in the field. In the operating room, he may intubate the airway of one patient, remove small pieces of shrapnel from the flesh and bone of another. "Everything I do in there just gives me that much more confidence on a dustoff," he says. "It's the same for every medic I work with."

The operating rooms are the hospital's only sterilized shells, and as Chavez and I now walk the dusty hallways, he takes informal inventory of the new medical technology that war naturally breeds. We pass areas laden with a pharmacopoeia of drugs, rooms stacked floor to ceiling with boxes of blood, QuickClot clotting agent, "clingy" gauze, and vacuum-sealed pressure bandages. "But new doesn't always mean better," he says, demonstrating how an older, plastic-hinged tourniquet outperforms its modern metal counterpart. "And the old standbys never go away," he adds, patting his flak vest and producing several tampons from his pockets. "Can't beat them for jamming into bullet holes."

Chavez and his fellow medics fear that now that the enemy knows the American battle rattle is keeping soldiers alive by protecting their vital organs, they will raise the ante. "We're already seeing a lot more burn victims. They've learned about the armor plating, so they're packing their IEDs with detergent, oil, and gasoline," he says.

"My first tour, I figured you never know what you're gonna find at the point of impact: soldiers trapped in burning vehicles, firefights, bodies blasted by IEDs," Chavez continues. "But now, after two tours, it pretty much comes down to finding one thing: anybody who's still alive. Then making sure they're still alive by the time you get 'em back to base."

Chavez pauses. "Don't paint us the heroes," he finally says. "We only go out and get 'em. It's the Air Force docs in the base hospital who keep 'em alive."

It's well past midnight. Outside, beneath a starless canopy, Dr. Powell, exhausted, satisfied, sighs. "Didn't lose one tonight," he says. This is routine. Ninety-six percent of the wounded who arrive alive at Balad theater hospital to be treated by the Air Force's 332nd Expeditionary Medical Group survive. Dr. Powell is taking a moment to introduce me and photographer Max Becherer to the Swamp, a grimy, pillbox-like structure adjacent to the hospital, where he and his surgeons catch catnaps between shifts. They have named it in homage to the living quarters of the characters Hawkeye Pierce and Trapper John on M*A*S*H.

"It's all about speed. That's the biggest difference in saving lives in this war," he says. "We call it the Del Rio model, after a small town in West Texas

(*Continued . . .*)

about 150 miles from our stateside base in San Antonio. When you get hurt in Del Rio, there are lots of little community hospitals between Del Rio and San Antonio. But you shouldn't stop there if you have a severe trauma. You want to go right to San Antonio. The medics know it; the pilots know it. Don't make the intermediary stop. It's a waste of time, and time is precious."

Twenty-five minutes is the average time elapsed between a point-of-impact dustoff and a wounded patient's arrival in a Balad operating room. This includes stops for emergency room triage, portable CAT scans, digitized computer x-rays, and sonarimaging scans that detect internal bleeding.

Although it lacks Hawkeye's still, the Swamp does have a tar-beach roof to which the medicos now retire to sit in rickety beach chairs and smoke thick, pungent cigars. The roof overlooks the perimeter wire, the pitch-black "real Iraq" not 20 feet away. Dr. Powell offers me a cigar, reads my thoughts. "Keep the glowing end cupped in your hand," he says.

My eyes drift toward the wire, with its canal berm offering natural cover. "It only takes one," says Becherer.

"Think of the mortars as lightning," shrugs Major Corey Harrison, M.D., a redheaded E.R. specialist from New York. His body armor is smeared with dried blood. "If it's your turn, it's your turn. Nothing you can do."

Balad hospital is staffed by a remarkable collection of Air Force surgeons and trauma-care doctors, aided by a few Army or Navy practitioners, as well as multinational auxiliaries (Aussie nurses, Iraqi interpreters). The medical group includes four orthopedic surgeons, two neurosurgeons, six trauma surgeons, a facial-reconstruction specialist, a heart surgeon, a urologist, a vascular surgeon, two hand surgeons, and an ophthalmologist. Their pedigrees form an impressive roster: Ivy League universities, Georgetown, Notre Dame, and (like Dr. Powell himself) the Air Force Academy.

"Even with an unlimited budget, I couldn't buy in private practice the team I have here now," says Dr. Powell. He screws up the features on his hawk-like face, and a sudden breeze rustles his salt-and-pepper hair. "Not at the Mayo Clinic, not at the Hospital for Special Surgery in New York. Nowhere."

"Back in the States, we'd be at each other's throats," adds Colonel Jack Ingari, M.D., a Harvard graduate, the hospital's second in command, and one of the nation's foremost microscopic-vascular-surgery hand specialists. He laughs. "Who's making more money? Who's the top dog? Who's the lead surgeon, and who's the assistant?

"Jeez," he continues, "there'd be scalpels in people's backs."

> "Think of the mortars as lightning. If it's your turn, it's your turn. Nothing you can do."

"As corny as it sounds, over here it's a higher calling," says Dr. Powell. "No one in an emergency room back in the States sees in six months what we see here in one night. Most of the things I've seen here—the huge blast wounds, the head injuries, the amputations, the open fractures—I'll never see again in my professional career."

Now the conversation ceases, and several surgeons prick their ears toward the night sky. Somewhere in the distance, the muffled beat of a helicopter's rotors ruffle the air. The doctors stand as one, douse their cigars. "They say medicine is a marathon," Dr. Powell says. "Well, out here it's a sprint."

Around 5 o'clock the following evening, I witness Dr. Powell and Dr. Ingari performing a delicate procedure on a soldier whose leg has been shattered by an IED. It is called an internal fixation. After drilling a hole down to the marrow in one end of the boy's femur, the doctors insert a steel rod through the length of the broken bone and hold it together by tightening screws through pre-cut holes in the rod. The device keeps the long bone from moving or shortening as it mends, and a drain is left in the wound to collect excess blood and lower infection risk.

"This is something that's never been done in field hospitals before," says Dr. Powell. "Normally, a patient would have to wait until Landstuhl, or even the States, because no one would think to do it in the field. But we've got people here innovative enough to perform all sorts of new procedures, and I guarantee you the one thing that will come out of this war, besides the technological advances, will be the experience that we're pumping through this system. These surgeons and nurses and enlisted techs are going to be the ones who carry America's health-care system through future mass-casualty events."

He sweeps his hand in the direction of the emergency room. "The young doctors you see out there? They'll be the leaders in their medical communities when they get out. They'll be the folks teaching everybody at our medical centers and our medical schools and our trauma hospitals for the next 20 years. No one else will have this experience."

To punctuate his remarks, the base's warning siren sounds, and a recorded voice intones, "Incoming. Incoming. Incoming." In the E.R., medical staffers nonchalantly lay aside scalpels, intubation tubes, anesthesia drips, to don helmets and armored vests before returning to work. Somewhere on the far side of the base, four staggered mortar explosions resound. The only surprise, one trauma doctor tells me later, is that the blasts were spread out over several seconds. "Usually, they're bangbangbang."

The next morning, an explanation. The enemy has perfected a new ploy: placing mortar tubes into buckets of water, which are then frozen and planted near the wire in the middle of the night. When the morning sun melts the water, the mortars drop, hit the bottom of the metal buckets, and fire. Because the pails vary in size, the water melts at different rates, producing the staggered firing effect.

A few hours later, two Iraqi boys are delivered to the Balad theater hospital by a med-evac from the 54th. Gerry Bickett, cursing, carries one in. Ten-year-old playmates from a village near the Syrian border, they'd stumbled across a small, unexploded IED, picked it up to examine it, and thrown it away. That's when it exploded, raking them both with shrapnel and breaking the leg of one child. The boys' fathers have accompanied them on the Black Hawk, and as the two slight, nervous men pace

(*Continued . . .*)

the emergency room in their soiled dishdashas, Dr. Powell and Dr. Ingari operate immediately.

Afterward, over coffee, I ask the 44-year-old Dr. Powell, still wearing his surgical scrubs, how often he is reminded of his own children back in San Antonio. "Sometimes you feel a tremendous amount of pressure, but to be an effective surgeon, you have to compartmentalize those feelings," he says.

"I have to focus on saving these patients' lives, be they Iraqi or American kids, rather than dwell on the fact that I have a 12-year-old boy and a 10-year-old girl back home.

"Our patients don't have time for us to feel sorry for them," he goes on. "They come to us to fix them, to repair their fractures, to close their wounds, to make them better. If I start thinking that this could be my son or my daughter . . . let's just say they don't want us to feel sorry for them. They want us to patch them up and get them back to their units."

Combat takeoff, 0300. The cavernous C-17 Globemaster cargo jet taxis, picks up speed, and shoots into the coal black sky like a rocket. Through the dim, red blackout lights, I watch as the head nurse, maintaining her balance while wearing 40 pounds of Kevlar, monitors the machines attached to the six litter-bound patients strapped onto metal cots. Most are unconscious. Eleven additional soldiers, walking wounded who are armored, helmeted, and belted into fold-down chairs lining both sides of the windowless fuselage, brace themselves against gravity. The C-17's pilots will take stomach-twisting evasive action to 24,000 feet, level off at 30,000 feet, and turn on the lights once they have escaped Iraqi airspace.

If a combat landing on an Iraqi airstrip is comparable to being a passenger in a kamikaze dive-bomber, the combat takeoff, says U.S. Air Force Lieutenant Colonel Scott Van De Hoef, M.D., "is like being strapped to the back of a giant arrow shot straight into the air."

A few hours earlier, Dr. Van De Hoef and I had stood alongside the Balad flightline in the shadow of the CASF's tented facility, where the physician works. CASF stands for Contingency Aeromedical Staging Facility, and as Dr. Van De Hoef explained, "I guess you'd describe us in baseball terms as kind of like a middle reliever, the bridge between the starters at Balad and the closers in Landstuhl."

Dr. Van De Hoef, 36, a Florida family practitioner, has a soft smile and an easy wit, although at the moment we spoke, humor seemed antithetical to the point. He and his medical team had just finished lifting a horribly burned soldier through the yawning clamshell of a C-17, where his life-support system would be monitored by a critical-care air-transport team (CCATT) during the five-hour flight to Ramstein Air Base in Germany. Each CCATT consists of a trauma surgeon, flight nurse, and respiratory technician.

An Air Force chaplain positions himself to be the first to speak to . . . soldiers coming off the bus. "We've been praying for you since you were injured," he says.

The burned GI had been delivered from the theater hospital to the air transport by a CASF ambulance bus and carried into the jet with what looked like a desktop computer resting on his chest. "Packaging the patient," it's called, and it consists of a ventilator, a cardiac monitor, a blood-oxygen monitor, vacuum suction tubes to keep wounds clean, and a blood-pressure monitor. If the Black Hawk medevac helicopters are flying emergency rooms, the CCATT flights are movable ICUs. When necessary, an Air-Evac flight can accommodate 36 litters, stacked three high on stanchions.

I asked Dr. Van De Hoef about the frequency of the Air-Evac flights out of Balad, considering that injured soldiers are typically whisked out of the hospital within 24 hours. He ran a finger down the sheaf of paper attached to the clipboard he was holding. "I've had wounded soldiers from everywhere in Iraq come through here for . . . let's see . . . Sorry, this register goes back only eight weeks. But in that time, we've loaded over 100 flights, more than 1,300 patients. You can extrapolate a year's worth." (It works out to about 8,000 living patients a year. Battle dead are shipped home directly on separate flights.)

He shook his head slowly. "You only hope you can do right by the families who can't be here when you're taking care of their kids. Last week, we had a kid come through, his face looked familiar, and I thought I recognized the name. I asked him, 'Didn't I just send you out of here?' He goes, 'No, that was my brother.' "

Tonight's Air-Evac crew, an amalgam of Mississippi National Guard airmen and German-based Air Force medical staff, have their hands full during the uneventful flight to Ramstein Air Base. The nurses hustle from litter to litter, monitoring and remonitoring the myriad machines recording the vital signs of the wounded.

At Ramstein, the wounded exit the plane in a teeming rain—carried, limping, walking—and are transported from the American air base via blue ambulance buses to the circular drive outside the Landstuhl Medical Center's emergency room. Employing a "joint tracking system," medical personnel in Germany are already aware of the specific treatment each injured soldier requires, be it burn care or the management of brain injuries, bullet wounds, or amputated limbs.

An Air Force chaplain outside the hospital positions himself to be the first to speak to any conscious soldiers coming off the bus. "We've been praying for you since you were injured," he says. Off to one side, I spy several American nurses near a smoking kiosk, their eyes rimmed in red. I learn that they are mourning the passing of a patient, a young soldier who was kept alive on a ventilator long enough for his parents to fly in from the United States and watch him receive his Purple Heart.

"We have empathy, but we can't have sympathy," one tells me. "We'd fall apart." Her swollen eyes belie her words.

"Compassion fatigue—it happens to all of us," says U.S. Air Force Major Tim Woods, M.D., the lanky 38-year-old general surgeon whom I accompany on his rounds through the in-

(*Continued . . .*)

tensive care unit at Landstuhl Medical Center. "Sometimes you start thinking about how overwhelming it all is."

The Landstuhl facility, the largest American military hospital outside the United States, sits atop a small mountain overlooking the town of the same name. Staffed jointly by about 2,000 Army and Air-Force medical personnel, the 162-bed medical center is bounded by dark, wet hills blanketed by maple, black locust, and birch. Although a quarter of its multinational patients arrive with hard-core battle injuries from Iraq and Afghanistan—"down range," as the war zones are called—the hospital is, aesthetically, far enough from Balad to be on another planet.

That is, until you encounter its patients. In one room Dr. Woods introduces me to the burn victim, a kid in his early 20s whose only request is to be "made whole enough" to rejoin his unit. Dr. Woods asks me not to follow him into a second room. Inside is a boy, unconscious on the bed, the victim of an RPG attack. "He's not going to make it," Dr. Woods says.

The doctor describes Landstuhl as a "stabilizing and reconnecting" facility. "In Balad, they stop the bleeding, save the patient's life," he says. "Here, we get them on the road to rehab and recovery that, hopefully, continues back in the States." (All patients who are wounded in action and sent to Landstuhl head home from here; 22 percent eventually make it back to their units.) Any patient not confined to a ventilator at Landstuhl begins physical rehab immediately upon arrival. It's not as easy as it sounds. There are amputees' bones to be beveled and skin grafts to be performed. Immune systems are weak, and viral pneumonias and bacterial infections rage.

But at the end of the day, Dr. Woods says, it's the speed with which the wounded arrive in his ward that holds him most in thrall. "That's the most important and amazing medical advance of this war."

I cannot share his enthusiasm, I admit to him. I have seen more than enough of the torn and shattered young victims who constitute this pipeline. He nods. "I know. I see these kids coming in, half my age, just blown to hell. Rips up my insides."

DUSTOFF site, 1340. The Black Hawk medevac puts down in a blinding cloud of dirt and grit. It has taken us exactly five minutes to get here, an arid soccer field abutting a small cluster of flat brown houses. Medic Elizabeth Shrode and crew chief Brandon King heave two litters from the helicopter's side door. Shrode dashes toward an inert body, splayed perhaps 20 yards from the idling helicopter. King, tethered by a radio cord, stops several feet from the Black Hawk, drops to one knee, swivels his M-16 in an arcing motion.

> "In Balad, they stop the bleeding, save the patient's life. Here, we get them on the road to rehab and recovery that, hopefully, continues back in the States."

Ground troops from a nearby Bradley fighting vehicle rush to meet Shrode, now bent over the fallen soldier. He has short, blond curls. He does not look much older than my 8-year-old son. His face, a death mask, has gone gray. Shrode feels his wrist, searching for a pulse. She drops his arm and places her fingers against his neck. Blood pools in the sand. He is lifted onto a litter. Most of his insides spill onto the ground. Only now do I realize that his feet are facing backward. He has been blown in half, his body held together only by his belt and uniform pants.

Shrode turns, yells something to the ground troops. She is looking for the second soldier. There were supposed to be two: one urgent; one priority. The platoon leader on the ground appears confused. He races back to the Bradley, picks up a field telephone. Using hand signals, he indicates that the dead boy on the litter is alone. Shrode and three GIs lift the body onto the Black Hawk. King covers them. We lift off again at 1345. Just five minutes on the ground. We arrive at the Balad theater hospital five minutes later. There is no urgency to the flight.

Back at the 54th's headquarters, a maintenance team immediately begins the task of power-washing blood from the aircraft. The crew huddles in a semicircle. No one says a word. I walk away. Sergeant Joe Renteria, the company's medical-standardization instructor and, at 31, the wise man of the outfit, approaches me.

"You okay?" he asks.

"Oughta see to your crew," I say.

"I'm seeing to you."

"Kid didn't look much older than my son."

"You can't take it personally."

I look up at him.

"We got the best track record in the army," he goes on. "We bring 'em back alive . . . almost all the time." ■

The Vietnam Veterans Association Mike Novosel Chapter of Harrisburg, PA, adds $1,500 each year to our Mike Novosel DUSTOFF Scholarship. Go to http://dustoff.org for application instructions. Applications must be submitted by 1 May each year.

Nominate Your Hero for the DUSTOFF Hall of Fame

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

New Entries on the Flight Manifest

SPC Brian E. Benesh	L
SGT Johnathan D. Clavier	M
James L. Coleman	M
COL Mike Hulsey	L
SGT Patrick G. Jackson	L
CPT Mark A. Lawrence	L
SPC Robert R. Long	L
Kim D. Mansfield	L
Mark W. McCall	M
CW2 Richard McCory	L
SGT Joseph Pellegriti	M
SPC Steven M. Rabinovich	M
SGM James W. Reeves	L
Gary L. Scofield	M
SGT Robert L. Shearer	L
William J. Simone	L
CPT Roderick Stout	L
SFC Scott Stover	L
SSG Roger Tomczak	L
SGT Thomas Yates	M
SGT Kimberly D. Viles	L

Treasurer's Report
5/1/2006–10/14/2006

Interest Income	$166.53
Membership Dues	$1,777.50
Memorial Donations	$1,000.00
Historical Project—Book	$500.00
Sales Income	$3,617.12
Scholarship Fund Income	$5,010.00
Total Income	$12,071.15
Charity	$1,000.00
Newsletter Publishing	$2,410.58
Operating Expenses	$419.53
Sales Expense	$1,913.78
Scholarship Fund Expenses	$5,300.00
Total Expenses	$11,043.89

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DUSTOFF—Australian Rules

Lloyd Knight served with the Royal Australian Air Force, No. 9 Squadron, at Vung Tau, in Vietnam in 1969. They flew in support of Australian and New Zealand Army units from their forward base at Nui Dat, which means "small hill." This base was located in Phuoc Tuy Province, about 75 kilometers to the southeast of the Capitol, Saigon. The squadron's main mission was troop-carrying sorties of various types, including the insertion and extraction of reconnaissance and fighting patrols, Special Air Service operations, general troop movement, and medical evacuation (MedEvac). The squadron also had a gunship flight.

It had been a very long day. Dusk descended as we made our final approach to the helicopter landing area at Nui Dat. We completed our approach to a hover and air taxied over to the fuelling area to gas up, preparatory to returning to our main base at Vung Tau, about a twenty-minute flight to the south. A delay on our final mission for the day had made us late, so all the other squadron aircraft had returned to base.

For tactical expediency, helicopters were usually refueled with engines running. This was potentially dangerous because of fire risk. The pilot's seatbelts were undone and seat armour retracted to allow a rapid escape in the event of a mishap. The crewman conducted the fuelling operation, with the door gunner manning the fire extinguisher.

I was riding left seat. This is normally the copilot's position in the Huey. Because I was the Squadron Training Officer, I often occupied this seat while the young pilot I was checking flew from the command—right seat. In this case the training officer takes on the copilot duties.

As the crewman was completing the fuelling operation, a call came from the Command and Control Centre, to which I replied, "Albatross zero two, go ahead."

The controller responded, "A platoon has come under heavy fire, twenty minutes from your position. One soldier critically injured. Require immediate DUSTOFF. Both Medical Corps units (U.S. Army) are presently deployed and cannot respond. Are you able to accept this task?"

"DUSTOFF" is the acronym for the motto of the U.S. Army Medical Corps: "Dedicated, Unhesitating Service to Our Fighting Forces." The tram was used to describe a helicopter operation that provided the "Med-evac" of wounded troops.

I answered, "Albatross zero two, affirmative, go ahead with location and details."

They were fairly sure the enemy had succumbed to the return fire or had quit the vicinity. He had called in the gunnies in case they went hot again.

The other pilot called to the crewman, "DUSTOFF!" and told the door gunner to grab the spare stokes litter. This is a seven-foot long stainless steel stretcher fitted with straps, used to lift casualties or cargo. One of these units was located near the fuelling point for just such and exigency. The crewmen had also received rudimentary first aid training to enable them to cope with this type of mission.

I copied down the details, which were in code: the location grid reference, call sign and radio channel, and the nature of injuries. The wounded digger had four gunshot wounds to the thorax. Because of the seriousness of his injuries, we also were instructed to take the casualty directly to the military hospital in Saigon.

I advised the crewman and door gunner to wear their bulletproof plates under their flak jackets because we could come under attack. These curved shields, made of Kevlar, were part of the bulletproof vest issued to all crew. The crewman and gunner often placed them under their seats, to protect their important parts from rounds fired from directly below the aircraft.

The other pilot and I exchanged seats, and he took over the copilot duties.

With all checks completed, we took off into the now black night and headed west at an altitude of around two thousand feet, about six hundred meters, to our task site. The copilot established communications with the platoon. The officer in charge advised us that the potentially hot area was several hundred meters to their south. They were fairly sure the enemy had succumbed to the return fire, or had quit the vicinity. He had called in the gunnies in case they went hot again.

Because they were located in the tall timber, he warned that we would need to perform a hundred-foot winch lift. The casualty wasn't really stable. He had lost a lot of blood, and there was nothing more they could do for him except get him to hospital. He was already strapped into a fold-up litter and ready to be lifted. I advised that we would terminate our approach to a hover in the treetops using the landing light.

The Huey is equipped with two powerful, controllable lights. The landing light, under the belly, can be rotated from vertically down to straight ahead. The searchlight is located under the nose and can be swiveled in all directions. Each pilot can control the lights, and the crewman/winch operator on the right side of the aircraft can switch the landing light on and off. We would use no other lights, to make the aircraft as inconspicuous as possible.

The patrol had floated a balloon light, which was attached to a string, up through the trees to mark their position. This is a helium-filled, red balloon with a small battery-powered light inside. They also flashed a Morse Code letter with a shielded torch, which we read back to confirm their identification. This was an added security measure, used in case the enemy also sent up a balloon to attract the helicopter crew to the wrong location, and thereby became a target.

We made our approach to the balloon, heading west to place the left gunner facing the previously hot area. I turned on the landing light at the last

(DUSTOFF, *continued on page 22.*)

(DUSTOFF, *continued from page 21.*)

minute and told the crewman, "You have the con."

During winching (hoist) operations, the pilot hands over the directing of the aircraft's position to the crewman/winch operator. He then coaches the pilot into the final position, something similar to the old WW II bomb-aimer. He keeps the pilot informed about the progress of the deployment of the winching cable, the hook-up, and the instruction to "Take the weight." The pilot applies power to ensure that the helicopter is capable of lifting the extra load. Then the crewman reels up the patient, keeping the crew informed of the progress of the operation. He also keeps a check on the tail rotor's clearance from obstacles. It's a highly responsible job.

The crewman gave me the last few corrections to our position, to place the aircraft directly over the casualty. I descended until the skids were at treetop level, having ensured that the tail rotor was in a clear area. The crewman started the cable on its way to the wounded man below.

When the hook was about half-way down, all hell broke loose to our left. Heavy fire came up through the trees, and our door gunner started pounding away with his M60 machine gun. The Aussie troops below also returned heavy fire and another fight was on.

The man on the ground yelled on the radio, "Get that chopper out of there!" I had already switched off the light and was applying power, climbing vertically so the hook wouldn't snag in the trees. The copilot set maximum transient power, and we climbed at about four thousand feet per minute. The winch operator was madly reeling in the cable, and the gunner continued to let them have it to our left.

As we went through a one thousand-foot increase in altitude, I nosed over and high-tailed it out of there into the safety of the big black sky. As we climbed rapidly to the west, two gunnies rolled into an attack on a reciprocal course to our left. We turned right, to the east, and set up an orbit at a couple of thousand feet and three kilometers from the firefight.

After about twenty minutes, we advised the Platoon Leader that we would need to refuel if we were going to take the casualty to Saigon. He replied that they would need at least a half an hour to subdue this new threat, so we scurried back to Nui Dat. We flew at maximum cruise speed, landed and filled the tanks. We hadn't been called back in yet, so we returned at our best endurance speed to conserve fuel.

Arriving back on station after an absence of forty minutes, we could see that the fight was still going on. It was really hectic down there, with heavy machine gun fire, grenades, and rockets. The gunships were giving their best, making pass after pass against the heavy resistance. We commenced orbiting again and waited to be called in to make another attempt.

When the hook was about half-way down, all hell broke loose to our left. Heavy fire came up through the trees, and our door gunner started pounding away with his M60. . . .

During this period of relative respite, the crew started to talk on the intercom. There was an aura of virtual light-heartedness that was probably a self-protective reaction, due to the various levels of anticipation as to what we could expect next. We discussed the pros and cons of risking being shot down.

I have never felt "scared" during combat operations. That seems to come later when you are safe, and have time to ponder the "what-ifs." However, I do recall vividly that throughout that half-hour wait, I certainly felt apprehensive about returning to such a potentially dangerous situation.

Decisions, decisions! It would not be smart to place the aircraft and crew, and the troops underneath, in a position where we would all be wiped out by being shot down. On the other hand, our duty was to rescue the person down there, who was obviously in a life-threatened state. On that occasion, I didn't have to make the decision.

After about another twenty minutes, the shooting had ceased, and the gunnies said they were returning to base. The bloke on the radio called us saying, "Thanks for your help, DUSTOFF, the battle's over; come back in the morning."

The young door gunner, who had just experienced his first firefight, said, "Thank goodness, he must be all right now."

There was a moment's silence before the older, experienced crewman said, "Yeah, I suppose so. We don't recover body bags at night."

The young man sobbed into his microphone, "I didn't know that's what he meant, but I didn't want to go back down there again."

Over the years, I have often wondered what a difference another couple of minutes would have made. If we'd managed to get him on the hook before they started shooting, maybe we could have towered out and saved him.

Then I think about the other possible outcomes. He may have been snagged in the trees and brought us all down. He may have been shot again! And, of course, with such severe injuries, his chances of surviving that kind of ordeal would have been extremely slim. ■

Top of the Schoolhouse

by 1SG Michael Stoddard

This is my first "Top of the Schoolhouse" article, as I recently took over from 1SG Carl Martin on 26 July 2006 during our Change of Responsibility Ceremony. I personally want to thank him for his time and dedication while serving as the 1SG. He can be proud of the job he did and the impact he had on the students and staff here at USASAM.

We also said a goodbye to COL Monica Gorbandt, as she deployed in support of Operation Iraqi Freedom for 90 days. She will be in our thoughts and prayers, and we look forward to her safe return.

I want to thank the USASAM staff personally for the warm welcome my wife Aimee and I received. We feel very honored to be part of the USASAM family. As for me, I bring 17 years of active service, with over seven years flight experience, to the table. My most recent assignment prior to coming here was as the MEDEVAC Observer/Controller and Aviation Division Sergeant Major at the Joint Readiness Training Center/Fort Polk.

It has been a very busy FY 2006 for USASAM, and our FY 06 numbers show the training tempo is high. USASAM trained a total of over 3,300 students last year between the Flight Medic (300-F6), Flight Surgeon (6A-61N9D), Medical Evacuation Doctrine (2C-F7), Aeromedical Psychology Training (6H-F27), Joint En Route Care Course, Hypobaric Chambers, Aviation Resource Survey (ARMS), and Flight Physiology training for fixed and rotary wing aviators.

The Medical Evacuation Doctrine Course (2C-F7) continues to play a vital role in the education of combat health support planners. The course covers not only Doctrine, but stays current and relevant in the fight by addressing Tactics, Techniques, and Procedures (TTP), as well as Lessons Learned, and includes lesson plans on the role of air ambulance companies in the General Support Aviation Battalions (GSAB). The course has graduated over 78 students in the last six months, conducting two resident courses and one MTT in support of the Iowa National Guard. The course is scheduled to do an MTT in Guam in late October.

> The Flight Medic Course did a great job ensuring that these 19 new Flight Medics are ready to withstand the stressors they will face while flying in support of the War fighter.

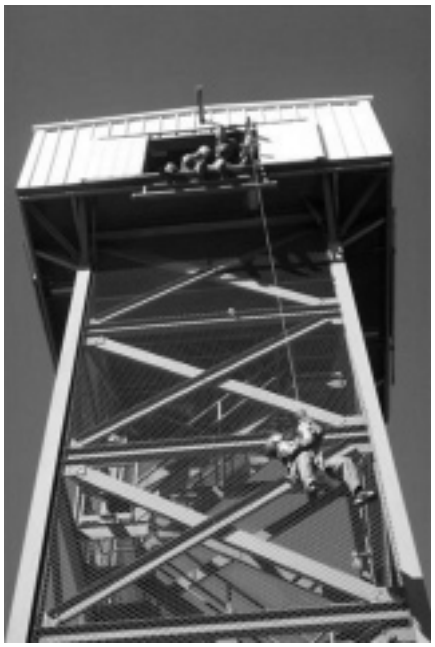
I would like to take this opportunity to introduce everyone once again to the Joint En Route Care Course (JECC). This course has changed a little since first introduced back in 2004. The JECC mission is to provide concise, realistic, relevant, and current en route trauma transport training to Joint and Coalition Flight Medics, Registered Nurses, Physician Assistants, and Physicians. The objectives of the JECC are to provide concise and relevant didactic content, realistic, battle-focused lab content, and real-time lessons learned and Internet feedback from students and subject matter experts in the field for DOD aeromedical teams. For more information on the JECC, please go to the USASAM website at <http://usasam.amedd.army.mil>.

The Flight Medic Course just graduated 19 students from class 06-04. Most of these students will get the call to deploy to Iraq or Afghanistan within six months. The Flight Medic Course did a great job ensuring that these 19 new Flight Medics are ready to withstand the stressors they will face while flying in support of the War fighter.

I would like to acknowledge SSG Rock Rakosi from the Arizona National Guard for a job well done. He was the Honor Graduate for Class 06-04.

In closing, I look forward to supporting all the DUSTOFF community and commit to providing world-class training from the best instructors the AMEDD has to offer. If you have any questions, concerns, comments, or suggestions about how USASAM can better assist you in the field, please feel free to contact me at COMM: (334) 255-7417 DSN 558-7417, or visit our website at <http://usasam.amedd.army.mil>. Thank you for your DEDICATION and COMMITMENT! DUSTOFF!

—DUSTOFFer—



The Flight Medic Course

From the Consultant

by COL David MacDonald

This marks the first anniversary of both my tenure as Director MEPD and MEDEVAC companies under Aviation Branch command and control. With the help of many Army Medical Department (AMEDD) professionals, much has been accomplished this past year. These accomplishments have laid a strong foundation that will ensure a standardized and efficient MEDEVAC system.

MEPD's primary objective for this first year was revising Army and Joint medical evacuation doctrine to reflect current and future operations under the transformed structure. This was an important first step, as codifying modern medical evacuation doctrine was required to ensure intratheater medical evacuation standardization across the Army and Joint force.

Both the Assistant Commander for Force Integration (ACFI) and Director of Combat & Doctrine Development (DCDD) were integral in combining FM 8-10-6 (Medical Evacuation in a theater of Operations) and FM 8-10-26 (Employment of the Medical Company, Air Ambulance) into one manual, Field Manual Interim (FMI) 4-02.2 (Medical Evacuation), which reflects current and future doctrine.

This interim FM requires review within two years of publication to ensure relevance. This review will capture doctrinal changes and allow an accelerated revision of this manual, an attribute necessary in today's rapidly changing environment. FMI 4-02.2 is in final draft and is posted on the MEPD web site <https://www.us.army.mil/suite/page/86394>. It is scheduled for final publication during second quarter fiscal year (FY) 2007.

Joint medical evacuation doctrine Joint Publication (JP) 4-02 (Health Service Support in Joint Operations) supersedes JP 4-02.2 (Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations). DCDD, ACFI and Aviation Branch Doctrine of Training and Doctrine (DOTD) supported MEPD's input, identifying the Army as the preferred service to perform intratheater air and ground medical evacuation in support of a combined joint task force (CJTF). Also, Transportation Command has submitted a Joint Capabilities Document for Secretary of Defense approval, which supports MEPD's doctrinal input. Both documents are scheduled for approval and publication during second quarter FY07.

Aviation branch understands that the MEDEVAC fleet has skipped a generation of modernization and fully intends to maintain the current modernization program.

Revising the medical evacuation officer (67J) career path was also an MEPD priority. DA Pam 600-4 (AMEDD Officer Development and Career Management) is being revised and will reflect the new career path for the 67J. The revised DA Pam outlines, in detail, the 67J career progression from Second Lieutenant thorough Colonel and delineates a diverse career path that includes Joint, AMEDD and Aviation staff and command opportunities. The 67J will have broad professional education requirements in both Aviation and AMEDD curriculums, as well as civilian postgraduate opportunities within the Long-Term Health Education and Training program. This enhanced career path outlines that the 67J must be proficient in both the Aviation and AMEDD branches and truly defines the 67J as the "pentathlete," General Schoomaker describes in his vision.

MEPD also focused efforts on MEDEVAC structure and modernization. MEDEVAC units have one of the highest OPTEMPO's in the Army in support of GWOT and the oldest fleet in Army aviation.

To mitigate the high OPTEMPO and meet mission requirements, Aviation branch recognized the need for an additional nine MEDEVAC companies, raising the current authorization from 28 to 37 MEDEVAC companies. General Cody has approved adding five MEDEVAC companies to the force structure: four Army National Guard (ARNG) companies and one company in the United States Army Reserve (USAR). The addition of the remaining four companies will be a topic of discussion during the next Aviation Implementation Conference (23–27 October 07).

The HH-60M is the next generation MEDEVAC aircraft. Full fielding of the HH-60M will take a minimum of 20 years (year 2029) at current projected procurement rates. Program Objective Memorandum 07-11 has a total of 54 HH-60Ms programmed, with the first delivery in APR 08 and first unit equipped in FY 09. Aviation branch understands that the MEDEVAC fleet has skipped a generation of modernization and fully intends to maintain the current modernization program.

Finally, this past year MEPD proposed capturing DUSTOFF history from 1973 to the present, picking up where the last DUSTOFF history book left off. With a lot of help from many retired DUSTOFFers and current AMEDD leadership, this proposal is now a reality. The Office of Medical History has contracted Darrel Whitcomb to write the continuing history. He is currently collecting data and conducting interviews. The book is scheduled for completion by August 2008.

Next year, MEPD will focus on refining and solidifying the 67J and flight medic career paths. Additionally, we will work on codifying Joint and Army medical evacuation doctrine, to possibly solidify the AMEDD as the executive agent for intratheater medical evacuation. Furthermore, we will recommend a force design update to im-

(Consultant, *continued on page 25.*)

Pavilion Dedicated in Honor of MG Spurgeon Neel

He is known as the "Father of Army Aviation Medicine." The late Major General Spurgeon Neel was the driving force behind the Army's adoption of using helicopters to evacuate the battlefield wounded to definitive care.

In a formal ceremony on September 29th, the Spurgeon Neel Aeromedical Evacuation Pavilion of the Army Medical Department Museum at Fort Sam Houston was dedicated in his honor. Participating in the ceremony were the Chairman of the Museum Foundation Board and former Army Surgeon General, retired Lieutenant General Quinn H. Becker; Commander of Fort Sam Houston and the Army Medical Department Center and School, Major General Russell J. Czerw; and Mrs. Alice Neel, widow of Major General Neel.

In addition to his innovative work on behalf of military patients, General Neel pioneered the use of aeromedical evacuation helicopters for the transportation of civilian traffic accident and other casualty victims.

Reflecting on General Neel's contributions, the President and CEO of San Antonio AirLife, Dr. Robert W. Hilliard, FACHE, said, "Major General Neel's vision and commitment to the concept of the United States military's providing rapid and responsive air medical transport capability to wounded and injured service members have saved untold lives. His success in influencing the military policymakers to integrate the air medical transport concept into military doctrine, coupled with the fact that in 2006 there are approximately 800 civilian air medical programs in the United States alone and several hundred more around the world, is a tremendous tribute to Major General Neel's air medical transport legacy. Few individuals have had such a positive impact on both military and civilian healthcare delivery."

—DUSTOFFer—

LTG Quinn Becker

The ribbon-cutting.

Mrs. Alice Neel and LTC (R) Ralph McBride

(Consultant, *continued from page 24.*)

prove the MEDEVAC company structure by adding one flight medic per Forward Support MEDEVAC Team (FSMT), changing the rank of the team sergeant, Staff Sergeant, to Sergeant First Class, and changing the designation from FSMT to Medical Platoon. Finally, coordinate for enhanced communications capability to ensure connectivity to everyone the MEDEVAC mission supports.

This next 12 months are a critical time in the transformation of the MEDEVAC mission. With the possibility of a Joint Medical command and the Army becoming the executive agent for intratheater medical evacuation, I believe MEDEVAC will continue to transform beyond the current structure.

In conclusion, the AMEDD aviator continues to remain true to the aeromedical evacuation mission by quietly, professionally, and superbly executing the MEDEVAC mission. I am extremely proud to be a part of this unique and august group. Thank you for who you are and what you do every day.

—DUSTOFFer—

2007 DUSTOFF ASSOCIATION REUNION

Schedule of Events

February 16–18, 2007

Friday, 16 February 2007

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 (See note below and on page 9.)

2200–0200 — Hospitality Suite open

Saturday, 17 February 2007

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 Crewmembers 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/Dancing

2200–0200 — Hospitality Suite open

Sunday, 18 February 2007

0900–1000 — DUSTOFF Memorial Service—Holiday Inn Riverwalk

If you are interested in any of these unit-level reunions, contact the Unit Captains

498th Med. Co. — Ron Chapman, 603 Meadow Grove, San Antonio, TX 78239, (210) 653-3114.

159th Med. Co.— CPT Thomas Powell, thomas.k.powell@us.army.mil, (210) 221-9337 (W)

283rd Med. Co. — David Bennett, P.O. Box 24, Ferris, TX 75125, (214) 354-9062 (C), swaerial@msn.com

507th Med. & 82nd Med. — CPT Mark Knight, (210) 221-5285 (W), (210) 323-6931 (C), mark.knight@amedd.army.mil

Eagle DUSTOFF – Dr. Chris Wyman, (520) 423-0758 or Mary Dorschner, (915) 328-9063 (C), mjdorschne1@yahoo.com

28th Annual DUSTOFF Association Reunion
February 16–18, 2007
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	$_____
Late Fee (if after 15 Jan 07)	$15/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>. The Group Code is "OFF." These rates apply for 16 through 18 February 2007. 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:			
Buffet Social Hour - Salons C and D	$25/person	_____ persons	$ _____
Spouses' Luncheon:			
Citrus Restaurant	$20/person	_____ persons	$ _____
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

DUSTOFF Association
P. O. Box 8091
San Antonio, TX 78208-0091

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Permit No. 1675
San Antonio, TX

Address service requested

DUSTOFF Association
Membership Application/Change of Address

❑ **I want to join the Association as a Member**
Officers and Civilians — **$10.00 Initial fee, $15.00 Annual fee, $25.00 Total**

❑ **I want to join the Association as a Member**
Enlisted
E-5 & below — **$ 7.50 Annual fee, No Initial fee**
E-6 & above — **$10.00 Initial fee**

❑ **I want to join the Association as a Life Member**
Officers and Civilians — **$100.00 One-time fee**
E-9 and below — **$ 50.00 One-time fee**

❑ **Check here if change of address, or e-mail change to secretary@dustoff.org**

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

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

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