



THE DUSTOFFER



THE DUSTOFF ASSOCIATION NEWSLETTER

SPRING/SUMMER 2019

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President's Message



Greetings, fellow DUSTOFFers, family, and friends. With summer in full swing, I would like to take the opportunity to update our folks on the last reunion. While our attendance wasn't huge, we did tally a total of 137 who attended the banquet dinner. That's the same number as 2016, but not as many as the past two years. We gained at least 10 new members from C/2-4, so conducting the reunion in Colorado Springs garnered some increase to the organization.

While trooping the lines and assisting with the registration, I met several life-long members who either had not been to a reunion in many years, or were attending for the first time. I also ran across a few new members not counted in our C/2-4 folks.

We also managed to be in the black for the event, with an aggregate surplus of roughly \$4,000. This profit is after we sponsored several awardees, so they could attend the event. That's thanks in large part to our sponsors.

Columbus, Georgia, was shaping up to be our 2020 lo-

cale, but due to the MEDEVAC Conference being held in Nashville in November 2020, the Executive Committee is considering the possibility of linking into that for several reasons. It will provide a strong opportunity for exposure of our organization and will give us more outreach than we normally get. Another issue with which we're contending is obviously the time of year and the fact that November 2020 will put us at roughly 18 months between this year's and next year's reunion. Further discussion is also occurring regarding 2021. If we go back to our May scheduled reunion, that will only allow six months of planning between 2020 and 2021. We endeavor to balance the needs of the organization with our members' ability to attend our events, so this decision isn't one to be made lightly.

Due to unforeseen circumstances, it was decided by the members present at the last reunion that I remain the President for one more year. The new Vice President is COL Charles "Dave" Zimmerman. He's still active duty and brings a wealth of experience and knowledge. He maintains strong contacts with the active duty community and brings ideas to enhance and strengthen the future of our organization.

Jen and I are moving from Colorado Springs, Colorado, to Leavenworth, Kansas, where she'll be assuming a new job as an Observer Trainer with the Mission Command Training Program. She'll be spending a lot of time TDY, and I will do my level best to stay out of the U.S. Penitentiary, Fort Leavenworth!

I believe that our Executive Council meeting this year bore powerful suggestions that we hope to see come to fruition in the year(s) to come. As always, please feel free to provide any insight and/or recommendations at any time throughout the year, either to me or a member of the Executive Council. I'm proud to be a member of our organization and look forward to seeing you all at our next reunion!

DUSTOFF!

Chris Irwin
President, DUSTOFF Association

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A VETERAN'S STORY: THE DUSTOFF

by Pete Mecca

Pete Mecca is a Vietnam veteran, columnist, and freelance writer.

Their aphorism, "Dedicated Unhesitating Service To Our Fighting Forces," was better known in Vietnam by its acronym "Dustoff." These were the medevac choppers. Unarmed and unwavering, the courageous crews of "Dustoff" missions flew their Hueys into combat zones to bring out the wounded, the dying, and young soldiers covered with rain ponchos.

Dustoffs were clearly marked with the Red Cross insignia to signify a mercy flight; yet that distinctive Red Cross also became a prime target for Communist gunners.

Soldiers, sailors, and airmen refer to their ships in womanlike jargon, "she was a great ship," the "Fighting Lady," "she never failed to bring us home," "she was a gentle plane." One such lady, medevac chopper 405, recently had a facelift, so to speak, fresh paint, new markings, and was rededicated at American Legion Post 77 in Conyers, GA.

In attendance for the ceremony was one of her crew chiefs in Vietnam, Randal Drew. A soft-spoken gentleman, Randal offered the gathering a few poignant words concerning his service aboard his lady, 405; then I watched as he tried to quietly fade away into the crowd. Beneath that humble veneer dwelled a narrative, the life-saving experiences of a Seventh Day Adventist, who earned 17 Air Medals and the Distinguished Flying Cross for bravery.

Drafted in January 1967, Randal was destined for the infantry after basic training at Fort Leonard Wood, MO. He recalled, "They told us if we'd enlist for another year, we could apply for crew chief on a chopper or tank. Only three of us volunteered. In Vietnam I medevaced 80 percent of those guys I attended basic with."

Many Seventh Day Adventists, as conscientious objectors, volunteered for a little known unit at Camp Detrick, MD, called Project Whitecoat. Randal explained, "The Whitecoats were human lab rats, injected with experimental drugs or antibiotics." These boys were also injected with biological and chemical warfare agents. Extremely controversial on so many levels, Project Whitecoat was terminated in 1973, ironically the same year the draft ended. Only Seventh Day Adventists were used for the project.

Assigned to the 159th Medical Detachment (Air Ambulance) at Ft. Riley, KS, Randal completed an abbreviated course on medical procedures before his deployment to Vietnam. On the deployment: "We took a troop transport, the USNS General Weigel, for the 30-day journey to Vietnam, our 40-man medical group and over 4,000 Soldiers from the 101st Airborne and other divisions. Most of us were seasick before we went under the Golden Gate Bridge."

The Weigel docked at Vung Tau, Vietnam. "From Vung Tau I took a two-day bus trip to Cu Chi. Metal screening covered the bus windows to protect us from hand grenades. I remember watching the old TV series Combat at Cu Chi on a big screen. The actors were dodging artillery fire, and the older guys were suddenly scurrying for cover. We newbies laughed at them until we realized the base was under mortar attack."

After a short stay at Cu Chi, Randal was transferred to 45th Medevac, 2nd Platoon, at Long Binh. Assigned to chopper 405, Randal recalled, "I liked my job, 24 on and 24 off. During my off time, I worked on 405 to be sure she was airworthy."

From October 1967 until October 1968, Randal Drew lost track of how many hours, flights, and rescue missions he participated in, but his recollections are as vivid as yes-

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terday. The following is a brief summary of his most powerful memories.

"I remember my first mission. A Huey doesn't have rearview mirrors, so the crew has to 'clear left' and 'clear right' each time you dustoff. Our copilot was a southern boy with a deep southern accent, and when he asked me to 'clear lefe,' I didn't understand him. I asked him 'What?' and I guess he took that as a 'clear lefe.' We came within a few feet of colliding with a Cobra gunship. He yelled at me, but I yelled back, 'Next time speak English!' We communicated fine after that."

"After a month, you knew the terrain and territory. It was the same old story; go out, kick butt, pull out. Then later go back in and do the same thing. We took ground but didn't hold it . . . such a waste of life."

"During the Tet Offensive, we were called out to Baria, Vietnam. There were ARVN Soldiers in need of evacuation from the town at the base of a mountain. Surprisingly, many of the buildings in the town were three stories high. I noticed several APCs (armored personnel carriers) with U.S. markings and .50 caliber machine guns, but didn't think anything of it. Our pilots had to hover between the buildings with the rotor blades less than two feet from the edge of the structure.

I used the hoist to pull up several wounded ARVN boys, then the rotor blew the roof off one of the buildings. Well, right there in the middle of a battle on the top floor was a Vietnamese man and woman doing what comes naturally. It was one of those moments in war that causes you to just shake your head. As we pulled away with our wounded, I noticed the .50 calibers on the APCs were firing at us. The VC had captured them and had turned the weapons on us. That was a bit scary."

Note: A bit heroic also; Randal Drew received the Distinguished Flying Cross for his gallantry during the battle at Baria, Vietnam.

"There were tragic things and funny things. Once I jumped out of 405 into a rice paddy to help load the wounded. The chopper rewed up to dustoff before I realized my feet were stuck like a suction cup in mud.

I couldn't move. One of the wounded Soldiers wrapped his arm around me, and the force of the dustoff pulled me free of the mud. Strange, I guess . . . I'd just rescued that guy, then he rescued me."

"Some of the crew chiefs would stay in a hot LZ and join the fight. I can honestly say that I chose not to do that. It was risky enough in an unarmed medevac. I served on different Hueys and was shot down 10 times, and six times we lost power and went into auto-rotation."

". . . He said Yeager was an egotistical maniac but a great pilot."

"We were called into the Mekong Delta for one mission that could have ended in tragedy. The air was thick with gunpowder; even from 3,000 feet up we could smell it. Phantom jets were screaming in beneath us, dropping napalm, and green tracers were dancing around our chopper.

We took 34 hits. The sound of a hit is like crushing a cola can in your hand—that's the best way I can describe it. We did touch down for rescue. One Soldier was KIA. You know that before he's onboard, because the boys are dragging him by his feet and he's face down in the water. We pulled up, but the Christmas tree was fully lit (all the warning lights). We were in trouble. About a mile away we had to set her down. A gunship picked us up. I think that's the scariest moment I remember."

"We had a medic in the 1st platoon who started giving all his stuff away before his next mission. He claimed that would be his last mission; that he would die the next day. He even wrote his wife a "goodbye" letter. I didn't believe in premonitions, but the next day the medic flew a "milk run" (easy mission), and one round hit the chopper. The round entered under the armpit area of his chicken plate (80-lb. armored-plated vest) and pierced both his lungs. He died instantly. Just one of those things, I guess."

"We would medevac Air Force pilots periodically, but that usually meant picking up the pieces. Sometimes when a Phantom jet pilot eject-

ed, the canopy did not. So he went down with the plane. We found guys still in the plane, jammed into the cockpit."

"Phantom pilots knew no fear. We would be at 3,000 feet when all of a sudden, a couple of Phantom jets at 1,000 feet would shoot across the sky below us. Their sonic boom would shake our ship. Those were brave men. One of them was the famous pilot, Chuck Yeager. I met Yeager's mechanic. He said Yeager was an egotistical maniac but a great pilot."

"Many people ask if I ever got used to the horrors of war. It's more like going numb. It didn't bother me back then, but it bothers me now. You just did your job and hoped you made it back. I still can hear guys with their arms or legs blown off asking me to kill them. They didn't want to go home that way. Of course, I couldn't do that, and I wouldn't do that."

Randal Drew made it home to make a living in aviation. One job took him back to Vietnam several times. He recalled, "I reprocessed rented or abandoned airplanes. The Vietnamese people were nice to me; their war is over, almost like it never happened. South Vietnam is a mixture of Communism and Capitalism.

Beach resorts are being built on some of the most beautiful beaches in the world. And Saigon is still called Saigon . . . most South Vietnamese do not call their town Ho Chi Minh City."

His final thoughts: "I'm proud of my service and what I did in Vietnam. I never killed anyone, but I saved a lot of lives. You know, we had about 250 guys in our basic training unit, and I medevaced about 80% of those boys. I'd recognized their faces. I still see those faces."

Randal Drew served his country honorably and heroically. He didn't like war, and didn't want to go to war, but he did what he had to do. We all did. The next time you notice an artillery piece or airplane or tank or chopper on display at a state park, a military base, or perhaps in front of an American Legion, please remember, behind the metal that makes the weapon were American warriors, all who gave some, and some who gave all.

—DUSTOFFer—

Aircraft down! Who's down there?

by LTC (R) Vince Cedola

The Charge of Quarters for the 82nd Med. Det. (Hel Amb) at Soc Trang, RVN, woke the duty crews with "Scramble, aircraft down!" We jumped into our flight suits and ran to Operations for directions. We were told to get airborne—Paddy Control Radar Station would vector us to the site.

At approximately 0330 hours on the dark, rainy night of June 12, 1965, a Vietnamese Air Force flare ship, in support of an outpost under Viet Cong attack, disappeared from the area radar control scope. Paddy control called an emergency search/rescue scramble to the area located 20 miles southeast of Camtho.

Two medical rescue aircraft scrambled and contacted Paddy Control. We were told to steer 030 degrees for about 20 miles. The C-47 Flareship with seven crew members aboard had disappeared off the scope and was suspected as having been shot down in the vicinity of the besieged outpost they were supporting. A team of armed helicopters was also alerted from Vinh Long, and a U.S. Force C-123 Flareship was on the way.

As we approached the general area, we could see flares lighting the outpost. Our immediate impression was that the aircraft was not down but was still on station dropping the flares. We called Paddy Control and reported the fact that we had flares in sight. They verified that they were mortar flares from the outpost.

As we neared the site, we could see the red lights of the armed helicopter flight (code name Maverick) approaching from directly in front of us. We called Maverick Leader and gave him our position. He replied that he had us in sight and would be over the area in two minutes. The U.S. Air Force Flareship (code name Smokey Blue) called in and said he would be there in three minutes. All three search/rescue units were now converging on the crash site.

Radio Dialogue and DUSTOFF Thoughts

Maverick: We're going down in a right-hand orbit to search the area.

THOUGHTS: Have the VC reached the crash site yet? Is anybody down there?

DUSTOFF: We're descending to 500 feet to search with you.

Still can't make any positive identification. It's your call, Dustoff! What do you want to do?

SMOKEY BLUE: We'll begin a right-hand orbit at 3,000 feet and start our flare drop.

THOUGHTS: What's going on down there? What will we find?

MAVERICK: We've spotted the crash—right below us!

NOTE: The aircraft was down in a rice paddy. The fuselage was completely burned to ashes, and the tail and the wings were still smoldering.

DUSTOFF: Roger, we see it now—totally burned out—do you have anyone in sight?

THOUGHTS: How could anyone have possibly gotten out of that mess?

MAVERICK: Negative—no one in sight. Doesn't look too good. We'll widen the orbit and keep looking.

SP5 COFFMAN: (Dustoff Crew-chief) Sir, torches burning at 3 o'clock.

LT. MAYKUTH: (Dustoff pilot) Roger, got them in sight.

DUSTOFF: Maverick Leader, we've got torches waving at 11 o'clock, about 1,000 meters north.

MAVERICK: Roger, we see them—going over to check them out.

SMOKEY BLUE: We'll widen our flare orbit.

THOUGHTS: Who's down there? Can it be the crew? How did they get out of that burned out hulk? Where are the VC?

The grave possibility existed that the bad guys had reached the crash site and were now luring the rescuers into

a vicious trap.

MAVERICK: We made a low pass—no fire received. It's a group of men, but we can't identify them. We're going around for another look.

THOUGHTS: Is it the crew or the VC? What a trap this could be! The VC had plenty of time to get here.

MAVERICK: Still can't make any positive identification. It's your call, Dustoff! What do you want to do?

CAPT. CEDOLA TO HIS CREW: What do you guys think? Could be them, or it could be the bad guys. We've got to find out for sure, though, and there's only one way to find out. If it is the crew and we don't get them, they're dead by morning. We're going to try it!

DUSTOFF CREW: Yes sir, let's go for it!

DUSTOFF: Roger that, Maverick, we're going in. Cover us.

MAVERICK: Roger, Dustoff. Recommend an approach of 350 degrees.

You'll have a tree-line on both sides, but it's the best way in and back out.

DUSTOFF: We're coming down now. Pick us up and escort us part way in.

THOUGHTS: Here goes the show! Lord, I hope it's them.

SMOKEY BLUE: Good luck, Dustoff.

DUSTOFF: Hey, Smokey, please stop the flares. We need all the dark we can get.

DUSTOFF: Maverick, we're going in low and fast. If we receive fire, we'll break right and climb.

MAVERICK: Roger, we've got you in sight.

NOTE: At this time the armed helicopters formed a racetrack pattern over the descending Dustoff to return any fire that may be received.

CAPT CEDOLA (To Crew) Open the doors and be ready. Keep your eyes on the tree lines for enemy fire. (To co-pilot) Brent, get on the controls with me, turn the red beacon and navigation lights off. I want to go in totally blacked out. When I flare up, turn on

Aircraft, continued on page 6.

Aircraft, continued from page 5.
the search light and be ready to turn it off immediately.

THOUGHTS: If it's not them, we've had it, coming straight down the barrel.

NOTE: With the outside lights off and the interior panel lights dimmed, we begin a diving descent to an area about 500 meters south of the target and then a high-speed, low level, zig-zag run straight to the torches.

THOUGHTS: We've got to identify them before we get too close! We'll have to turn on the searchlight! What a target we'll make if it's the VC.

DUSTOFF: Maverick, I'm going to turn on my search light and see what happens. If we draw fire, I'm climbing right and fast!

NOTE: At about 50 yards from the torches and 50 feet high, rapidly flared the helicopter to slow down, Brent flipped the search light on, piercing the darkness with a brilliant beam and presenting a totally vulnerable target.

LT MAYKUTH: It's them, look at them laughing and jumping around! In their underwear! There are six of them, looking pretty happy!

DUSTOFF: Maverick, it's the crew. We're picking them up now.

THOUGHTS: Did you ever see such happy people? Thank God they're alive.

SP5 MORRIS: (Dustoff Medic) Sir, let's go; these guys are beating us

up with happy!

DUSTOFF: Maverick, we're coming out now opposite direction. All safe; we're taking them to Cantho.

DUSTOFF: Paddy Control, we've got the survivors aboard now coming to Cantho Airfield. They're in pretty good shape; a couple of them have minor burns, but they're okay. Call VNAF and get them a ride home.

THOUGHTS: This was a hairy mission, mainly because of the unknown. The rainy weather and dark-

Major Bong said if we had not rescued them, their heads would have been on stakes in the morning.

ness were added factors. It was sure nice having Maverick and Smokey Blue providing cover on this mission. And all ended well. The VNAF crew miraculously survived an in-flight fire, a crash landing, and were rescued before the enemy got to them. And we got to find out who's down there?

On the ground at Cantho, Vietnamese Airforce Major Ngyuen Manh Bong, the Aircraft Commander of the flare ship and Operations Officer for Premier Ky, explained what had happened in a hair-raising story.

Before being released from the can, a parachute flare misfired and set off the rest of the flares in the rear of the aircraft. The flames shot up almost instantaneously, and the crew ran forward to the cockpit. Seven men were trying to stuff themselves into the 2-man cockpit. The pilot dived the aircraft toward the ground. The flames licked at the cockpit doorway: singeing the pilot's hair. The cockpit filled with smoke, choking them and obscuring the pilot's vision. The navigator opened the overhead hatches and stuck his head out to breathe and to look for the ground. The crew were all yelling and screaming.

The pilot was blinded by the smoke and could not even see the instruments. With nothing to guide him and nothing to lose, he kept the aircraft in a steep dive. He planned to level out at the right moment, but when was that? He decided now and pulled back on the stick. The aircraft leveled and

instantly struck the ground. They hit a rice paddy and skidded parallel to the berms. He had miraculously leveled at precisely the right moment. To this day the pilot cannot explain how or why, but it worked and they were alive. The crew evacuated the burning hulk and ran for cover. But now their problems were really starting.

Major Bong said he knew the VC would be coming after them soon, so they left the crash site, buried their flight suits, and hid in the bushes. They had no weapons, since they were stored in the rear of the burned aircraft. Major Bong said if we had not rescued them, their heads would have been on stakes in the morning. His plan was to strip to their underwear and disperse throughout the paddies, pretending to be farmers and hoping for the best.

Then he heard us overhead and saw the red lights searching. They made the torches out of dried reeds and signaled to us, risking the possibility that the VC would see the torches and get to them before we did.

VNAF Headquarters and the crew were so grateful for this rescue, they hosted a reception for all members of the rescue team at a Saigon restaurant. Premier Ngyuen Cao Ky arrived and personally thanked each member of the team. Captain Cedola was presented with a citation and Vietnamese Airforce Aviator Wings, becoming the first, and perhaps the only, U.S. Army Aviator to be so honored. The rescue crews were also awarded VNAF's highest decoration, the Vietnamese Air Gallantry Medal with Gold Wings.

PERSONNEL INVOLVED

CPT Vincent J. Cedola, Aircraft Commander

LT Paul B. Maykuth, Pilot

SP5 Larry S. Coffman, Crew Chief

SP5 Joseph Morris, Flight Medic

Second Aircraft

CPT David D. Dryden, Aircraft Commander

CPT Thurman M. Pittman, Pilot

SP5 David Hart, Crew Chief

SP5 J.T. Spruill, Flight Medic

—DUSTOFFer—

Army Identifies Soldier Killed in Training

by Brian Dulle

FORT RILEY, Kan. (KSNT) — Fort Riley officials have identified the name of the "Demon" brigade Soldier killed in a training incident at Fort Hood, Texas. According to Fort Riley officials, SSG Sean Devoy died after falling during hoist training near Robert Gray Army Airfield. The cause of the accident is under investigation.

"We extend our heartfelt condolences to Staff Sgt. Sean Devoy's family and friends during this difficult time," said LTC Khirsten T. Schwenn, 2nd GSAB, 1st Avn. Regt., commander. "The unexpected death of a fam-

Army, continued on page 16.

Pullin' Pitch!

A Tribute to the Army's First Generation of Combat Helicopter Flight Crews

Author: pdoggbiker; penned by J.C. Pennington; submitted by Vince Cedola
Featured on Cherrieswriter – Vietnam War Website

As we get older and we experience the loss of old friends, we begin to realize that maybe we 10-foot-tall, bulletproof Army aviators (and crew) won't live forever. We aren't so bulletproof anymore. We ponder . . . if I were gone tomorrow, "Did I say what I wanted to my Brothers?" The answer is "No!" Hence, the following random thoughts.

When people ask me if I miss flying, I always say something like, "Yes, I miss the flying because when you are flying, you are totally focused on the task at hand. It's like nothing else you will ever do (almost)." But then I always say, "However, I miss the unit and the guys even more than I miss the flying."

Why, you might ask? They were a bunch of aggressive, wiseass, cocky, insulting, sarcastic bastards in smelly flight suits! They drank too much, they flew when they shouldn't, they laughed too loud and thought they owned the sky, the bar, and generally thought they could do everything better than the next guy. Nothing was funnier than trying to screw with a buddy and see how pissed off they would get. They flew helicopters that leaked, bled RPM, broke, couldn't hover, burned fuel too fast, never had all the radios and instruments working, and with systems that were archaic next to today's new generation aircraft.

But a little closer look might show that every guy in the room was sneaky smart and damned competent and brutally handsome in his own way! They hated to lose or fail to accomplish the mission and seldom did. They were the laziest guys on the planet until challenged, and then they would do anything to win.

They would fly with rotor blades overlapped at night through the worst weather with only a little position light to hold on to, knowing their flight lead would get them on the ground safely. They would fight in the air knowing the greatest risk and fear was that

some NVA anti-aircraft gunner would wait until you flew past him and open up on your six o'clock with tracers as big as softballs. They would fly in harm's way and act nonchalant, as if to challenge the grim reaper.

When we flew to another base, we proclaimed that we're the best unit on the base as soon as we landed. Often, we were not invited back. When we went into a bar, we owned the bar. We were lucky to be the Best of the Best

They were the laziest guys on the planet until challenged, and then they would do anything to win.

in the military. We knew it and so did others. We found jobs, lost jobs, got married, got divorced, moved, went broke, got rich, broke some things, and knew the only thing you could count — really count on — was if you needed help, a fellow Army Aviator would have your back.

I miss the call signs, nicknames, and the stories behind them. I miss getting lit up in an O or NCO Club full of my buddies and watching the

incredible, unbelievable things that were happening. I miss the crew chiefs waiting as you got to your ship for a Zero-Dark:30 preflight. I miss pulling an armful of pitch, nosing it over and climbing into a new dawn. I miss going straight up and straight down. I miss the tension of wondering what today's 12 hours of combat flying would bring. I miss the Poker table in the corner of the O Club and letting it ALL ride because money was meaningless.

I miss listening to BS stories while drinking and laughing until my eyes watered. I miss three-man lifts. I miss naps on the platoon hootch porch with a room full of aviators working up new tricks to torment the sleeper. I miss spiraling down hot and low-leveling to EXACTLY the spot where my wounded were waiting. I miss the beauty and precision of a flight of slicks in formation, rock steady even in the face of tracers flying past you from a hot LZ.

Finally, I miss hearing "In-Coming!" called out at the bar and seeing and hearing a room full of men hit the deck with drinks spilling and chairs being knocked over, as they rolled in the beer and kicked their legs in the

Pullin', continued on page 8.



Battlefield Chronicles: Into Cambodia

by pdogbiker

I had been in command of Charlie Company, 1st Battalion, 12th Cavalry Regiment, for four months in late April 1970. We were only three days into a search and destroy mission in Phuoc Long Province, a sparsely populated, heavily wooded area along the Cambodian border 75 miles northeast of Saigon, when I received a radio call from the battalion commander, LTC Norman Moffitt. He asked me to do something I didn't do that often: go to the "green box," the military euphemism for secure voice communications.

My radio operator, SPC Merle "Denny" Dentino, slid a KY-38 encryption device into his PRC-77 radio, which scrambled our conversation, so it was indistinguishable to enemy.

"The company is to be picked up tomorrow morning at 0900 hours," Moffett instructed. The only information he provided was the map coordinates for our PZ (Pickup Zone).

Curious why he wanted us to move after only three days, I asked, "What is this all about, sir?"

But even with secure voice transmission, Moffett was secretive. "I'll brief you when you get back to Fire Support Base Buttons tomorrow," he responded before signing off. The time was 5 p.m.

I had the men unsaddle their

equipment and prepare to bed down for the night. The mysterious call from battalion spread like wildfire among the troops, giving rise to wild speculation: Was the war over? Were we being sent as reinforcements into a major battle already in progress somewhere in Vietnam? These were

There was now no doubt that we were embarking on a massive operation; we just didn't know where or why.

the thoughts running through most of our heads for the rest of the evening.

We awoke at sunrise, wolfed down some c-ration, packed our gear, and were humping by 6 a.m. through the jungle to the designated PZ some two miles to the west. It was hard going. The heat was unbearable, and the humidity was stifling, even this early in the morning. We pushed harder and miraculously arrived 30 minutes before the scheduled extraction. And we waited. And waited! It wasn't until nearly 11 a.m. that the sound of helicopters broke through the quiet.

It took 10 minutes to fly back to Song Be, but long before we landed

we could see countless C-47 and Huey helicopters loaded with men and equipment flying in and out, forming dust clouds everywhere. There was now no doubt that we were embarking on a massive operation; we just didn't know where or why.

Waiting for us as we jumped out of the helicopters was the company executive officer, 1LT Dwight Taylor. He cupped his hands and yelled over the roar of the departing helicopters, "You are the last company to come in, Six. I will take the men back to the company area. You are to go immediately to the battalion TOC (tactical operations center) and wait for a briefing."

"Do you know what's going on?" I shouted.

With a shrug, he hollered back, "Not a clue."

The TOC was already filled when I arrived. I found one of the few folding chairs still available in the back and sat down. The tension in the room was palpable. It seemed everyone had concerns about what was going on. Within 15 minutes LTC Moffitt came into the TOC and stood before his anxious audience. He looked at his watch, took a dramatic pause before saying, "Gentlemen, approximately four hours ago a massive South Vietnamese force crossed over the border into Cambo-

Pullin', continued from page 7.

air — followed closely by a Not Politically Correct Tap Dancing and Singing spectacle that couldn't help but make you grin and order another round.

I am a lucky guy and have lived a great life! One thing I know is that I was part of a special team of guys doing something dangerous and doing it better than most. Flying the most beautiful, ugly, noisy, solid helicopters ever built — an aircraft that talked to you and warned you before

she spanked you! Supported by really talented Crew Chiefs, Medics, and Gunners committed to making sure we came home! Being prepared to fly and fight and die for America. Having a clear mission, clear vision, and having fun.

We box-out bad memories from various missions and events most of the time, but never the hallowed memories of our fallen comrades. We are often amazed at how good war stories never let truth interfere and how they get better with age.

We are lucky bastards to be able to walk into a reunion or a bar and have men we respect and love shout our names, our call signs, and know that this is truly where we belong.

We are Army Aviators and Crew-members. We are few, and we are proud to have been one of the first combat helicopter Flight Crews the world ever saw. I am privileged and proud to call you Brothers.

Clear Right!

Clear Left!

Pullin' Pitch! ■

dia to find and destroy NVA sanctuaries. We leave tomorrow on the same mission."

The room filled with spontaneous chatter, which was quickly silenced by the operations officer stepping in and laying out the operational plan and the sequence in which we were to carry it out. My company was scheduled for a mid-morning lift the next day, May 1. Moffitt finished the briefing by warning each of the company commanders that enemy resistance would be fierce and to expect heavy casualties. With that, we were dismissed.

I hightailed it to Charlie Company area to brief the platoon leaders and platoon sergeants. They took the news of the dangerous mission with apprehension, yet with a spark of excitement. Inside I, too, was anxious and uncertain. But mostly I was energized. Finding the enemy in Vietnam had become more and more difficult, but in Cambodia, we would be meeting the enemy head-on.

For the rest of the day, the base bustled with activity, as men were taken to CONEX containers, where they exchanged worn and dirty equipment for new. The weapons were recalibrated and test fired for accuracy and reliability. While some troops joked nervously, most were quiet, filled with their own idea of what horror they might encounter once we crossed into Cambodia.

The first leg on our journey into Cambodia began the next morning. Shortly after 11 a.m., a single Air Force C-130 cargo plane landed, loaded the troops from Delta Company, and took off. A second landed, with the routine continuing until all of Delta Company was on its way. It was then our turn.

We were in the air for only six minutes when FSB Snuffy's airfield near Bu Gia Map came into sight. With another couple of minutes, our C-130 dropped precipitously, basically reversing the technique used when it took off. But with wheels inches from the ground, the pilot reacted to a single shot fired on the ground in the troop staging area. He quickly pulled back on the yoke, sending the aircraft straight up at a 60-degree angle. I thought it would stall. It didn't, but it came within feet of hitting the trees

at the end of the runway. One careless shot and a nervous flight crew nearly got a planeload of us killed — before we even set foot in Cambodia.

Later that afternoon, Delta Company was taken by Huey helicopters into Cambodia. Our company was to follow within an hour, but that didn't happen. I was radioed by battalion that the "system" was overburdened, and no helicopters were available until the next day, May 2.

Our unexpected stay overnight created more tension among the men.

...the command leader . . . headed straight ahead toward our LZ, just five kilometers inside Cambodia. Charlie Company was finally part of the biggest air assault on record.

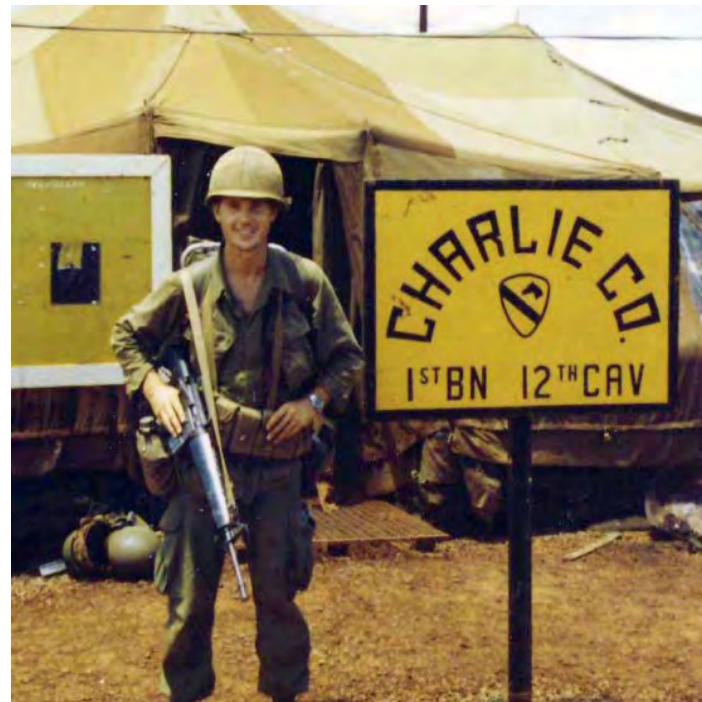
They'd been prepared mentally and emotionally to already be in Cambodia. Now, they had to wait one more day before jumping into what we all believed were the "jaws of hell."

Early the next morning the fully loaded company assembled along a tree line bordering the airstrip. In the distance, a 105 Artillery barrage and F4 fighter jets were pounding what

was our LZ. Within minutes 20 helicopters swooped in with absolute precision: just the right distance between each bird. Moving quickly from the tree line, the entire company jumped aboard the aircraft. Once aboard, the command from the flight leader was given and like a slow-motion dance, all the helicopters drifted off the ground in unison, hovered for a few seconds, then headed straight ahead toward our LZ, just five kilometers inside Cambodia. Charlie Company was finally part of the biggest air assault on record.

The helicopters flew low level, maneuvering around and above irregular growths. Tensions were mounting and became more heightened when we spotted two very surprised NVA soldiers scattering for cover as we flew over. One second, they were there; the next they were gone. No shots were fired.

Moments after the 105-artillery barrage was lifted, Cobra gunships peppered the LZ with rocket and machine gun fire, then remained in the area as our helicopters landed in a large field surrounded by what could be called a tree line but unlike any we had seen in Vietnam. These trees were skinny and tall, widely separated from each other. We moved off the LZ into the skimpy tree line and set up security. We were on the ground safely and



uncontested. The adrenaline rushing through my veins slowly subsided. I saw the same was happening with most of the men.

Once the company was assembled and prepared to move, we headed north. Within an hour, the point element spotted five enemy soldiers on the trail coming out of a wooded area. I motioned everyone to take cover in the tall grass and wait for them to get closer. But one of the men got nervous and opened fire with his M-16 rifle. Others followed. The enemy soldiers instantly turned tail, running back in the direction they had come. Not one of our bullets found its mark. We moved through the open spaces of Cambodia for the rest of our first day without incident.

Around 4:30 p.m. we found a grove of trees ideal for an NDP (Night Defensive Position). Two squads went out a couple hundred meters looking for trails coming into our area on which they could set up automatic ambushes. The automatic ambush was a reasonably simple, but extremely lethal device. We'd connect commo wire to Claymore mines positioned at foot level and to fragmentation gre-

nades hanging in trees at head level. The wire was then connected to a radio battery that connected to trip wire that we'd place across the trail. If one person or half a dozen hit the trip wire, they'd be blown away. The automatic ambush turned out to be the best night defensive weapon in our arsenal.

The next morning, I awoke just before dawn. As men began to stir, I

At precisely 8 a.m., we heard a steady whistling of bombs dropping from an empty sky.

prepared some coffee and was lacing it with dry cream and sugar when the blast of an automatic ambush shattered the calm. Minutes later, SPC Rodney Young radioed, "You guys have got to see this to believe it."

On the trail, we found a dead North Vietnamese still on his bicycle, both hands clutching the handlebars, one foot on a pedal caught in mid-motion, his transistor radio still blaring Vietnamese music. One of the riflemen quipped, "It's like the show Laugh-In,

where the guy rides a tricycle around and just falls over."

The following evening, the company was setting up our NDP when I received another encrypted radio call from Moffett. He said an "arc light" (B-52 bombing strike) was set for 0800 hours the next morning.

"The target is a suspected enemy battalion," he said. "I want you to conduct a BDA (bomb damage assessment) immediately after the strike," I confirmed the mission, ending the call.

The next morning at 7:45 a.m., everyone got on the ground, placing whatever they could find between them and ground zero. At precisely 8 a.m., we heard a steady whistling of bombs dropping from an empty sky. Within seconds my ears were deafened by the loudest explosions I'd ever heard. The violent shaking of the ground and the massive strength of the concussion blast hit us like a tidal wave. Among the wows and holy shits, I got the company up and moving as quickly as we could.

The fast hump through the dank, humid jungle to the bomb zone was hard. Around 11 a.m. we began seeing the destruction. A few trees were down, along with some fresh dirt clumped in small mounds. The closer we got to ground zero, the greater the devastation — trees shattered at their base and huge bomb craters 20-30 feet deep in every direction. It looked like a hurricane, a tornado, and an earthquake had combined their brutal and deadly force to render a thick jungle into a lunar-like landscape. Yet among all this destruction we found no evidence of the enemy — not one body or piece of equipment, not even a single



blood trail. Either the intelligence was wrong, or the enemy had left the area, tipped off by enemy agents known to be scattered throughout the South Vietnamese command.

During the next five days, we ran into several small enemy forces, killing seven NVA while suffering no casualties. Our early success took away some of the edginess we had been feeling since the invasion began.

Every four days was "log day," when we got resupplied with water, food, ammunition, radio batteries, mail, and other essentials. On one log day, I sent 1LT Billy Shine's 2nd Platoon to find a landing zone while the rest of the company scoured the immediate area for signs of the enemy. After about an hour, Shine radioed saying he had found the "mother lode of caches" and was standing in the middle of a huge truck park and maintenance shop.

We hustled over to Shine's position and saw, spread over a quarter-acre, cargo trucks, pickups, and several Land Rovers — one with only 730 kilometers on its odometer. A veritable parts department loaded with bearings, brake shoes, axles, transmissions, batteries, pistons, and more were scattered about, along with a large generator, welding tools, barrels of gasoline, and cases of oil. In addition to the motor pool, we found underground sleeping quarters with electricity, a mess hall with live chickens and pigs, a recreation area complete with a ping-pong table, a first-aid facility, 50 tons of rice, and lots of personal belongings.

We reported the find to the battalion. I was told to drive any serviceable vehicles to FSB Evans, some four kilometers away. Of the 33 vehicles, only 12 were drivable. Getting the vehicles running was no problem. We had SPC Tom Hirst, the medic from 3rd Platoon. He had worked for a car dealership in Baltimore, and with the precision of a car thief, he hotwired the vehicles. In a couple of hours, men of 3rd Platoon mounted 10 vehicles (we kept two to carry our backpacks) and headed down the road toward Evans. Once there, they immediately flew back in helicopters to the site of the NVA motor pool.

It took us two days to get all the

rice out by C-47 Chinooks and to blow up or burn everything of value to the enemy. I was anxious to get out of the immediate area, but by the time we finished, it was too late to travel far. We set up our NDP in a thick clump of trees and underbrush about 300 meters from the now destroyed NVA motor pool. A perimeter was set up, and several automatic ambushes were placed on trails leading into the area. We then

... we saw the torn and bloody bodies of nine North Vietnamese scattered about — one with a rifle in his mouth and a toe wrapped around the trigger.

settled in for the night, completely satisfied with our three days' work.

Around 8 p.m., the 3rd Platoon sector reported seeing several flashlights and hearing muffled Vietnamese voices. Suddenly one of the automatic

ambushes went off. A few minutes later, another automatic ambush and a trip flare went off. Everything went silent outside our perimeter. Minutes later a dreadful moaning and crying of a badly injured enemy seared the quiet night for the next several hours. Finally, around midnight, we heard a single shot, and then silence. Nothing more happened that night.

At first light, we went out to check the area. Just 100 meters from our perimeter, we saw the torn and bloody bodies of nine North Vietnamese scattered about — one with a rifle in his mouth and a toe wrapped around the trigger. Hidden in some tall grass was a wounded soldier, who offered no resistance. The medics treated what appeared to be relatively minor wounds, and a helicopter came to take him away for treatment and an intelligence debriefing. We later heard that the prisoner had died in the chopper.

We loaded our heavy backpacks onto our two NVA trucks and moved out "light" in open terrain to find more enemy. Three days later we hit heavy jungle, however, and had to ditch the



vehicles. Reluctantly, we poured gasoline over our trucks and tossed torches on them. With the truck hulks smoldering, we slipped on our backpacks and moved off into the jungle.

"Man, I sure got lazy with those trucks schlepping our gear," one of my riflemen muttered. Yeah, I thought, so did I.

A few days later, we were following a river when we came upon a large waterfall cascading down a mammoth rock formation — a beautiful wonder of nature smack in the middle of a war zone. Behind the waterfall was a cave that housed an NVA hospital, complete with surgical tables, oxygen tanks, a respirator, and all the instruments needed for serious surgery. Nearby were cottages, shower stalls, enclosed latrines, and a large covered dining hall, but no enemy. We smashed the medical hardware and burned everything to the ground.

As we continued our mission, we discovered numerous bunker complexes and enemy caches. In one, we found about 400 brand-new SKS carbines, still wrapped in oilcloth, with enough ammunition to supply an NVA battalion. In another, we turned up tons of rice, mortar tubes, machine guns, and boxes of AK-47s. During this time, we killed 10 North Vietnamese and had yet to suffer any casualties.

In early June we found more than 100 50-gallon barrels of oil under camouflage nets. Most barrels were marked "Dutch Shell Oil." Battalion sends in enough C4 plastic explosive, blasting caps, detonation cord, and fuse igniters to blow it all up. I gath-

ered three others, plus myself, and wrapped the barrels with det cord and TNT. We set the fuses and ran like hell toward the rest of the company much further down into the jungle. Before we got to them, the oil barrels blew up, sending us to the ground. No one was hurt. Flying close enough to see the explosion, the brigade commander said it looked like an atomic bomb had gone off.

On June 13 we had been in Cambodia for 42 days. We had accomplished much. We had killed 25 enemy

Reluctantly, we poured gasoline over our trucks and tossed torches on them. . . . we slipped on our backpacks and moved off into the jungle.

soldiers and found and destroyed incredible caches of weapons and food, without having any men killed or severely wounded. I hoped our next 17 days would continue the same, but the mission I had been given for the following day sounded perilous — check out a very large and occupied enemy bunker complex spotted a day earlier by a helicopter crew.

We begin early that morning, and by mid-morning we ran across a hard-packed trail — a good sign we were getting close to the bunker complex. SPC Tom "the Black Prince" Johnson, the company's best point man, was in the lead with SPC Tony Harper, when they spotted several NVA preparing to

ambush us. Both Johnson and Harper opened fire, spraying the enemy location.

Instantly, the jungle on three sides erupted in heavy AK-47 machine gun fire and B-40 rockets. SPC Lester "Uno" Langley, the second man from the point element, brought up his M-60 machine gun and cut loose. Most of the 1st Platoon was pinned down and fired frantically at what seemed to be the center of the enemy ambush. The 3rd Platoon spread out in battle formation, attempting to roll up the enemy's left flank. The 2nd Platoon at the rear of our column attacked the enemy's right flank.

I tried raising battalion, but could not establish radio contact because of the thick jungle around us. Desperately, I stood behind a tree on a small hill and pulled SPC Tom Thon up with me, ordering him to place his radio as high above his head as possible. He didn't like it, but he braved it out. Several B-40 rockets smashed into our tree, showering us with bark and small pieces of shrapnel. Bullets cracked all around us, but Thon stood his ground. Although it was a faint signal, battalion acknowledged my request for immediate artillery support and Cobra gunships.

I got on the radio to Lt. Richard Friedrich for a situation report on the 3rd Platoon. He said he was meeting heavy resistance and that Sgt. Mickey Wright had been killed while charging a bunker. I ordered him to disengage and pull back into the perimeter, as artillery was on the way. I also called 2nd Platoon to move into the center of the perimeter. A second or two later



I heard Johnson scream, "I'm hit!" I saw him a few feet away on his back, fully exposed to the enemy fire raking the ground around him. Seeing Johnson trashing around on the ground, SPC Larry "Doc" Stanberry rushed out into the open, flopped down beside Johnson and applied emergency aid. In a matter of seconds, Stanberry was joined by Specialists Nat Green, Rodney Young, Robert Delaney, and Steve "Doc" Willey. A few returned enemy fire, while the others pulled Johnson safely behind a large tree.

I was laying down fire on the enemy positions when Sgt. Wall, our artillery observer, tapped me on the shoulder.

"Arty is cranking up and should be on target in three minutes," he said.

As promised, the artillery barrage was on time and on target 100 meters behind the enemy positions. The steady 10-minute barrage ended when the gunships arrived. They fired mini-guns and rockets directly in front of the company perimeter until they had fired their entire payload. When they flew off, the jungle became eerily silent. We carefully advanced toward the enemy positions. Trees and brush were ripped apart. Timbers on enemy bunkers were crushed or opened like smashed pumpkins. No enemy casualties were found, just a bunch of blood trails.

A medevac helicopter used a jungle penetrator to lift Johnson out, but not Mickey Wright. Policy dictates that medevac helicopters could not transport bodies. For the rest of the day, we carried Wright's body in search of a suitable landing zone. We found one just before dark, but we'd have to wait until morning to start Wright's final journey home. The next day was a long day; we remained at the LZ for our resupply. I had kept the automatic ambush in place from the night before as added protection. As the resupply helicopter was about to land, the automatic ambush went off. The pilot of the resupply helicopter aborted his landing and took off toward the cloudless blue sky, remaining overhead.

I grabbed a radioman, machine gunner, assistant gunner, and four riflemen, and headed for the ambush site. Bent over, weapons at the ready, we inched closer to what now looked

like bodies lying in the trail. We found three dead North Vietnamese, two carrying AK-47s, and the other, a B-40 rocket launcher. Each was laden with extra ammunition and hand grenades. We felt a sense of elation that we had gotten some revenge for the death of Mickey Wright. Too bad there weren't more, but the next day, as we headed out of the area, we found 10 fresh graves. We had struck a mighty blow upon our comrade's killers after all.

On June 28th, I received a secure radio call from LTC Moffett, informing me that President Richard Nixon ordered all U.S. troops out of Cambodia a day before the previously established June 30 deadline. He then told me that Charlie Company was designated to be the last company out, and to chronicle the historical event, a group of journalists and TV reporters would accompany us back across the border.

We broke camp early the next morning and moved to the LZ where the journalists would be dropped. Within a half-hour, two helicopters landed, discharging more than a dozen journalists, photographers, and TV re-

porters, each eager to cover "the last American fighting unit out of Cambodia." For three hours we moved toward the Cambodian-Vietnam border without incident, leaving behind 38 dead enemy.

Around 2 p.m., we came across a large tree that had fallen across the river, providing us with a convenient bridge into Vietnam. The first few troops who crossed had left a thick coat of mud from their boots on the tree, making it perilous for the rest, a few of whom slipped off into the leech-infested river. Nevertheless, the entire contingent was soon across the river, giving the company a sense of relief. In some strange way, we had come home.

We moved on to FSB Thor, the battalion's headquarters, about 300 meters away from the river's edge in a large open field surrounded by trees. Invited into the firebase, the journalists left us for cold drinks and the chance to probe the minds of fresh troops. Meanwhile, we set up our NDP close to the firebase. Alpha company was already camped out in another quadrant of the same area. We felt secure,



hoping this was a night we could sleep more soundly.

It turned out, sleep was elusive for me, so around midnight I got up to have a cigarette. I noticed the heavy fog blanketing us, so thick I couldn't see Merle Dentino's hooch right next to mine. I butted the cigarette and determined to get some sleep.

Around 5 a.m. I was awakened by the thumping of mortar rounds hitting the base plate. Moments later two mortar rounds exploded inside our perimeter with a deadly fury, smashing shrapnel into trees, bushes, and sleeping men. One piece smashed through my mosquito net, flying past my face. I fell out of my hooch into bedlam. Wounded men were screaming in pain, others were screaming for medics. Through the fog, ghostly silhouettes moved in and out of the shadows — some in sheer panic, others calmly helping the wounded.

In front of me, Lt. Craig Troup was clamping the blood spurting from his nearly amputated foot. He looked at me, quietly saying, "Six, my foot is hit." In that same instant, Doc Stansberry was at his side. A few feet away, the company medic, SPC Bruce Johnson, was desperately trying to stop his own chest wound. Doc Willey emerged out of the dark, dropped to Johnson's side and slapped a compress on his chest to stop the sucking and bleeding. Johnson haltingly cried, "Tell my wife I love her." He was certain he was a dead man.

Before long, a jeep load of medics raced up from the firebase and began searching the area for the injured scattered everywhere. We were also told a medevac was on its way, so we scrambled to bring all the wounded to the end of a large clearing, so we could set up a triage. The wounded were still being brought out when we heard the medevac hovering just above the fog. I radioed the pilot that I would set out

Ironically, the medivac pilot did put me on the report — not for threatening to kill him — but for putting a dead man on his chopper.

a ground flare for him to vector in on, but his response left me stunned. He refused to land until he had gunship support. This was friendly fire, I told him, not enemy. He wouldn't budge, no gunships, no landing. I begged, but he still balked. I went ballistic, "Look, I have your tail number. I know who you are, and if you don't start down immediately, I swear to God, I will find you and put a bullet in your brain!" I think I really meant it, and the pilot must have thought so, too. He told me to light the flare, he was coming in.

As soon as the medevac landed, we loaded the most seriously wounded. It

had room for six. Doc Johnson was one. Lt. Troup was another. I ordered Mike Waters to be put on also, even though I was certain he was never going to make it. He died moments after the medevac lifted off.

With all the wounded out, we took a head count. Only one man was missing, my RTO, Denny Dentino. We found him still in his hooch. The same piece of shrapnel that nearly hit me in my hooch had killed him instantly.

Two men were dead, and a total of 29 wounded, nine so severely that they were evacuated out of Vietnam. Ironically, the medevac pilot did put me on the report — not for threatening to kill him — but for putting a dead man on his chopper.

The "friendly fire" incident was determined to be erratic mortar rounds, which should never have been fired over our position. The staff sergeant in charge was demoted and fined \$500. We all felt he should have been court-martialed, incarcerated, and kicked out of the Army.

Hours earlier, Charlie Company had triumphantly crossed the border as the last American unit to return to Vietnam from the historic invasion of Cambodia. Then, in less than 60 seconds, one deadly mistake tragically killed and wounded many of the company's brave men that scores of enemy combatants had been unable to achieve during our seven weeks in Cambodia. ■



New Entries on the Flight Manifest

Bob Clement
James Morgan
Richard Drake
Matthew Rerig
Lance Villers
Dave Bateman
Robert Fletcher
Quentin Hastings
Riley McCormick
Herbert Simpson
Kirk Kennon
James Clark
Trason Willemin
Peter Wood
Daniel Booker
Sam Thompson
Logan Pearce
Jason Yellman

James Morgan
Joseph Eckert
Julia Prestridge
Felix Montanez
Benjamin Smith
Matthew Gray
Ashley Phillips
Nick Rau
Julius Jackson
David Preczewski
Andrew Sepulveda
Justin Stewart
Matthew Clark
Jeffrey Crook
Bill Roser
John Humphries
Richard Varriale

Financial Report

5-1-2018 – 12-31-2018

The Association is moving from a Fiscal Year that spans 1 May to 30 April, to a Calendar Year based Fiscal Year. Therefore, an abbreviated report will be produced with data from 1 May 2018 to 31 December 2018 and reported at the next Business Meeting at the 2019 Reunion and in the Spring/Summer Newsletter.

As of 31 October 2018, the following balances in the various bank accounts was reported:

Checking Account – \$34,505.52

Savings Account – \$10,197.29

Certificate of Deposit – \$10,386.13

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 on opening page for information. It's OUR Hall of Fame; let's make it complete.

We want your stories!
Share them
in *The DUSTOFFer*

The DUSTOFFer would like to publish your article. If you have a recollection of a particular DUSTOFF or MAST mission, please share it with our members. If your unit has been involved in an outstanding rescue mission or worthwhile program, please submit your essay about it to *The DUSTOFFer*. Don't worry about not being the best writer. We will edit your material professionally. Send photographs with your article or attach them to your e-mail.

Send typed, double-spaced, hard copy to the address below, or e-mail your article to ed@dustoff.org or jtrus5@aol.com.

Please send your submissions to:

The DUSTOFFer
P. O. Box 8091
San Antonio, TX 78208

Aviation Physiology Training: Reaching New Heights

SFC Robert Amrani, Aviation Physiology Training NCOIC

The United States Army School of Aviation Medicine (USA-SAM) is home to the only Army altitude chamber for aviation physiology training. Every year, nearly 1,000 flight students, high-altitude low opening (HALO) trainees, and medical providers from 31 programs of instruction (POI), train in varying atmospheric pressures and hypoxic conditions in this altitude chamber.

Here, students develop their understanding of human physiologic limits in the extreme environment of aviation, with practical exercises and hands-on learning. Though the chamber has been the centerpiece of the Aviation Physiology Training (APT) section of USASAM since the 1970s, APT continues to expand its training opportunities to the aviation community. The APT leads the way in aeromedical training for both Rated and Non-Rated aviators and crew mem-

bers through several different POI, including Initial Entry Rotary Wing (IERW), Army Aviation Crewmember Course/Flight Paramedic, Aeromedical Psychology Training Course, Flight Surgeon, as well as the Standardization/Flight Instructor Course (ACSI).

The implementation of modernized academic training, utilizing simulator scenarios based on real-world incidents, is cutting-edge preparation in the management of the effects of spatial disorientation

Relatively new to APT is the use of the Reduced Oxygen Breathing Device, or ROBD. The ROBD is a normobaric (sea-level pressure) hypoxia trainer that provides unique training opportunities because of its small size and flexible training parameters. The ROBD differs from the chamber's hypoxia training experience because it does not involve changes in atmospheric pressure, but rather uses variations in oxygen gas content to simulate altitude. Here, the student breathes a low oxygen air mix through a tight fitting aviator mask. Not limited by the space inside the chamber, the student's training can be tailored to their occupational needs. For example, flight paramedic trainees can work through mannequin-based scenarios under hypoxic conditions, such as providing CPR, starting an intravenous (IV) line, or other job-specific tasks they may encounter in the back of an aircraft, including the use of cardiac monitors and rhythms in order to better understand the confusion and visual degradation that accompanies hypoxia. APT is now training an additional 1,000 students, using their ROBD devices. ■

Army, continued from page 6.

ily member is profoundly tragic. SSG Devoy touched countless lives as a flight paramedic. We are deeply saddened by the loss of an extraordinary noncommissioned officer and teammate.”

Devoy joined the Army in March 2010 and arrived at Fort Riley in December. He was 28 years old. He was posthumously promoted to staff sergeant. Devoy's home of record is Ballwin, Missouri. Devoy deployed to Germany in 2010 and to Afghanistan in 2011, 2013, and 2016. His awards and decorations include the Air Medal, the Army Commendation Medal, the Army Achievement Medal, the Valorous Unit Award, the Meritorious Unit Commendation, the Army Good Conduct Medal, the National Defense Service Medal, the Afghanistan Campaign Medal with four campaign stars, the Global War on Terrorism Service Medal, the Army Service Ribbon, the Overseas Service Ribbon, the NATO Medal, the Combat Medical Badge, and the Aviation Badge. ■

APT staff has become extremely proficient at training with the ROBD and are in high demand at Fort Rucker and at locations throughout the United States. USASAM's APT team recently went TDY to Fort Bragg to assist the USASOC community by training and re-certifying their fixed-wing and rotary-wing aviators, along with several flight paramedics in high-altitude operations as they pertain to hypoxia. The students received Altitude Physiology academics, as well as a hypoxic exposure and certification on the ROBD. This past August, the USA-SAM APT team travelled to Gypsum, Colorado, where they assisted the High-Altitude Aviation Training Site (HAATS) in creating a new POI to include the ROBD. In addition, USA-SAM sponsored academics in altitude training and supplemental oxygen implementation.

USASAM APT received two multimillion-dollar, custom made, spatial disorientation simulators in 2018. Spatial disorientation (SD) is the leading factor cited in Aviation Class A mishaps. The implementation of modernized academic training, utilizing simulator scenarios based on real-world incidents, is cutting-edge preparation in the management of the effects of spatial disorientation. Such training is paramount to increasing safety across Army Aviation.

The United States Army School of Aviation Medicine's Altitude Physiology Training department leads the way in both aeromedical factors and physiology training for Army Aviation. While instructing all the Army's initial rotary-wing and fixed-wing aviators, as well as our coalition foreign military aviators in aeromedical factors, we continue our focus on safety measures with education in the fields of Spatial Disorientation, Degraded Visual Environment, and Altitude Physiology to better prepare and enhance the preparedness of current and future Army aviators and crewmembers. ■

From the Wiregrass

by Mr. Rick Stockhausen, Deputy Chief, Medical Evacuation Proprietary Division, Health Readiness Center of Excellence

Commentary: Medical Evacuation in Large-Scale Combat Operations in the Future Operational Environment

It is almost a truism to say that we, as an Army, will be challenged in unique ways by armed conflict in the Future Operational Environment, or FOE. We are told that all domains—land, air, maritime, space, and cyber—will be contested and congested. Anti-access and area denial, or A2AD, strategies will deny us the land, air, and maritime superiority that we have come to expect. Large-scale combat operations, or LSCO, particularly against Peer, Near-Peer adversaries, will present problem sets that we have not encountered in the contingency operations of the past two decades.

As the Army grapples with the challenges of LSCO in the FOE, so does the Army's Medical Evacuation force. Fundamentally, we expect LSCO to be more dangerous and difficult for the Medical Evacuation force to operate, but it will not be impossible. We will not be able to evacuate in LSCO as we have in the contingency operations of the past two decades. To operate effectively, we must have a well-grounded understanding of the dynamics of LSCO, a sound grasp of the inherent risks, and take a clear-eyed approach to how to operate effectively on these future battlefields. To be successful, the Medical Evacuation force must adapt itself to the new environment.

Perhaps the most critical adaptation required is one of mind-set. Over the last two decades—and for all the right reasons—we optimized the employment of the Medical Evacuation force for the unique circumstances of the contingency operations to which the Army has been committed, particularly those in Iraq and Afghanistan. While the results have been superb—in terms of lives saved—there have been unintended consequences. We have become habituated to a risk calculus that accepts relatively little risk in operations. We have become so reliant on our dominance of air and

ground lines of communication that there are those who believe we cannot operate without it. We have become so used to relying almost exclusively on our air ambulances that many have forgotten that Army medical evacuation has both an air and a ground component. We have also become used to

We must understand that the threshold for what constitutes acceptable risk on the LSCO battlefield will be significantly different than what we used today.

relatively static operational environments to the point where many have forgotten how to plan, coordinate, and execute in dynamic environments where the situation is changing rapidly at the tactical, operational, and strategic levels. To be successful in the future, we must overcome the thinking we have cultivated over the last two decades and expand our mind-set to match the demands and dynamics of LSCO in the FOE.

It is not hard to accept that LSCO in the FOE, particularly against a Peer, Near-Peer adversary, will present much more lethal environments than the contingencies of the past two decades. What we cannot accept is that this increased lethality will preclude our ability to conduct medical evacuation. There are those who believe that, because the levels of risk to medical evacuation assets (air and ground) will be far greater than what we consider acceptable risk in our current contingency operations, we will cease to conduct medical evacuation operations. What they fail to understand is that these future battlefields will be more dangerous for the entire force, not just for the Medical Evacuation force. Clearly, as articulated in the Multi-Domain Operations (MDO)

and Echelons Above Brigade, or EAB, concepts, the rest of the force intends to operate on these more lethal battlefields. The Medical Evacuation force cannot—and will not—stand aside as the rest of the force goes into harm's way. We must understand that the threshold for what constitutes acceptable risk on the LSCO battlefield will be significantly different than what we use today.

As we look to potential LSCO conflicts in the FOE, there is a tendency by some to consider only the capabilities potential adversaries may bring to the fight. They assess the unopposed impact that these potential adversaries could have on the battlefield—and draw a number of flawed conclusions. They fail to acknowledge that the US military—and our allies and partners—will bring significant opposition to these battlefields. An assessment of the opposed impact of potential adversary capabilities provides a much different picture. It acknowledges the challenges for US forces—which will be considerable—but also highlights the opportunities. The MDO and EAB concepts, among others, provide the vision of how to create and leverage opportunities to penetrate and disintegrate adversary A2AD capabilities and exploit the resultant opportunities for movement and maneuver. In addition, the Army's modernization strategy promises to establish and/or restore critical capabilities in the Force that will, at least, restore a degree of initial domain parity—enabling a degree of freedom of action from the outset of a contingency. So, while operations in LSCO in the FOE against a Peer/Near-Peer adversary will be difficult, they will not be impossible.

The scope, scale, and tempo of medical casualties during LSCO in the FOE will present distinct challenges to the Medical Evacuation force—but will also make medical evacuation an imperative. Failing to evacuate will put both the medical mission and the op-

erational mission in jeopardy. Failing to evacuate will jeopardize the medical mission by risking culmination of forward medical treatment facilities through overwhelming the capacity of the medical providers and equipment or through consumption of medical supplies on hand faster than they can be replenished. Failing to evacuate will jeopardize the operational mission through the drain on combat power required to secure/protect the accumulating casualties and through the drag effect these accumulated casualties will have on movement and maneuver. In short, not evacuating in LSCO will not be an option.

The scope, scale, and tempo of medical casualties in LSCO will require the full commitment of the Medical Evacuation force—air and ground. Adversary lethality and reach will require Medical Evacuation assets to be arrayed through the entire breadth and depth of a theater of operations in anticipation of casualties. The scheme of evacuation must carefully position air and ground ambulance assets for best effect—and dynamically reposition them throughout the course of an operation to anticipate casualty flows, weight critical efforts, and react to evacuation contingencies. In general, air ambulances will focus on the evacuation of the most critically sick or wounded (where speed is of the essence and platform stability is essential); on rapid clearing of casualty backlog on the battlefield and patient backlog at treatment facilities when windows of opportunity enabling access are limited and evacuation velocity is key; and on providing commanders a capability to react rapidly to evacuation contingencies across the breadth and depth of a theater of operations. The speed and reach of our air ambulances make them highly flexible evacuation assets. It is anticipated that ground ambulances will move the bulk of the medical evacuation workload, moving the lion's share of Priority and Routine category patients and moving Urgent/Urgent-Surgical category patients when air ambulances cannot reasonably reach them. While the slower speed and shorter reach of ground ambulances make them fewer flexible assets than the air ambulance fleet, their greater prolif-

eration through the Force significantly offsets this lack of flexibility. Despite the evacuation capacity that Medical Evacuation assets bring to the Force, there will likely be times when this capacity is exceeded—either in a specific locality or broadly across a theater of operations. Accordingly, operational commanders must plan to complement Medical Evacuation assets with Casualty Evacuation, or CASEVAC, assets. This should include: dedicating assets to assist in evacuation when there is a high likelihood that Medical Evacuation capacity will be exceeded;

The key throughout is that we constantly press to get our Medical Evacuation assets as close as prudently possible to the casualty/patient needing evacuation.

designating assets to be prepared to assist in evacuation to enable rapid transition to an evacuation contingency; and conditioning the Force to provide lift of opportunity when absolutely required with least the impact to their primary mission/task.

One of the primary challenges to the Medical Evacuation force in LSCO will be battlefield access, the ability to get to casualties/patients in order to evacuate them. In LSCO, we must expect our adversaries to have the ability to interdict both air and ground lines of communication, or LOCs, thereby impeding the battlefield access of our Medical Evacuation assets. However, an adversary's ability to interdict our use of air and ground LOCs will not be uniform across the breadth and depth of a theater of operations, nor will it be uniform over time. An adversary's ability to interdict air and ground LOCs will be greatest where he can mass effects.

Simplistically, an adversary's ability to mass effects will diminish with distance from the physical location of his assets. While the reality will be a bit more complex, in general, we can expect the greatest interdiction of LOCs in the vicinity of brigade combat teams in contact and to diminish, in terms of effects or duration of ef-

fects, through the depths of the division and corps support and consolidation areas and the theater's joint security area. We can also expect an adversary's ability to interdict LOCs in the operational area to be greatest at, or near, the outset of a campaign and to be diminished over time, assuming a degree of success by U.S. forces, as U.S. forces penetrate and disintegrate an adversary's A2AD capabilities and then exploit the resultant windows of opportunity for movement and maneuver. The key throughout is that we constantly press to get our Medical Evacuation assets as close as prudently possible to the casualty/patient needing evacuation. We cannot afford to cede any advantage to the enemy that he has not actually taken from us.

What this means is that the Medical Evacuation force will have the battlefield access it requires to acquire and evacuate casualties/patients over much of a theater of operations. In these areas, achieving the 1-Hour Evacuation Standard for Urgent and Urgent-Surgical casualties should be well within the realm of the doable. Based on the reach and lethal capabilities of potential adversaries, we should expect significant numbers of wounded throughout the depth of the theater of operations. Even flying or driving ambulances to Points of Injury, or POI, will be possible in some cases; although nowhere near as prevalent as today. Where units are in contact with enemy formations, however, our ability to achieve the 1-Hour Evacuation Standard will likely be challenged. Air ambulances will likely be precluded from regularly operating in these areas until U.S. operations to penetrate and disintegrate A2AD capabilities begin to have effect. It is unlikely that ground ambulances will be precluded from these areas but will find themselves slowed in the evacuation sequence. At the earliest prudent opportunity, the most critical patients will be transferred to air ambulances to speed them through the rest of the evacuation sequence. Wherever evacuation is delayed beyond the standards, our Prolonged Care concepts and capabilities will be used to mitigate the risk to the sick and wounded—buying time until evacuation can

Wiregrass, continued on page 19.

Consultant's Corner

by COL Rick Ortiz

Please allow me to begin with a very sincere and humble thank you to Sam Diehl and Dave Zimmerman for their instrumental support to deliver this article. Sam did the heavy lifting while working 18 hours in support of an “All Things Pacific” warfighter exercise. The consultancy is a team, and this piece uniquely shows the excellence of its team members. Credit to them and their selfless efforts in delivering this very relevant article.

In my last DUSTOFFer article, I discussed that we must be prepared to seize emerging opportunities in an operating environment that is undergoing rapid operational and institutional change. As the 67J Consultant, I recognize that we cannot accomplish this goal effectively without a comprehensive strategy for our AOC, and I'd like to take this opportunity to share briefly how that strategy is taking shape.

In early May, a sizeable cohort of senior 67J's met at the DUSTOFF Association Reunion to reflect on current changes in our environment and their associated impacts on our people and mission. The goal of this meeting was

to define the desired “end-state” of the 67J and DUSTOFF mission in 2028 and beyond, nested within guidance and trends affecting the Army and Joint Force.

To start the conversation, we asked a simple question — Why are we here? The task of defining a desired “end state” is deceptively difficult, and the conversation has to start with a common understanding of who we are and what we need to be as an enterprise. Though relatively straightforward, we used this opportunity to hear perspectives of experienced leaders within our community, each with their own assessment of how to best define, formulate, and disseminate a strategy that is both feasible and relevant for our community.

We then transitioned our conversation to ask: Where are we as an AOC and what is changing? As proponents for diverse organizations within the enterprise, I recognize that we can all lose sight of the “big picture” from time to time. Acknowledging this reality, we facilitated a discussion to gain a more holistic understanding of current strategic guidance and emerging trends across the DOTMLPF

spectrum. Continuous themes that emerged from the conversation included Military Health System (MHS) reform, the future OE/ Multi-Domain Operations, talent management/leader development, and HAATF results.

Following our conversation, we discussed several desired “ends” for the MEDEVAC enterprise in 2028 and beyond. I'm offering a few of them here, and I'd like your feedback to know if you think we are on the right track.

DUSTOFF 2028

Army MEDEVAC is:

- A Tailored Capability that is scalable, modular, and versatile
- Part of a Total Army Evacuation System — integrated with ground, joint assets
- Trusted, capable in the multi-domain fight

67J's are:

- Strategic Evacuators — Influential, Respected, and Relevant

Consultant, continued on page 20.

Wiregrass, continued from page 18.

be conducted.

The scope, scale, and tempo of medical casualties in LSCO will place a premium on effective and efficient employment of the Medical Evacuation force. This will require establishing the right balance in the Medical Evacuation force structure between assets assigned at tactical unit level—to serve the typical needs of those formations—and those assigned at operational and theater-strategic command levels—to provide higher-level commanders the ability to weight critical efforts and react to contingencies. It will also require a mission command structure that can achieve unity of effort/purpose in highly dynamic situations from assets that are arrayed through the breadth and depth of a theater of operations and under both Medical and non-Medical command. This begins with the theater Medical Command-Deployment Support, or

MEDCOM-DS, and the evacuation planners in the Theater Patient Movement Cell, providing top-down guidance and direction for the overarching scheme of Medical Evacuation within the theater and reaches down through Medical Brigades (Support) and Multi-Functional Medical Battalions and through Corps, Division, and Brigade headquarters for bottom-up refinement. These elements must be able to plan dynamically, coordinate, and execute Medical Evacuation operations that are integrated into and synchronized with schemes of maneuver and continually adapting to the demands of rapidly changing operational environments.

Not evacuating our sick and wounded in LSCO is not an option. Failing to evacuate may cause us to lose today's battle—as the backlog of casualties/patients cause a cascade of medical and operational culmination on the battlefield. Failing to evacuate often enough—with its potential im-

pact on Soldier morale and National will—may cause us to lose the next battle, the next campaign, the next contingency operation. While the evacuation of the sick and wounded will be difficult in LSCO in the FOE—it will not be impossible. To be successful in Medical Evacuation in LSCO, we must adapt to the projected operational environment. While we must certainly adapt the Medical Evacuation force structure and our mission command processes, the most critical adaptation is one of mindset. Without a mindset that grasps the dynamics of LSCO, that understands the challenges and sees the opportunities, and that refuses to cede any advantage to an adversary that the adversary has not actually taken away, we cannot be successful. Cultivating and inculcating such a mindset must be a high-priority effort throughout the Medical force.

—DUSTOFFer—

You've Got a Friend

submitted by Doug Moore



While visiting Long Khanh village on the Mekong River in February 2019, our tour guide told us that a former Viet Cong infantryman lived there, and he liked to see American tourists. He was dressed in civilian clothes when we arrived, but when Debby and I were introduced as the only Vietnam veterans in our group of 30, he immediately embraced us, took us into his very nice home, and called his family to meet us.

He then put on his old military uniform and told us he was badly wounded near Ben Tre, fighting against the 9th U.S. Division. He showed us where he still has a bullet in his chest. He was later napalmed during a battle near Vinh Long and lost most of his right ear. He was disabled to the point that he could no longer serve as an infantryman, so he was trained as a medic for this last few years of service. He was with the force that took Dong Tam when the country fell in 1975. Dong Tam was the former home of the U.S. 9th Infantry Division and where Debby finished her last tour in Vietnam. This old fellow was a wonderful and welcoming human being, and we really enjoyed meeting him.

—DUSTOFFer—

Memorial Trees

submitted by Dan Clark

I partnered with Bill Ercoline and the Stinsons Flight #2 gang (Daedalians) to plant two memorial trees at the Foulois marker. In 2020 in conjunction with the Foulois Ceremony, the Daedalians will dedicate a tree in honor of Bill Stewart, who recently had his 100th birthday. The second tree will be dedicated to the men and women of Army Aviation. It is presented by Quad-A, the DUSTOFF Assn., and the 36th CAB, TX NG.



Consultant, continued from page 22.

- Operate seamlessly in AMEDD and Aviation roles
- Prepared to execute missions across the continuum of conflict
- Serve in key leadership roles within the AMEDD
- Inform operational and strategic decisions at ASCC/CCMD and above

So where do we go from here? Great ideas mean nothing without a plan to achieve them, and I'll be ask-

ing MEPD and HRCOE to help us formalize our strategy, including the development of a campaign plan, to help us achieve our goals.

While change offers opportunities, it also presents risk. I will continue to solicit your feedback as we refine our lines of effort to ensure that our analysis is thorough, deliberate, and inclusive of your perspectives across the field. Ultimately, our final product will ensure that our enterprise maintains its exceptional reputation as an operationally relevant and reliable ca-

pability.

One final thought: If you haven't already, I'd encourage you to spend some time reflecting on MEPD's contribution to this issue. We cannot afford to be passive in preparing for the future fight. Our strategy is a small step forward to ensure that we are trained, manned, and equipped, to meet that challenge with confidence. Stay tuned.

—DUSTOFFer—



Top of the Schoolhouse

School of Army Aviation Medicine, Ft. Rucker, AL



by MAJ Steven C. Murty, Chief of Altitude Physiology

The School of Army Aviation Medicine (SAAM), in coordination with the United States Army Aviation Center of Excellence (USAACE), the Directorate of Training and Doctrine (DOTD), the Fort Rucker Safety Center, and the United States Army Aeromedical Research Laboratory (USAARL), worked diligently the last year to reduce aviation accidents due to Spatial Disorientation (SD) and the Degraded Visual Environment (DVE), through testing of SD simulators.

TC 3-04.93 defines SD as a pilot's erroneous perception of position, attitude, or motion in relation to the gravitational vertical and the Earth's surface. DVE is defined as a state of reduced visibility whereby spatial situational awareness and aircraft control cannot be maintained with the same precision as in normal visual meteorological conditions. DVE may severely affect a pilot's ability to maintain accurate aircraft orientation or control. Think of loss of aircraft control as the "what," DVE conditions as the "where," and SD as the "how" for spatial disorientation accidents.

Almost 100 years ago, Royal Navy Surgeon, Lieutenant H. Graeme Anderson, stated that "... a sound equilibrium and muscle sense is essential in flying, so that the aviator would be conscious of his position in space, realize at once any deviations therefrom, and correct these quickly. But in fog it has been found almost impossible to detect any deviation during flight. Time and again aviators coming out of the clouds or fog have found themselves flying one wing down, and it has been recorded that some have flown upside down without knowing it."

SD fatalities remain a top concern for Army senior leaders and USAACE. Almost every pilot will have experienced one form of SD within their flying career, which is extremely alarming, since a large proportion of SD accidents are fatal. Historically,

SD accounts for 20% of aviation losses annually with 31% occurring during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). From 2002 to the present, DVE accounted for 221 accidents with 127 fatalities with a total cost

The cost of the Spatial Disorientation (SD) simulators is less than the cost of one Class A accident. Even with the advancements in cockpit technology, pilots continue to be vulnerable to SD.

of \$1,252,379,572. The cost of the SD simulators is less than the cost of one Class A accident. Even with the advancements in cockpit technology, pilots continue to be vulnerable to SD. However, an immersive, pilot-oriented training program can improve the pilot's capability to detect, respond, and prevent SD situations. Aligning with the FY15 Chief of Staff of the Army (CSA) directive to reduce SD/DVE accidents by 50% through enhanced SD/DVE training and leader awareness, SAAM purchased two GAT-HELO SD simulators.

The SD simulators are configured to emulate the performance of a light utility helicopter with a wide field-of-view visual screen, authentic terrain imageries, recreate realistic visual cues matched to correlating SD motion profiles. Commanded pitch, roll and yaw motions, coupled with the constant yaw base, allow a combination of motion cueing, supra-threshold motion, and sub-threshold motion that immerse the pilot in the motion experience like that a real aircraft, including vestibular SD. This SD simulator combines the capability to support training and education with regard to SD/DVE. SAAM works closely with USAACE to identify where in the curriculum it would best be utilized. Our main goal is to induce SD in a simulated environment for student pilots/experienced aviators, and flight surgeons, to understand the physiological effects and improve early recognition of disorientation symptoms, thereby reducing SD/DVE accidents and fatalities.

—DUSTOFFer—



MAJ Murty, demonstrates the SD Simulator to the Advanced Aerospace Medicine for International Medical Officers.



2019 DUSTOFF Association Hall of Fame Nominee



LTG (R) Quinn H. Becker



LTG (R) Quinn H. Becker is nominated for the DUSTOFF Hall of Fame. As a Distinguished Military Graduate from Northeast Louisiana State College, he was commissioned in the Military Police Corps, but was granted a deferment to attend medical school at Louisiana State University.

Upon graduation, Becker was commissioned in the Medical Corps, where he expressed an interest in orthopedics and was accepted for a coveted civilian residency program at Confederate Memorial Medical Center, Shreveport, Louisiana.

Following his residency, then CPT Becker attended the Officer's Career Course at Ft. Sam Houston, Texas, and was assigned to Fort Gordon, Georgia. While enjoying his duties in orthopedics, he had a much higher goal, that of being an astronaut. He believed the two-man crews would soon be expanded to include scientists, physicians, and other mission specialists. As a private pilot, he knew he could easily be jet qualified. He applied and was told he must first become a flight surgeon, so he completed Aviation Medicine training.

As a newly graduated flight surgeon, it was believed he could best be used at Fort Rucker, Alabama, the rap-

idly expanding home of Army Aviation. He became Chief of Orthopedics at Lyster Army Hospital. The hospital commander, COL Spurgeon Neel, who is credited as being the Father of Army Aviation Medicine and Aeromedical Evacuation, influenced him, as both a flight surgeon and an officer.

While at Ft. Rucker, MAJ Becker spent much of his time taking care of aviators and their families. His goal was to keep pilots flying, thus he medically evaluated hundreds of aviators hoping to return to flight status. He met many aviators at Fort Rucker who would later become senior leaders of Army aviation. He also flew with many Medical Service Corps aviators who performed crash rescue and evacuation missions at Fort Rucker. He forged friendships that would last throughout his career.

Always looking for a challenge, MAJ Becker applied for airborne school and became jump qualified. Shortly thereafter, COL Charles Pixley, who would later become Army Surgeon General, interviewed him and advised that he needed an assignment in operational military medicine. Soon MAJ Becker was off to Heidelberg, Germany, to command the 5th Surgical Hospital Mobile Army (SHMA).

A year later, the Chief Surgeon of U.S. Army Europe had another challenging assignment, that being Division Surgeon of the 3rd Infantry Division. MAJ Becker met the challenge, continuing his on-the-job training in operational medicine. He emerged with a hands-on understanding of division-level medical support and an even stronger belief that a physician cannot support the Army without understanding how it operates in the field. After two years in the "field," which offered limited opportunity for clinical practice, he returned to the operating room and spent the next year as Chief of Orthopedics at the Army hospital in Wurzburg.

Promoted to Lieutenant Colonel shortly before leaving Europe, LTC

Becker's next assignment was Assistant Chief of Orthopedics, Walter Reed Army Medical Center, a very busy place with hundreds of orthopedic cases returning from Vietnam. One of LTC Becker's primary duties was training orthopedic residents.

As an additional duty, LTC Becker was often tasked to evaluate wounded or injured aviators who wanted to return to flight status. Calling upon his training and experience at Fort Rucker, he would often fly with an aviator and instructor pilot to evaluate the pilot's ability to operate an aircraft safely. Many of those being evaluated were senior pilots and instructor pilots, so returning them to flight status saved the Army considerable time and money, and served as a real morale booster for the aviation community. Whether it was surgical duties to save a shattered limb, or helping to return an aviator to flight status, LTC Becker's contributions at Walter Reed were immense. After a short 18 months there, it was time for him to deploy to Vietnam.

In January 1970, LTC Becker arrived at the 85th Evacuation Hospital in Phu Bai, Vietnam, as Chief of Orthopedics. The plan was for him to serve six months there and move to become Division Surgeon and Commander, 15th Medical Battalion, 1st Cavalry Division (Airmobile). He felt at home supervising Division health care operations and commanding the medical battalion. He often flew with the Cav's medevac platoon and gained a greater respect for the DUSTOFF mission.

After Viet Nam, LTC Becker returned to Tripler Army Medical Center as Chief of Orthopedics and Director of its Orthopedic Residency Program. He welcomed that opportunity because he missed working in a busy medical center and teaching residents. Shortly after arriving, he was promoted to Colonel.

When it was time for another as-

Becker, continued on page 25.

The DUSTOFFer



2019 DUSTOFF Association Hall of Fame Nominee



Brigadier General (R) Dennis Doyle served 34 years of dedicated, selfless, service, culminating with the assignment as the 17th Chief, U.S. Army Medical Service Corps. His many contributions to the legacy of DUSTOFF, the AMEDD, and the Army were paramount, as evidenced by multiple and successful command assignments (seven), including command of the 421st Evacuation Battalion (DUSTOFF Europe), where under his leadership, the Battalion won the coveted Ellis Parker Award for the best Combat Support Aviation Battalion in the Army.

His career was distinguished by multiple combat command assignments that included Commander, Medical Task Force 10 during OIF 05-07, and in 2009, Task Force 30 during OEF. His Brigade, the first theater-level medical command and control headquarters, was recognized as “the finest Medical Brigade ever deployed in warfare.” BG (R) Doyle exemplified those standards of excellence used to measure a professional leader and DUSTOFF aviator throughout his career.

BG (R) Dennis D. Doyle graduated cum laude from the University of Toledo. He also holds a Master of Science, Master of Healthcare Administration, and Master of Strategic Studies. He was commissioned upon graduation from OCS in 1982. After serving as a Medical Platoon Leader in the 31st Infantry Battalion at Fort Irwin, CA, Dennis graduated as an Army Aviator in 1984. His first flight assignment was Section Leader and Operations Officer in the 4th Platoon, 421st Medical Company (AA) (later, 159th Medical Company (AA)) in Darmstadt, Germany. BG (R) Doyle’s next assignment was with the 326th Medical Battalion, 101st Airborne Division (Air Assault). He served as the S2/3, of the 326th Medical Battalion, during Operations DESERT SHIELD/STORM, responsible for the strategic planning and operational execution of

the entire continuum of medical support, to include the evacuation plan for the 101st Airborne Division (AA) throughout combat operations.

Upon his return from the war, he was assigned as the Plans and Operations Officer, for the 101st DISCOM. Dennis would leave Ft. Campbell, KY, to become an assignments officer at PERSCOM before being selected to attend resident CGSC. Upon graduation from CGSC, BG (R) Doyle was assigned as S2/3, of the 1st Medical Group, and later as the Commander, 507th Medical Company (AA). During this assignment, Dennis would lead his Air Ambulance company through simultaneous, short-notice OCONUS deployments, and triple-based MEDEVAC support without a decrement in the lifesaving mission. His aggressive PC and NVG training programs ensured uninterrupted MEDEVAC coverage for III Corps, Ft. Hood, Ft. Sam Houston, and OPERATIONS VIGILANT SENTINEL, INTRINSIC ACTION, and BRIGHT STAR. Under his command, the unit conducted more than 5,200 flying hours without any Class A-C mishaps.

After his successful command, he completed the Baylor Healthcare Administration program. He would go on to serve as the Chief, Managed Care Division, Landstuhl Regional Medical Center, and was subsequently selected to command the 421st Medical Evacuation Battalion. Under his leadership, the Battalion won the coveted Ellis Parker Award for the best Combat Support Aviation Battalion in the Army. During his command, the 421st Battalion deployed to 13 different countries in 16 separate deployments, and flew more than 7,578 hours without a single aviation accident or incident.

During the Battalion’s deployment to the Balkans in support of Task Force Falcon, his crews flew 500 evacuation missions, consuming more than 2,772 accident-free flight hours. Following command of the 421st, BG (R) Doyle

BG (R) Dennis Doyle



reported to Ft. Bragg, where he served as Chief of Staff and DCA, Womack Army Medical Center. In 2004, BG (R) Doyle would assume command again, this time of the 10th Combat Support Hospital. During Operation Iraqi Freedom 05-07, he commanded Medical Task Force 10, the largest medical task force in Multi-National Corps-Iraq, which included Ibn Sina Hospital in Baghdad, then the largest and busiest trauma center in the CENTCOM theater. His unit provided world-class healthcare for approximately 40,000 patients in his Combat Support Hospital, involving the most difficult trauma cases in the world.

BG (R) Doyle set a standard for the provision of medical care on the battlefield that has never been matched. Providing medical support to the Southern half of Iraq, including the heavily contested capital of Baghdad, he assumed the split-based Level III mission and provided the absolute highest level of care to U.S., Coalition forces, international officials, and Iraqi civilians. Coming out of a wartime command, BG (R) Doyle was hand-selected by the Surgeon General to serve as the DCA, Walter Reed Army Medical Center (WRAMC).

Doyle, continued on page 25.



2019 DUSTOFF Association Hall of Fame Nominee



Mr. Don Sewell



Don Sewell is at the top of the list of outstanding Warrant Officers who immortalized DUSTOFF. MG Patrick Brady described Mr. Sewell as ". . . without parallel among all the aviators I flew with." His accomplishments in one year of flying combat missions in Vietnam are extraordinary.

Don was born into a family of extraordinary patriots at Ft. Sam Houston, TX, on New Year's Eve 1945. His father was a member of the greatest generation, a WWII veteran, who was severely wounded in combat and decorated for heroism. Don and both his brothers are graduates of the renowned Texas Military Institute, which has produced many great American graduates, including Douglas MacArthur. His brother, Creed, was a Naval Academy graduate and fighter pilot, who was killed while on active duty. His other brother, Robert, after serving as a Navy medic, founded an ambulance service in Hawaii, where he was killed in an accident.

Don Sewell became a key member of the legendary 54th Medical Detachment, described in Dust Off Army Aeromedical Evacuation in Viet Nam, the official history of the Vietnam War, as: "No Dust Off unit came closer to combining the Kelly tradition and that of the Lafayette Escadrille than the

54th. The Kelly tradition had survived in full force in the 54th . . . [and] the courage of these pilots . . . had made the Dust Off system an object of reverence in the ever-shifting battlefields of Vietnam."

The 54th, in 310 days in 1967 and 1968, rescued 21,435 patients, flew 8,644 missions in 4,832 hours; that equals 16 hours per day, 69 patients and 28 missions, four at night. The 40-man unit suffered 26 Purple Hearts and had over 100% of their aircraft shot up every month. Mr. Sewell was instrumental in the remarkable success of the 54th, himself, flying over 1,000 combat hours, during which he rescued some 4,000 patients in 1,800 missions.

In one mission that closely paralleled Charles Kelly's immortal ". . . when I have your wounded" mission, Mr. Sewell was called to rescue eight wounded Soldiers, three of whom were close to death. Two slick ships had been shot down attempting the rescue, and another DUSTOFF was severely damaged and a crewman seriously wounded trying to rescue these wounded. Knowing that three rescue attempts had failed, and after being warned that the enemy fire had increased, Mr. Sewell elected to attempt the rescue.

He brought the aircraft down into a difficult LZ and immediately came under heavy fire, which riddled his ship. The friendlies would not get off the prone to help find and load the wounded. They screamed at the DUSTOFF to get out. The troops were told to get off their asses and help load the wounded. He said that he would not leave until they had all the wounded. The wounded were then loaded and taken to the hospital with just enough time to save the three seriously wounded Soldiers. Mr. Sewell was cited for his extraordinary flying skill on other missions completed in zero/zero weather conditions and at night, blacked out and using flares.

In May 1968, the communists, in

hopes of executing a mini TET and gaining a propaganda victory during the Paris Peace Talks, unleashed all-out attacks on 119 South Vietnam villages and towns, including Ngok Tavak, an outpost near the Laotian border. The communist main target was Kham Duc, a major allied post three miles from Ngok Tavak, which was in the way. In a vicious attack the communists killed or wounded over half the defenders at Ngok Tavak and surrounded the post. Their only hope of survival was to abandon the post and try to escape through the jungle, but they could not leave more than 70 wounded behind. Mr. Sewell made multiple trips under heavy fire to the embattled post, evacuating all the wounded and allowing the survivors to escape. The 113 survivors of Ngok Tavak attributed their survival to the heroic actions of Mr. Sewell.

Mr. Sewell's accomplishments did not end with Vietnam. He became, for a time, one of the most famous helicopters pilots in America and made international news. He was a Med-Evac helicopter pilot for the Maryland State Police, when a disgruntled army enlisted man, who had busted out of flight school, stole an Army Huey helicopter from Tipton Army Airfield at Fort Mead, Maryland, and headed toward Washington, D.C. Mr. Sewell was informed of the theft and intercepted the rogue aircraft, which was flying on the deck to avoid radar. Mr. Sewell flew above the Huey and alerted the air traffic controllers and secret service of its location, as it headed toward the Washington Monument. Suddenly it veered off toward the south lawn of the White House, clearly targeting the White House. Mr. Sewell, in a faster helicopter, passed the deranged pilot and positioned himself between the Huey and the White House, where the Secret Service took the Huey under fire, grounded it, and took the pilot under control.

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Becker, continued from page 22.

sigment, COL Becker attended the Army War College. Upon graduation, the senior Army leadership was looking for the next XVIII Airborne Corps Surgeon. COL Becker was a senior Medical Corps officer on jump status and, therefore, a perfect selection, so he was off to Fort Bragg, North Carolina. A few months later, the Commander of Womack Army Hospital departed, so COL Becker asked the Commander of the XVIII Airborne Corps if he could command the hospital and remain as Corps Surgeon. His request was approved, so he became dual-hatted, with oversight of all Army medical activities at Fort Bragg.

Following that assignment, COL Becker was promoted to Brigadier General and assigned as Director of Healthcare Operations, Office of the Army Surgeon General. This was his first in a succession of increasingly responsible Army Medical Department positions. In July 1980, he became Commandant of the U.S. Army Acad-

emy of Health Sciences, Fort Sam Houston, Texas, and, shortly thereafter was promoted to Major General. At the Academy, he continued to lead the development of new doctrine, organizational structures, and training needed to support changing Army requirements. Later, the Army Surgeon General asked him to become Deputy Surgeon General because of his experience as a field Soldier.

MG Becker arrived at OTSG, where he began pressing the initiatives begun as Director of Healthcare Operations and Commandant at the Academy. When he learned of an opening in Europe, he asked to command the 7th Medical Command and become Surgeon of the U.S. Army European Command. While in that position, he saw much of his work at OTSG and at the Academy come to fruition, including the Deployable Medical System (DEPMEDS) and UH-60 helicopter ambulances. MG Becker was then promoted to Lieutenant General and selected to be 36th Army Surgeon

General.

Throughout his career LTG (R) Becker was key to an ever-evolving readiness posture in the Army Medical Department. He carried the banner for field medicine, as well as many readiness contributions in stateside hospitals. Self-described as a field doctor, he used the term “medical readiness” as a concept, meaning the entire Army Medical Department being prepared for its wartime missions.

His contributions were most evident during the 1990 Middle East War, when deployable medical systems and UH-60 helicopter ambulances played a major role. His outstanding record of service, contributions to medical readiness, and unwavering support of Army aviation and the DUSTOFF mission certainly make LTG (R) Becker deserving of induction into the DUSTOFF Hall of Fame.

—DUSTOFFer—

Doyle, continued from page 23.

BG (R) Doyle's visionary leadership style enabled him to quickly identify root causes of significant issues surrounding the “building-18 fiasco” and then quickly resolve them. He was instrumental in ensuring compliance with the Presidential and Congressional directives for WRAMC to remain a world-class facility until 2011. BG (R) Doyle's efforts were paramount in the successful restoration of WRAMC's legacy and reputation.

In his final field Command, BG (R) Doyle would return to Germany and assume command of the 30th MEDCOM. Within months of taking command, his organization would deploy to Afghanistan to serve as the first theater-level medical C2 headquarters. BG (R) Doyle's TF30th MEDCOM provided full-spectrum combat health service support (HSS) and force health protection for over 100,000 U.S. and Coalition forces in Afghanistan. Inherent to this mission, BG (R) Doyle worked directly with the Aviation Brigade to implement the SecDef-mandated “golden hour” evacuation standard. Dennis repositioned, exiting MEDEVAC assets and requested additional FSTs for the pur-

pose of expanding coverage within the AOR to reduce MEDEVAC response times, thus saving countless lives.

As a result of his masterful leadership, TF30 was recognized as the “finest Med Bde ever deployed in the history of warfare.” The AMEDD and Army leadership, knowing they had in BG (R) Doyle the “Gold Standard” by which leadership was measured, chose him to command, yet again. This time he was chosen to be the Commanding General, William Beaumont Army Medical Center (WBAMC) and Deputy Commanding General for Readiness, Western Regional Medical Command. BG (R) Doyle's unit provided quality health care to a beneficiary population of over 35,000 AD and 40,000 OTAD.

Among his many accomplishments was his initiative to partner with the VHA and VBA to establish an IDES program that would streamline the transition of wounded, ill, and injured Soldiers. His efforts alone reduced the backlog of MEB NARSUMs from a high of 800+ early in the year, eventually to zero. During his time as Commander of WBAMC, BG (R) Doyle would be selected as the 17th Chief of the U.S. Army Medical Service Corps.

Following back-to-back command assignments and his selection as the new Chief of the Corps, BG (R) Doyle was assigned to command the Tripler Army Medical Center (TAMC) and Pacific Regional Medical Command, while simultaneously serving as the U.S. Army Pacific Surgeon and Senior Market Manager, Hawaii, enhanced Multi-Service Market. In a “quadruple-hat” capacity, BG (R) Doyle expertly led staff from TAMC and 18th MDSC to fully support the PACOM/USARPAC Theatre Engagement Plan (TEP) and the Theater Security Cooperation Plan (TSCP). As USARPAC Surgeon, he led an aggressive medical engagement strategy across the AOR, hosting numerous visits from Pacific Basin military medical leaders, including those from China, Thailand, Malaysia, Japan, and Vietnam. BG (R) Doyle served as a Military Health System ambassador whose impact extended far beyond this organization.

BG (R) Doyle's final assignment was Deputy Chief of Staff, G-3/5/7 for the U.S. Army MEDCOM. BG (R) Doyle exemplified those qualities of a professional leader and DUSTOFF aviator throughout his remarkable

Doyle, continued on page 26.

Closing Out the Flight Plan

Bobbie (Bob) Neal Fravell went home to be with his Lord and Savior on Saturday morning, January 19, 2019, while in West Florida Hospital. Bob was born to the late Roy and Ruby Fravell on 16 March 1935 in West Frankfort, IL. He was married to Jearren Fravell (Jan) who preceded him in death. They leave behind two children and five grandchildren. Bob was one of 18 children born to his parents and is survived by three brothers.

Bob retired from the United States Army after 27 years of Active Service and four in the Army Reserves. He moved to Pensacola in January 1984 with his wife Jan and their two sons, Charles (married to Young Bae) and Michael (married to Katie). Jan and the boys went with him on all his overseas tours except Viet Nam.

Bob served in the 326th Medical Battalion in Viet Nam and was a proud member of the Eagle Dustoff. He was awarded the Bronze Star, Air Medal, the Combat Medical Badge, the Aircraft Crew Members Badge, and many other awards and decorations. He retired as a First Sergeant. After his service in the U.S. Army, Bob worked for the U.S. Postal Service in Pensacola.



CW3 (R) Larry Leo Ratliff was born to Verdis R. and Henryetta O. (Clement) Ratliff on March 23, 1946, in Brownwood, Texas. He passed away on April 29, 2019, in New Braunfels, Texas, at the age of 73.

Larry is survived by his wife, LeLynda Ratliff, of Canyon Lake, Texas; children, Angela Hildreth & husband, Steven, of Olathe, Kansas; John Ratliff and Steven Ratliff, both of Canyon Lake; sister, Ruby Mitchell of Midland; and grandchildren, Samuel Hildreth & Molly Hildreth, both of Olathe, Kansas.

Larry retired from the U.S. Army after 20 years of service to his country. He was on the board of directors for the Canyon Lake Water Company; a member of the Canyon Lake Volunteer Fire Department, and C.E.O of the Mountain Valley Pharmacy for 32 years.

Doyle, continued from page 25.

career. His years of selfless service and dedication to the AMEDD and DUSTOFF, as evidenced by his multiple combat command and staff assignments in ODS, OIF, and OEF, exemplify his well-earned distinction as a Soldier's leader. BG (R) Doyle is deserving of being selected to the DUSTOFF Hall of Fame.

—DUSTOFFer—

Thoughts on a DUSTOFF Rescue

by Stan Marcieski

All of you Dustoff crew members out there from Vietnam on may never know how much you have changed peoples' lives for generations. This was brought home to me a few days ago when I met (at the Rolling Stones concert) the family of a Soldier I helped rescue in 1971, as a pilot of a DUSTOFF helicopter. At the time of the rescue, he was simply another very badly wounded grunt close to death, who was hoisted from the jungle during a very deadly fire-fight.

Twenty years later he and I made contact and have developed a deep friendship over the following years. Recently I was able to meet all of his children and grandchildren, who exist today because a DUSTOFF crew rescued their father/grandfather so many decades ago. It really wasn't until I met that family and received their thanks that I realized what an incredible impact DUSTOFF crews have had on the futures of those people we rescued.

Take a moment to think about what you all have achieved. We may never know how far into the future our life saving service has changed the world. With DUSTOFF, the future has been changed forever.

—DUSTOFFer—

Sewell, continued from page 24.

President Nixon invited Mr. Sewell to the Oval Office, where he personally thanked Mr. Sewell for his heroic action. The Governor of Maryland, Marvin Mandel, invited Mr. Sewell to the Annapolis State building, where he received a commendation for his heroism and was promoted to the next higher rank.

Mr. Sewell also excelled in civilian life, flying oil rigs, as a manager at IBM, Network Management, and Talk America. He is now in the fight of his life, having been diagnosed with stage-four pancreatic cancer.

—DUSTOFFer—





2019 DUSTOFF Association Hall of Fame Ballot



LTG (R) Quinn H. Becker



BG (R) Dennis Doyle



Mr. Don Sewell

This ballot is for the 2019 election for **DUSTOFF Hall of Fame induction**. Those elected will be inducted into the DUSTOFF Hall of Fame at the 2020 Annual DUSTOFF Reunion in Columbus, Georgia.

Nominees must capture two-thirds of the votes cast to be elected. Please participate in this endeavor. It's your Hall of Fame and our legacy. Vote yes or no for the nominee below. It should be noted that just because there is only one nominee, your vote is critical. Nominees are selected based upon your belief that they meet the criteria.

LTG (R) Quinn H. Becker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BG (R) Dennis Doyle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mr. Don Sewell	<input type="checkbox"/> Yes	<input type="checkbox"/> No

You may vote online (instructions below), or mail this ballot and any donation you wish to make to:

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

Your ballot must be received at the post office box or online on or before October 31, 2019, to be counted.

INSTRUCTIONS FOR VOTING ONLINE

- Log on to <http://dustoff.org>.
- Click **Hall of Fame Ballot & Voting Booth**
- Click **(Name of nominee) Narrative** to read narrative of the nominee
- When ready to vote, click Go to **Voting Booth**
- To log in, use the following:
Username: dustoff
Password: hof2019
- Fill in all blanks.

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to DUSTOFF Association, to:

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

You may register online using your credit card at <<http://dustoff.org>>.