



THE DUSTOFFER



THE DUSTOFF ASSOCIATION NEWSLETTER

FALL/WINTER 2019

In this issue:

ALWAYS READY FOR THE NEXT MISSION

by Jennifer Benitz



A DUSTOFF AIRMAN

by CMSgt. Scott W. Lumpkin, USAF (Ret.)



*A UH-60 Black Hawk medevac helicopter . . . performs a dust landing near Camp Dwyer, Afghanistan, April 5, 2012.
(Photo by SGT Daniel Schroeder, 25th Combat Aviation Brigade)*



President's Message



Greetings fellow DUSTOFFers, family, and friends. Much work continues in preparation for the 2020 DUSTOFF Reunion in Columbus, Georgia. The dates this year are locked in for 2-5 April. Dan Gower, in concert with others, has plans for seeing a Ranger graduation, as well as perhaps a tour to the National Infantry Museum. Other plans are all but finalized thanks to the help of several members.

We hope to have a strong turn-out this year, better than years past. Registration should open 1 January 2020 for folks to sign up and begin their individual backward planning processes. As always, we encourage our members to reach out to folks we haven't seen lately and encourage their attendance. This type of fellowship doesn't happen as often as it used to, and I have personally never heard anything untoward from attendees who come. Please push hard for attendance!

Since this will be my last letter before turning over the reigns in April, I would like to address our award nomina-

tions. They have declined the past few years, and while the Executive Committee tries very hard to get the word out regarding nominations, we could use more assistance from our Active Duty members to spread the word to their brothers and sisters. As members who are retired lose Active Duty contacts, we lean on our currently serving members to aid in information dissemination. Please make a concerted effort to spread the word.

Much to her chagrin, Jen (the First Lady) will not be able to attend this year's reunion, due to a TDY trip. She's still planning the spouse's luncheon to occur at the Wicked Hen. When registration opens, specifics regarding the luncheon will be available on our site.

As always, I encourage any suggestions about how to make the organization better, particular with a future, forward-leaning focus. It has been my pleasure to serve as the President, and I look forward to seeing you all. If you have questions, need assistance, or just want to chat, I am always available.

DUSTOFF!
Chris Irwin
President, DUSTOFF Association

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THE BEST PART OF WAKING UP

IS DUSTOFF COFFEE IN YOUR CUP

by CPT Briana McFarland, 449th Theater Aviation Brigade
06.06.2018, from DVIDS, Defense Visual Information Distribution Service News

Camp Taji Military Complex, Iraq —The grinding, banging, clanking, and whistling, all coming from an espresso machine, fills the air with smells of fresh ground coffee and heavenly bliss, as Soldiers place their orders.

Ordering the perfect cup of joe has become an art form, a skill, a scientific experiment that, when done correctly, can make you forget about the stressful woes of your work-filled day ahead.

The Dustoff Coffee shop began with the purchase of an

espresso machine and is now used to boost morale, build unit cohesion, and bolster energy for Soldiers to complete their daily tasks.

“The guys we were [replacing] were selling the espresso machine, and I was like, well, there are a few things we could pay for around here if we started a coffee shop,” said 1LT Peter Bendorf, MEDEVAC pilot. “It would make all our lives a little bit easier.”

With the opening of the shop, Soldiers assigned to the 449th Combat Aviation Brigade get to experience a real coffee shop. Dustoff Coffee isn’t your typical coffee shop, being located in an office space in the brigade’s work area and operated by medical evacuation pilots assigned to Company G, 1st Battalion, 189th Aviation Regiment, Oregon Army National Guard.

Bendorf was excited about the idea but was met with some adversary during its inception.

“I was actually told by my commander and first sergeant that it was a terrible idea, but I kind of went with it,” said Bendorf. “As we went along, people kept adding more stuff to it, and we built some shelves and got a room.”

Camp Taji contains one of two Dustoff coffee shops. The coffee shop was more than an idea, it was routine, according to CWO2 Ryan Amato.

“It is a tradition for Oregon [national guardsman] to stand up a coffee shop on every deployment, or take over a coffee shop,” said Amato. “Spc. Toby Sewell and I are actually from Oregon, assigned to Company G, 1st Battalion, 189th Aviation Regiment, so we are all coffee connoisseurs.”

Wall art, coffee mugs, an assortment of snacks, and a barista with great customer service ready to make your favorite drink, can all be found at the Dustoff. The old and worn leather couch is the perfect place to relax and drift off into a donated book that can take you to another world. The marquee outlines the drinks available, and a donation jar is placed on the barista bar.

“I would like people to know that it is completely donation-based, so everything given here is given back,” said Bendorf. “It’s not just us taking money and having a side hustle; it’s us making our lives better.”

The coffee shop is currently operated by five MEDEVAC pilots, and with leadership comes great responsibility. Now that Dustoff Coffee was formed, they had to learn how to use the espresso machine and make some of the most popular drinks, to include lattes, cappuccinos, macchiatos, and mochas, to name a few.

“When we first started out, we definitely made all the wrong drinks to figure out what concoctions and ratios actually worked, because we hadn’t made coffee before,” said CPT Ashley Morris.

The baristas took turns perfecting their craft as they learned through Google and YouTube, tasting their prod-

Best, continued on page 4.

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Friday the 13th Hoist Mission

by Jim Siverd

February 1970, Binh Dinh province, Northern II Corps, Vietnam.

The field phone rattles in the Dustoff hooch at LZ English. An urgent medevac — the rest of the crew scrambles for our ship, as I hurry to the RTO desk in the 173rd Airborne's B-Med Company to get the mission details: hoist mission, unit still in contact, gunships on site.

I run to the ship, and as I fasten my shoulder harness, I point to the north. My pilot, WO Gene Manning, makes an immediate takeoff. He already had clearance from the tower operator who monitors our scrambles and gives us first priority. Our goal is to be in the air within three minutes of the call.

I get my helmet on and brief the crew as the aircraft accelerates. After my briefing, SP Jerry Pask, my medic, comes on the intercom and says he has a bad feeling about this mission, as it's Friday the 13th. He claims that on the last Friday the 13th, our unit had an

aircraft shot down on a hoist mission. I don't remember this, but Jerry is persistent and really concerned.

After some good-natured kidding, our crew chief says, "look, let me run the hoist on this mission." The medic usually runs the hoist, but our crew always works together, and the crew chief, per his training, knows all the systems on the aircraft. So, they trade spaces. As we near the pickup site, I discuss the situation on the radio with the ground unit and the helicopter gunships presently making gun runs. Most likely they were 61st AHC Starblazers stationed at LZ English.

The mission is on the edge of the mountains, and I pick out a location in the rice paddies below where we'll land the aircraft if we're forced down. I have already grease-penciled the coordinates of the pickup site, call signs, and frequencies for the mission on the windshield.

Identifying the ground unit's location by the marker smoke filtering up through the trees, I confirm there is

no place to land; we'll have to hover over the site and use our rescue hoist to bring the patient up from the tree covered mountain slope. Unfortunately, the bad guys were located above the unit's site at about the same level where we'll have to hover. I can only hope that the gun runs have driven them away, or at least caused them to retreat into the many caves that exist in these mountains.

As the gunships finish their latest run, I take the controls, and we slip in right behind them as planned. So we'll both gain experience, I have a personal policy to take turns flying with my pilot. This mission is my turn, while the other pilot always stays lightly on the controls, in case he needs to quickly take over. I remind Gene to raise the safety cover on the hoist cutter button, and to keep his hand on the switch. If we get into trouble with the hoist down, I want the option to cut the cable, rather than making a vertical climb or dragging that anchor through the trees.

Best, continued from page 3.

ucts to figure out what worked. They also conducted surveys to find out what Soldiers liked, and currently have a policy allowing Soldiers to return drinks if they don't like them, said Amato. Most importantly, they use the donated money to give back.

"We use the funds for internet providers to help anyone who can't afford it in their rooms," said Amato. "We also use it to host bar-be-cues to bring the battalion, brigade, and Coalition forces together. We hosted one recently and try to invite everybody."

The coffee shop has become a staple in the 449th CAB community at Camp Taji, even being visited by the same commander and first sergeant, who originally didn't believe in the idea. However, to get some of their famous coffee, you may want to check their working hours first.

"We run shifts randomly, because we still run MEDEVAC," said Amato. "We are open from about 10 a.m. to 4 p.m., closing the shop if we have missions or meetings to attend." ■



(left to right) U.S. Army CWO2 David Mack, CWO2 Ryan Amato, CPT Ashley Morris, and SPC Toby Sewell, assigned to 1st Battalion, 189th Aviation Regiment, stand outside the Dustoff Coffee Shop with their customized shirts at Camp Taji, Iraq, May 18, 2018. Creating or taking over a coffee shop while deployed is an Oregon National Guard tradition. The donation-based business provides funds for Soldiers to boost morale and build unit cohesion. (U.S. Army photo by CPT Briana McFarland)

COL MAGGIE

by Bill Hughes

After I was wounded on November 12, 1965, they transported us from 3rd MASH at Bein Hoa to the Third Field Hospital at Saigon. I stayed there for a few days, and they took us via Army Ambulance (no shocks) to the Air Strip at Ton Son Nhut for transportation back to the states. My problem was that they had me on orders for Japan. After 20 months in Nam, I was ready to go home. They told me that my wound was determined to be not serious enough to be sent back to the states and that I would be back in country in a month or two, good as new.

Hell, at that point, the only part of my left leg that I could move was my big toe. And moving that required all the concentration that I could muster up. Of course, I tried to argue with the Captain in charge, but he assured me that he knew what he was talking about. I laid there feeling sorry for myself, thinking, "Ain't no way I'm going back there."

The first leg of the trip was to the Philippines. We were transported on a C-141. I thought it would never get off

the ground with all the patients they had loaded on, but it did, and we arrived at Scubic Bay a few hours later. It took forever for them to unload all of us from the ship, and we were placed in a medical barracks for the night. While there, they changed all of our bandages (not mine, but that's another story), fed us, and we settled in

To this day, no one can say anything bad about Martha Raye, as far as I am concerned.

for the night. I tried once again to convince them that they were wrong and that I should be sent back home. No good! They were hell bent on sending me back to finish my extended tour of 28 months.

Next morning after we were fed, they loaded us back on the C-141. Once again this took several hours, and while they were doing their job, an Army Nurse was walking around

asking the wounded if there was anything she could do for them. My mind started going, and I was thinking about what story I would tell her that would make her sympathetic enough to try to get my orders changed at least to Hawaii or California. When she finally got to me my mouth dropped, and all I could do was stutter. Standing in front of me was Martha Raye (the comedian). As it turns out, she was a reserve Army Nurse and a full Bird Col. at that. After I gained my composure, I told her my story and that I had been in country 20 months, and I was ready to go home. She was very nice and told me she would inquire as to what might be done to get me back in the land of the Big PX (my words). If I recall correctly the plane took off about 45 minutes later.

When we arrived in Japan, they off loaded some of the patients, but I wasn't one of them. The flight took off after about a two-hour delay. I didn't say anything, because I thought they had made a mistake (and I wasn't about to correct them). Once we were on our way (I knew they wouldn't turn

Friday, continued from page 4.

The crew in back goes to hot mike, so they can talk without keying their microphone buttons. This leaves both hands free to run equipment, coordinate with each other, and keep me posted on aircraft and hoist location.

As I come to a hover over the smoke, the crew chief directs me to move the aircraft slightly to reposition over a better hole in the trees to lower the hoist. The medic, now on the other side, calls that the tail rotor is clear. This must be a crew operation, as the pilots can't see straight down or to the rear. Operating the hoist, the crew chief calls, "hoist on the ground," and then it happens.

"Tat-tat-tat," the distinctive sound of an AK. Events now become a blur, and many occur almost simultaneously. The master caution light on the main instrument panel flashes on. I tell Gene to read the panel on the console, and he replies, "fuel boost pump." My

eyes are occupied in maintaining a steady hover, and I tell him to read the fuel pressure. Smoke boils in front of my eyes and starts to fill the cockpit, as I ask where the hoist is. The crew chief replies, "still on the ground." It takes a little time to get a patient secured on the jungle penetrator for the ride up.

Another burst of gunfire, and someone in the back says over the intercom "I'm hit." That's enough for me. I tell Gene to blow the hoist, and when the crew chief calls "cable away," I dive off the ridge. We splash down in the rice paddies, and I notice the smoke clouding the cockpit is purple! One of the AK rounds hit and ignited a smoke grenade hanging on the back of my armored seat. I ask who is hit, and the medic says it's him, but it doesn't seem bad. We peel off his chicken plate (body armor), then see a creasing wound on his side that barely breaks the skin.

The rounds (maintenance counted 12) came into the aircraft on a level angle from the hoist side, one of which pierced the transmission compartment on both sides and exited the aircraft right where the medic was sitting to clear the tail rotor. It caught him on the edge of his chicken plate and deflected into his side, fortunately with most of its energy already expended. The gunships made a call on Guard, and a Huey soon lands to lift us out until the site can be secured for a Chinook to sling out our crippled ship. Later, after the gunships work out some more, another Dustoff aircraft successfully completes the mission. So, was this Friday the 13th bad or good luck? Yes, we were shot down, but it could have been much worse. And our superstitious medic, Jerry Pask, trading sides of the aircraft, on the side opposite the bad guys, and being hit by a round that was already going out of the aircraft — almost comical. ■

Northstar Dustoff Provides Aeromedical Evacuation in Kuwait

CAMP BUEHRING, Kuwait — Looking out to a vast horizon, where the brown, sandy dunes of Kuwait’s desert meet the blue sky, appears a UH-60L Black Hawk helicopter with a red cross on the door. The red cross is an international sign of medical assistance, and a sign of hope for those in need.

Flying through the skies, Charlie Company, 2-211th General Support Aviation Battalion, Minnesota Army National Guard, currently assigned to the 1-108th Assault Helicopter Battalion, Kansas Army National Guard, is deployed to the Middle East in support of Operations Inherent Resolve and Spartan Shield.

“Charlie Company provides medical evacuation to ground force commanders in an area of operation,” said U.S. Army MAJ Nathan Burr, commander.

As one of two aeromedical evacuation companies supporting the 35th Combat Aviation Brigade, Missouri Army National Guard, the MEDEVAC unit has a particularly critical mission. They provide all aeromedical evacuation aid in Kuwait, supporting all military branches.

COL, continued from page 5.

around), I asked a nurse why I wasn’t off loaded in Japan. She checked my orders and told me that my orders had been changed to New York. When we arrived at Oakland, they unloaded us again, and this time a non-celebrity A.F. Col. came around and asked if there was anything we needed. This time I got my orders changed to Valley Forge Hospital, about 45 minutes from my home town. Of course, I arranged to stay a week at Walston Army Hospital at Fort Dix, NJ, about 20 minutes from my home town.

By the way, the Captain who said that I would be back in country in a month or two was wrong. My stay at Valley Forge lasted 8.5 months. To this day, no one can say anything bad about Martha Raye, as far as I am concerned. ■

Charlie Company, nicknamed Northstar Dustoff, has completed more than twice the amount of MEDEVAC missions as their predecessor, in nearly half the time.

“For us it’s good, because we’re flying and doing missions,” said Burr. “It doesn’t mean more people are getting hurt. I think it just means more

A mission...conducted by ground medical evacuation crews, could take... six hours to complete. Northstar DUSTOFF can complete the task and be ready for another in less than two hours.

people understand what our capabilities are.”

Upon arrival in theater, the Northstar Dustoff command began spreading word of their operational capabilities to units in Camp Buehring, as well as other camps in the vicinity. Known as MED101, Charlie Company uses aeromedical evacuation rehearsals, and other training, to familiarize units with the aeromedical helicopter and crews’ capabilities.

An example of this training was a recent rehearsal conducted to prepare Soldiers assigned to the 155th Armored Brigade Combat Team, Mississippi Army National Guard, and Task Force Spartan for Operation Desert Observer II, a combined training exercise between U.S. and Kuwaiti Land Forces, December 11, 2018. The training offered other units a chance to practice calling in a medical evacuation request and loading patients into and out of a helicopter.

Another service they provide is transporting patients from the Troop Medical Clinic here to the hospital at Camp Arifjan, Kuwait. A mission, previously conducted by ground medical evacuation crews, could take an ambulance team nearly six hours to

complete. Northstar Dustoff can complete the task and be ready for another mission in less than two hours. Northstar Dustoff maintains these abilities with a fleet of UH-60L Black Hawk helicopters and nearly 60 personnel.

The UH-60L Black Hawk helicopters are modified to carry all the medical equipment available in an ambulance. Equipped to hold up to three litters, or four ambulatory patients, the helicopters are pre-staged to a standard configuration, which allows all crewmembers to know exactly where medical equipment is kept for easy access.

Due to the nature of their missions, all personnel assigned to Charlie Company receive additional training to ensure continuity in the back of the helicopter and maintain their flight status. MEDEVAC pilots attend a medical evacuation doctrine course, which teaches the basics of medical evacuation. Knowing these procedures allows a better understanding of the overall mission.

Crew chiefs are not mandated by regulation to complete medical training. However, the unit requires all team members to complete a combat life saver training, so they can assist the paramedics during flights, if needed. Many of them continue their training to receive a basic EMT certification, so they can provide additional assistance, said Burr.

In order to become a flight paramedic, healthcare specialists must be a qualified civilian paramedic and able to pass a flight physical. When a vacancy within the unit is open, qualified personnel can apply for it, go before a review board and then, upon acceptance, attend flight training held at Fort Rucker, Alabama. Flight paramedics complete nearly 11 months of training before they are fully-qualified.

Army Staff Sgt. Jeffrey Schneir, a platoon sergeant, joined the unit in 2012. Like other flight paramedics assigned to Charlie Company, Schneir works as a paramedic for the city of Rochester, Minnesota, when not on

Veterans Day Speech

Sunrise Beach, Texas, Civic Center
November 11, 2019

by COL (Ret.) Jim Kirkpatrick

At 68 years of age I took my Post-9/11 GI Bill benefits and went back to college to study music. It was also an opportunity to study my classmates, mostly Generation Z. They are great kids and absolute wizards at things like social media, but they do have some deficits in their knowledge base. Many of them can't place the Civil War in the correct century. If you tell them that we once fought a war with Japan, some will respond, "Yeah? Who won?" More than a few will ask, "Who are these veterans and why do they deserve a holiday?"

These questions would have been laughable only a few decades ago. If you were raised, as I was, by a World War II veteran. You knew who the veterans were. They were the man who delivered milk to your doorstep every morning; they were your older brothers, your uncles, your teachers, and very often, the man sitting at the head of the dinner table. My father, both of his brothers, and both of my future fathers-in-law were Army Air Force pilots and air crewmen. My wife's father, a B-17 bombardier, was shot

Northstar, continued from page 6.
military duty.

"Flying is the reason I joined the Army," said Schneir. "I can treat patients in the civilian world. I can treat patients on the ground ambulance, but flying was the ultimate goal I had."

Northstar Dustoff has completed more than 60 aeromedical evacuations since August 2018. They have also operated at three different sites in the Middle East, supporting Operations Spartan Shield and Inherent Resolve.

"Our medics do this because they love helping people," said Burr. "They love their service. They love taking care of people. I'm slightly biased, but the MEDEVAC mission, to me, is the best mission in the military, because we don't take lives; we save them." ■

down over Austria on May 10, 1944, and spent the rest of the war as a POW in the infamous Stalag Luft III, the site of the Great Escape.

Also, lest we forget, many of the veterans we knew were women,

This policy of maintaining minimal military forces has been the rule during most of our history, except in time of crisis.

Waves, WASPs, WACs, Nurses, Red Cross, and so on. One out of every nine Americans served during WWII; over 16 million of them. Happily, 15 and a half million of them survived to come home, resume their pre-war lives, marry, raise children and build the nation we love and live in today. We grew up surrounded by veterans on all sides. And, courtesy of the draft, many of us expected to become veterans in our own time. But we need to recognize that we grew up in an abnormal time in our nation's history.

What was abnormal about that time? A little history lesson will explain. The founding fathers had a deathly fear of standing armies. After their experiences with the British quartering soldiers in people's homes and shooting protestors, the authors of our Constitution considered standing armies to be a mortal threat to liberty. They understood that some sort of military force would be required, but they did everything they could to bind the military under civilian control and keep the armed forces as small as possible.

The Constitution gives Congress power to "raise" armies and "maintain" navies. Those words were chosen carefully, armies were only to be raised when absolutely necessary. For much of our history, our army was tiny compared to the rest of the world. In 1939, the U.S. Army numbered

189,839, smaller than the army of Portugal. This policy of maintaining minimal military forces has been the rule during most of our history, except in times of crisis. But those times of crisis did come. Five times, in fact.

The first, of course was the Revolutionary War itself in which an army trained by Baron Von Steuben and commanded by George Washington defeated the most powerful military force on earth and won for our nation its independence.

The second, our tragic Civil War, required a huge expansion of armies in order to keep our nation indivisible. The World Wars made our nation first a world power, and then one of the world's two superpowers. The Cold War, which historians consider ran from 1945 to the collapse of the Soviet Union in 1991—thus including Korea, Vietnam, and the great standoff between NATO and the Warsaw Pact—made this nation the preeminent superpower and the indispensable force for stability around the world.

What these wars have in common, in addition to being stunning victories that were not preordained, is that they all required conscription (the draft), and they were followed by a return to the small forces we had had before the crisis. Each war created huge numbers of veterans in a nation that usually had very few and little awareness of or contact with its military. WWII created 16 million veterans out of a population of 140 million. (11% of the population.) At the end of the Cold War we had 22 million veterans which represented 9% of all Americans. The Cold War ended 28 years ago, WWII 74 years ago, WWI 101 years ago. In 2019, despite our fighting long wars in Iraq and Afghanistan, we have fewer than 18.5 million veterans, less than 6% of the population. Our nation is returning to what has been our historic norm: small military forces, few veterans and considerable indifference to them.

However, there is more to this story than simple numbers. Since the draft ended in 1973, our country has relied on volunteers to man our ships and planes and battalions. As great as they are, volunteers are not representative of all Americans. Compared to the more-or-less even call for draftees from all parts of the country and all walks of life, volunteers come from a narrow part of our population.

Regionally, volunteers come mostly from Southern states, and, with the exception of Maine, rarely from the Northeast. They come from middle- or working-class families, from rural areas, and are usually not college graduates. Many come from families with long histories of military service. Their motivations are many, but they are alike in this respect: they have chosen to be where they are and have accepted the risks of serving their country. They are not typical of their generations.

To answer the other part of the young peoples' question: "Why do we have a holiday to celebrate veterans?"— I would argue that this question and the ignorance it reveals is the result of two factors. First, the abysmal way that history is currently taught in schools, and second, the malign influence of a generation of men, now in their seventies. They

control many of our national institutions and have rationalized their own cowardice by denigrating the sacrifices of their fellow Baby Boomers who served and who didn't dodge the draft. Does that sound harsh? Perhaps, but I won't apologize.

I will argue that our youth are being taught an incomplete and fallacious version of American history. And I will state that too many self-appointed opinion leaders in our country hide their personal shame by ignoring or even denigrating the

...they have chosen to be where they are and have accepted the risks of serving their country. They are not typical of their generations.

service of better men and women than they; men and women who answered their country's call, went where they were bidden to go, and did what they were asked to do, and who deserve their fellow Americans' respect and thanks on this and every Veterans Day.

So, Colonel Kirkpatrick, what does all this mean? To put it simply, a proper reading of American

history will show what warriors and veterans have done for our nation in times of peace and times of war. The bald facts are these: This country was created by war. It was preserved by war. It was made great by war. It is kept free and safe by wars, both cold and hot. And who is it that fights these wars? We know the answer. Would that every American had that knowledge.

There is much that we can do to remedy the maleducation of the next generation. We can demand that the teaching of history include a truthful and complete recounting of the accomplishments of our armed forces. (Sorry, kids, but you're going to have to memorize some dates. December 7, 1941, for example.) We can teach our children and grandchildren what we know and have experienced in our lives. We can honor and remember the veterans among us. We can urge veterans to seek public office, not just to advocate for more VA benefits, but to bring their insights and experiences back into the public sphere. Finally, we can thank Almighty God for our nation and for those men and women who serve and have served to make the United States of America "the last best hope of mankind."

Thank you, may God bless you, and may God Bless America!

—DUSTOFFer—

Editors Note: Further comment by COL Kirkpatrick: Barbara's father was a bombardier in a B-17F, part of 15th Air Force, flying out of Italy. He went down over Wiener Neustadt, Austria on May 10, 1944. The aircraft, called "Patches," was hit by AA fire and both starboard engines were knocked out. All 10 crew jumped, but the pilot was killed by AA fire while coming down.

On page 150 of Edward Jablonski's book, *Flying Fortress*, there is a photograph taken from another B-17 of his aircraft as it was going down. Two crewmen and parachutes are visible in the picture. One of them could have been her father.

Barbara and I went to Wiener Neustadt and saw the Rathaus on the town square where all the POWs were assembled before being shipped to Germany and prison.

**Congratulations,
Mr. Danial Schroeder, recipient of 2019's
Mike Novosel DUSTOFF Assn.
Heritage Scholarship.**



Veterans Day 2019—John Hosley (DUSTOFF Association president, 1981-82) proudly displays the DUSTOFF wrap on his truck.

Always Ready for the Next Mission

Pilots Highlight Evolution of Army's Sacred Medevac Duty

by Jennifer Benitz, Assistant Editor, *ARMY* magazine

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From Korea and Vietnam to Afghanistan and Iraq, Army medical evacuation crews have gone above and beyond for wounded soldiers on the battlefield for decades. They have faced the dangers of combat, pushed limits and pioneered advances in combat casualty care. Staffed with two pilots, a crew chief and a medic, they're known as "Dustoff" crews, always ready to fly into harm's way when soldiers need them the most.

Many have earned awards for risking their lives to save troops on the ground and have worked to improve their skills to save even more lives than ever. They have been in high demand for almost two decades in Afghanistan and Iraq, ferrying thousands of wounded troops out of the fight and saving their lives.

As the Army prepares to face a near-peer adversary and a more dangerous and austere battlefield, the service is looking for ways to extend its reach into the fight with next-generation aircraft that can fly faster and farther—and continue building crews that can conduct the critical medevac mission in any environment.

In the Beginning

While the use of helicopters to evacuate wounded troops had rudimentary beginnings in World War II, the mission didn't truly take off un-

He didn't know it at the time, but a bullet had gone through his helmet and knocked him backwards.

til the Korean War. The Army's first aerial medical evacuation missions took place in January 1951, when four helicopter detachments were assigned to the Eighth U.S. Army surgeon during the Korean War, according to the Army. Dubbed the "Angel of Mercy" by Soldiers on the ground, the aviators used the H-13 Sioux, a single-engine, single-rotor light helicopter, to transport about 18,000 of the war's 23,000 casualties to forward-deployed mobile Army surgical hospitals, according to the Army.

The service's first purely medical aviation unit, the 49th Medical

Detachment (Air Ambulance), was created in November 1952. A decade later, in 1962, Maj. Charles L. Kelly, commander of the 57th Medical Company, started to use "Dustoff" as his call sign. Soon, it was recognized by Soldiers on the ground—allies and enemies alike—as the sign that help was on its way.

Call signs were changed regularly during the war for security reasons, but "Dustoff" remained. By the end of the war, almost all medevac units had adopted the term.

"It just kind of stuck," retired Col. Merle Snyder, a medevac pilot who arrived in Vietnam in 1968, said during a panel discussion featuring former and current medevac pilots at the Library of Congress in Washington, D.C., in September. "It's become so well known that the Army's never really gotten rid of it."

Dustoff crews evacuated American, Vietnamese, and allied forces and rescued almost 900,000 sick and wounded by the end of the war. They flew day and night, regardless of weather, terrain and combat conditions—and faced a 1-in-3 chance of being killed or wounded on the job.



An Oregon Army National Guard medevac Black Hawk helicopter stands ready during an exercise in Alberta, Canada.

(Photo credit: Oregon Army National Guard SSGT Zachary Holden)

“Reason for Serving”

“It’s a lot of work followed by sheer terror,” Snyder said, describing his service during Vietnam as a life-changing experience. “It gave me reason for serving.”

In December 1968, Maj. Douglas E. Moore served as a commander of an ambulance helicopter unit near Trung Lap, Vietnam. Early one morning, he was notified of casualties in need of evacuation.

As Moore approached the site, illumination rounds gave away the silhouette of his aircraft. Despite being a target, he landed the helicopter and waited for all eight patients to board before taking off again.

As he took off, the aircraft took hits from gunfire.

“And then something hit me, and my head flew back,” Moore said. He didn’t know it at the time, but a bullet had gone through his helmet and knocked him backwards.

“It hit me so hard my co-pilot said I threw the stick out of his hands, too, and I jammed the pedal all the way to the floor,” Moore said.

Despite his injury, Moore managed to get the aircraft under control with the help of his co-pilot and get to safety.

During two tours in Vietnam, Moore flew more than 1,800 combat missions and evacuated more than 2,700 patients. He recovered three

American prisoners of war from the North Vietnamese, and in between tours, he helped organize a unit in Japan that transported more than 63,000 casualties in a two-year period.

“It’s something I felt proud of all my life,” Moore, now a retired Colonel, said of his service.

Snyder said he received a few weeks of medical training and learned some flying skills before being sent to Vietnam nearly 50 years ago, but the on-the-job learning curve was steep.

“We sort of pioneered without

For medevac crews, the time between being notified and getting the wounded to the point of care has become known as “the golden hour.”

training,” Snyder said. Dustoff pilots had to learn not only to fly at night in the jungle, but also to land in small, tight spaces. “We learned because we did it; because of the mission necessity to get from one place to another.”

Snyder flew more than 1,300 missions and evacuated more than 3,200 patients in Vietnam. He is recognized as one of the Army’s most respected medevac pilots.

Both Snyder and Moore went on to have Army careers as aviators, commanders, and senior staff officers, and

later were inducted into the DUSTOFF Association Hall of Fame.

The Korea and Vietnam-era crew members paved the way for aeromedical evacuation units, military and civilian, that are used today.

Significant Advancements

Five decades after the war in Vietnam, the Army has made significant advancements in training, equipment, and combat casualty care—largely shaped by almost 20 years of conflict in Iraq and Afghanistan.

The casualty survival rate in Iraq and Afghanistan has been the best in the country’s history, with a 9.4% fatality rate among wounded service members compared with 15.8% in Vietnam and 19.1% in World War II.

Casualty survival rates increase when wounded Soldiers receive higher-level medical care within an hour of injury. For medevac crews, the time between being notified and getting the wounded to the point of care has become known as the “golden hour.” During the Vietnam War, the average time between picking up patients and delivering them to hospitals was about 33 minutes. In Afghanistan, the meaning of the “golden hour” evolved as longer flights and fewer hospitals became the new normal.

When LTC Paul Roley, executive officer to the commanding general of the Regional Health Command-Atlantic, arrived in Afghanistan, he realized his medevac company was the only one in the country—and flights could take up to an hour each way, he said. To keep the wounded alive, flight medics would need to be able to provide long-term care on extensive flights.

In Afghanistan, flight medics began administering narcotic therapy, under the supervision of the flight surgeon, to meet requirements for long-term care during long flights, Roley said.

“We had the first medevac company to have 100% all of our medics [be] paramedics,” he said. “They’ve all been through training and certified. There’s nothing they can’t handle.”

Today, Army flight medics are required to receive training and credentialing as paramedics.



*A flight of H-13 Sioux, the standard medevac helicopter during the Korean War.
(Photo credit: U.S. Army)*

LTC Nathan Forrester, commander of the 82nd General Support Aviation Battalion, said officers take the aeromedical evacuation doctrine course when entering the Medical Service Corps, in addition to on-the-job training and mentorship from flight medical crew members.

“The purpose, the training, the doctrine we built to shape this is for that Soldier, for those guys who are going out and risking their lives to serve this nation,” Roley said.

Into the Future

As the Army turns its focus from counterinsurgency operations in Iraq

and Afghanistan to great-power competition and near-peer adversaries, the service is looking for aircraft that can fly farther and faster to meet the demands of tomorrow’s battlefield. One of the Army’s six modernization priorities is Future Vertical Lift, and the cross-functional team tasked with replacing the Army’s trusty, but aging, fleet of helicopters is making quick progress, as it works to determine what the future fleet should look like.

Forrester said the aircraft of the future will largely focus on two factors: speed and distance. “It’s all about the nice, delicate balance of size, speed, capacity,” he said. “The ability to get to the next level of care, and your abil-

ity to cover an area of operation just expands exponentially.”

Research, development, and testing of Future Vertical Lift platforms is underway, and the Army hopes to have new aircraft flying by 2024.

“For us medevac crews, it was always about the next mission, the next person,” Roley said. “We’re there for the wounded.” ■



*U.S. Army Reserve troops wait with a simulated casualty during training at Brooke Army Medical Center, Texas, in 1956.
(Photo credit: U.S. Army)*



*National Guard combat medics train to load casualties aboard a UH-60 Black Hawk near Fort Bliss, Texas, in September.
(Photo credit: Army National Guard)*



*A wounded Soldier is rushed to a waiting helicopter in Tay Ninh, Vietnam, in 1967.
(Photo credit: U.S. Army)*

WHY YOU SHOULDN'T FLY WITH JIM TRUSCOTT

by Doug Moore



COL Jim Truscott

While most Dustoff pilots are highly intelligent, courageous, and handsome, some have proven to be dumber than dirt, especially when flying with Jim Truscott. Jim was widely known to be the best scarfer of patients during two tours in Vietnam and had the highest number of patients saved and bullet holes in his aircraft to prove it. Early in his first tour, he talked his aircraft commander into doing something incredibly stupid, and that should have been a sure sign of what was to follow!

In 1964-65, the 57th Medical Detachment was stationed at Tan Son Nhut Air Base in Saigon and was responsible for covering all the Vietnamese III Corps. This was before any American combat units had arrived on the scene, so most of our medevac requests came through the III Corps Tactical Operations Center (TOC) located in Bien Hoa, about 20 miles away. Their communications system was antiquated at best, and we often received medevac requests that had been initiated at some remote Vietnamese outpost or village 24 hours earlier and sometimes longer.

One morning, we received an urgent call telling us a Vietnamese convoy had been attacked about 15 miles west of Dinh Quan, a small village

north of Bien Hoa. There were no other details, except that a helicopter gunship team would meet us there.

Jim Truscott and I were "First Up" that day, so we launched immediately. Not long after takeoff, we received a radio call from the III Corps TOC, telling us the gunships had been diverted to another, higher priority mission. By that time, we could see smoke on the

Jim was widely known to be the best "scarfer" of patients during two tours in Vietnam and had the highest number of patients saved and bullet holes in his aircraft to prove it.

horizon and decided to proceed to the convoy's location.

When we got there, we found 14 vehicles had been ambushed on a narrow road with heavy jungle growing right up to the edges of the road. Most of the vehicles were former U.S. Army $\frac{3}{4}$ -ton trucks, along with a couple of $2\frac{1}{2}$ -ton trucks, and two jeeps that were scattered over a distance of a quarter mile or so. Several of the vehicles were burning, and a few bodies were lying along the road. We could see no evidence of any living person.

We called the III Corps TOC and told them what we had found, only to learn they had been in contact with the Advisory Team Headquarters at Dinh Quan. They told them there were two American Advisors with the convoy and that they normally rode in a jeep at the rear. We asked the III Corps TOC if they could send us some gunships, so we could land and explore the site. But no gunships were available.

Jim then suggested that we make a low-level pass over the convoy to see whether we could spot the Americans. As we flew over the convoy, we couldn't see anything moving, and there was no sign of where the American Advisors might be. Since we didn't draw any enemy fire, Jim sug-

gested that we land behind the convoy and check a burning jeep that was immediately in front of the trail vehicle. He thought it might be the one the Advisors were using.

I told the crew chief and medic to grab their weapons and slide their doors back as I turned to land. Once on the ground, we didn't receive any enemy fire, so I locked down the cyclic and we all climbed out. I told the medic and crew chief to check the first vehicle, while Jim and I went to the overturned jeep just in front of it. When we got there, we found a couple of dead Vietnamese Soldiers, but no Americans. Jim then suggested we check the next vehicle, a burning $\frac{3}{4}$ -ton truck; we found nothing there.

Since we were already committed, we told the crew chief and medic to stay with the aircraft and be prepared to lay down a base of fire for us as we continued to walk down the line of burning vehicles. We walked for a quarter mile or so and finally reached the front of the convoy without finding anyone alive. We assumed the Advisors and other Vietnamese, if still alive, had been captured and taken away, because the number of bodies we found didn't seem to be adequate for a convoy of its size.

After inspecting a burning jeep at the front of the convoy, Jim and I turned to walk back to our helicopter when, all of a sudden, there was movement in the jungle to our right front. A wounded Vietnamese Soldier burst out of the underbrush. Only our laundry person knows how scared we were at that moment, and it's a miracle we didn't shoot him.

—DUSTOFFer—



The Huey Pilot

Author unknown

Casually he walks to the slick,
A helmet with dark visor in his hand;
Stepping from the skid into the cockpit,
The switches and dials at his command.

He may be tired from many runs,
It seems he lives under this plexi-dome.
But with the stick between his legs
And the pedals at his feet, he feels
once again at home.

He fires up that turbine as the pre-flight is performed;
The Jesus nut begins to turn;
That machine begins to rock.
And now starts that steady "Whop,"
And air begins to churn.

As those massive blades begin to claw the air,
He skillfully lifts his baby off the ground.

The tail begins to rise, and the front seems to follow,
But no better pilot will be found.

I never saw his face;
I never knew his name,
But I'll never forget the day the Huey Pilot came.

With surgical precision he causes that Huey to hover,
Dip and dance behind a hill, then he routinely skims the
Tops of trees, rising only to have his Door Gunner make another kill.

He listens to the Peter Pilot and Crew Chief, as well,
As he watches for popped smoke.
Glancing down he sees looks of relief on haggard faces;
They know he will not choke.

With bullets pinging on the thin metal, and stars
Appearing on the windshield, he holds steady to the stick;
People are screaming to his rear, mortars dropping dangerously near,
But he maintains a firm control of his slick.

He saves a dozen lives and takes supplies where no one else wishes to go;
For him it is just another day.

At base camp he helps wash blood from the rear cabin,
And after he fingers new bullet holes,
He casually walks away.

I never saw his face;
I never knew his name,
But I'll never forget the day the Huey Pilot came.

41st Annual DUSTOFF Reunion Columbus, GA April 2-5, 2020



*Cavezza Hall, in the National Infantry Museum,
site of the 2020 DUSTOFF Reunion
Awards Banquet and Hall of Fame Induction Ceremony*



*The National Infantry Museum,
site of the 2020 DUSTOFF Reunion
Awards Banquet and Hall of Fame Induction Ceremony*

Book Review

A Different Face of War

Jim Van Straten. *A Different Face of War: Memories of a Medical Service Corps Officer in Vietnam*. Denton: University of North Texas Press, 2015. 576 pp., \$34.95 (cloth), ISBN 978-1-57441-617-6.

Reviewed by Paul Clemans (Air University, Air Command and Staff College)

Published on H-War, H-Net Reviews (September 2016)

Commissioned by Margaret Sankey

Major James Van Straten, U.S. Army, deployed to Da Nang Air Base, Vietnam, in June 1966, as a Medical Service Corps advisor. His mission was to advise the South Vietnamese medical corps on how to run their medical operations effectively, such as medevac, hospital operations, inter-hospital transfers, medical supply and logistics, and civilian health care. In this capacity, he also acted as a liaison between the U.S. and Vietnamese medical systems and coordinated the activity of his 50 widely distributed medical advisors across his area of responsibility in the northernmost portion of the country, called I Corps Tactical Zone. His duties drove him through three conceptual crossroads and immersed him in a rich cultural experience during his year-long deployment from June 1966 to June 1967.

As an army medical officer, Van Straten was privy to I Corps strategies and operational plans in order to anticipate the medical demands that future battles would place on the Vietnamese medics, medevac system, and hospitals. He in turn advised his Vietnamese counterparts to ensure their readiness. This experience came at a watershed period in the Vietnam War. The United States injected combat units for the first time in 1965, so by the time Van Straten arrived in theater, both advisory and combat missions were being executed side by side. In Saturday morning staff meetings, he gained exposure to General Walt's continuing "hearts and minds" philosophy, as it was being overtaken by

General Westmoreland's "search and destroy" approach to the war.

Van Straten provides a unique, full-spectrum perspective, from the overall strategy, to the medical preparation and operational execution, to the aftermath of the medevacs and hospital operations. It is within this context that he describes U.S. and Vietnamese cultural differences. When an Army of Vietnam (ARVN) unit comes under attack and takes heavy casualties, a U.S. helicopter comes to their very hot landing zone to evacuate the wounded.

However, the ARVN insist on evacuating their dead along with the wounded, due to their Buddhist beliefs. The U.S. pilot is not willing to risk his life to evacuate the dead and threatens not to return to the landing zone. At this point, Van Straten steps in to resolve the situation and learns about the culture along the way. Once the ARVN casualties arrived at their Vietnamese hospital, Van Straten advises them to transfer some patients to the U.S. Naval or other Vietnamese hospital to mitigate their overcrowding issues. The hospital patients numbered nearly twice the number of beds. Amazingly, the Vietnamese medical personnel refused to transfer the patients. Their culture dictated that the wounded be near their families, and the families took care of their patients' needs, such as bathing, that the understaffed medical personnel could not perform. There are many other stories, but this is enough to demonstrate that he received an education in Vietnamese culture.

Van Straten offers a second perspective, as he coordinates his U.S. medical advisor field teams to implement two civil programs, the Medical Civic Action Programs (MEDCAP) and Military Provincial Health Assistance Programs (MILPHAP). These programs reached out to Vietnamese communities to prevent the spread of diseases, such as malaria, rabies, dysentery, and bubonic plague, as well as to provide medical care and advice. These responsibilities brought Van

Straten into contact with local village issues. In one case in particular, when the Vietnamese relocated villages from the Demilitarized Zone to Cam Lo, he goes into greater detail. Related to these responsibilities, he reached out to the Vietnamese community to help social outcasts with deformities from harelips and clubbed feet, to abnormal growths. A Dr. Giles deserves special mention in this regard, as he treated these Vietnamese cases at the Naval hospital on a noninterference basis.

The Vietnamese accepted Van Straten's help in many, but not all, instances. He shares his insights into the cultural ostracization imposed on people with these conditions. The occasions when treatment was refused provided tremendous insight, as well. In one case, the family believed deformity was God's punishment, and to remove the punishment would be to invite more punishment in its place. In another case, the family believed U.S. medical treatment would be perceived by the Viet Cong as collusion with the Americans, and they would be punished. Van Straten illuminates more of Vietnamese culture with each story.

The third window into the culture opened when Van Straten was perceived as a "doctor" and teacher. Doctors and teachers were highly revered in Vietnamese culture. Several times he protested that he was a medical services administrator, not a doctor, but that did not matter. Given this perception, his commander, Colonel Hamblen, routed many functional and ceremonial invitations to Van Straten. He was highly encouraged to accept all the invitations he was offered, and many were extended within the Vietnamese tradition of one day's notice. One such invitation was to teach English to mostly children and some adults. This activity led to some of his female students asking him to meet their parents, which he initially refused. He learned these invitations were devoid of romantic implication; instead, they reflected a cultural belief

Book, continued on page 16.

New Entries on the Flight Manifest

Alyssa Benford
 Ronald L. Bolen, Jr.
 Michael Bruce
 Vincent L. Gebhardt
 Henry Dennis Green
 Don Hall
 Jeffrey Heiskell
 Todd Pryby
 Greg Schwartz
 Charissa Sheppard
 George V. Shirey
 Thomas G. Travis
 Scott Williams



Financial Report



CATEGORY	11/30/2019 1/1/2019	OVERALL TOTAL
Income		
Interest Income	\$ 5.85	\$ 5.85
Membership Dues	2,950.00	2,950.00
Memorial Donations	3,150.00	3,150.00
Reunion Income	21,953.05	21,953.05
Sales Income	5,303.00	5,303.00
Total Income	\$ 33,361.90	\$ 33,361.90
Expenses		
Newsletter Publishing	\$ 2,204.89	\$ 2,204.89
Operating Expenses	2,011.76	2,011.76
Reunion Expenses	17,211.74	17,211.74
Sales Expenses	9,428.07	9,428.07
Scholarship Fund Exp.	21.00	21.00
Total Expenses	\$ 30,877.46	\$ 30,877.46
Overall Total	\$ 2,484.44	\$ 2,484.44

The following balances in the various bank accounts were reported:

Checking Account – \$36,974.23
 Savings Account – \$10,300.34
 Certificate of Deposit – \$10,386.13

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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.

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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:

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 P. O. Box 8091
 San Antonio, TX 78208

A DUSTOFF Airman

by CMSgt. Scott W. Lumpkin, USAF (R)

“He’s gone.” Those were the words my wife Meg texted me on a sunny Colorado Springs afternoon last June, as I walked into the dry cleaners for my weekly stop. I knew immediately what they meant—my wife’s father, U.S. Air Force Master Sergeant Royce L. “Roy” Worthington, Ret., had passed away after a long illness at the age of 81. While I stayed behind on pet patrol, Meg had travelled to Pennsylvania to be by his side with her brothers, former Army Soldier Matt and firefighter Mike.

Roy had been in and out of the hospital for some time, and although he had made some miraculous recoveries in the past, this time the prognosis was grim. After consulting with his doctors, family made the difficult decision to take Roy off the ventilator that was helping him breathe, and set a date when they could be by his side.

A trained medic, Roy made it clear before lapsing into unconsciousness—he did not want any invasive procedures that would prolong his suffering. The order was given to make him as comfortable as possible, and the breathing tube was removed. He would either be able to breathe on his own, or he would not. It would be only a few hours before he was reunited with his wife Joan, a former Air Force

nurse, who passed away several years ago. Roy was at peace.

Soon after reading those two simple words on my phone, I put my service dress uniform together one final time—adorned with the retirement pin Meg had recently affixed to it after I retired from the Air Force after 30 years—and booked a flight to Pennsylvania.

After an emotional funeral Mass and interment at Indiantown Gap

...it didn’t take long to realize inside was an incredible tale, one that captures both the mind-numbing boredom, as well as the sheer terror of combat in Vietnam.

National Cemetery, the family rallied together in the sweltering summer heat to honor Roy with both tears and laughter. Then began the painful process of sorting through his effects. Generous quantities of ice-cold Yuengling did little to temper the heat or the dull the pain, as we fed the fire pit stacks of musty personal files. Roy was a notorious pack rat, and based on the sheer volume of paper, it appeared

he hadn’t thrown away so much as a check stub since he retired from the Air Force in 1975. This would prove to be a blessing in disguise.

As dusk fell, we retreated indoors to escape the stifling heat and continued to sort through Roy’s effects. As we pored through a formidable array of memorabilia, Meg held out a small, green government-issue notebook, unremarkable other than the word “Memoranda” printed on the cover in gold leaf.

“I think this is Dad’s journal from Vietnam,” she said as she handed it to me. She might as well have handed me the Holy Grail.

We had all heard Roy’s war stories, which had become even more frequent as he got older and his less vivid memories began to fade. Now here they were, recorded by his own hand. I was stunned. As I began to explore this humble little notebook, it didn’t take long to realize inside was an incredible tale, one that captures both the mind-numbing boredom, as well as the sheer terror of combat in Vietnam. I also realized it was a unique story of an Airman’s service with the Army in combat that to my knowledge, had never been told.

I knew Roy had served in Vietnam

DUSTOFF, *continued on page 18.*

Book, *continued from page 14.*

that a teacher’s visit bestowed great honor on a home. Naturally, he then accepted several invitations. His interactions as doctor and teacher are interwoven in many of his short stories.

Van Straten’s memories are based upon 352 letters he wrote to his wife during the year-long deployment and reread, apparently for the first time, in 2012. Whereas most deployments consist of very monotonous routines, Van Straten’s was atypical, as he was thrust into a wide variety of circumstances.

Although he never explicitly states why he wrote the book, the prologue contains some hints. He mentions that relatively little has been written about military advisors in support services, and dedicates his work to his fam-

ily, American servicemen, and those American military members who died in Vietnam. This reflects his approach to the book, as he seems to stay true to his letters and the facts as he saw them at the time.

Of course, his feelings, thoughts, and opinions are wrapped up in the short stories, but he does not really venture into his feelings and thoughts of today until the last chapter, entitled “Reflections.” The structure of the book is such that each chapter represents a month and contains short stories in chronological order based on the letters. These stories are poignant and range from heartwarming to soul-crushing and everything in between. Due to the chronological order and the chaotic nature of the war, it is nearly impossible to predict the nature of

the next story on any one page. This structure does make the book difficult to read at points, but that seemed to be a conscious tradeoff to remain faithful to the primary sources.

Some themes certainly do run through the book. Van Straten supported General Walt’s “hearts and minds” campaign in I Corps, and he emphasizes the high number of civilian casualties and the dear price they paid in the conflict. However, the overarching theme is his education in Vietnamese cultural and adaptation to it. Van Straten does a great job of illuminating the impact an effective medical program can have when it operates within the cultural norms of a society. His work brings out a very human, redeeming side to the conflict, that I believe readers will embrace. ■

From the Wiregrass

by SFC Michael Bishop, USA, Operations NCO, MECCD

Medical Evacuation Proponency Division (MEPD) Transforms to Medical Evacuation Concepts and Capabilities Division (MECCD)

As part of the Army establishing the new Army Futures Command (AFC), changes are occurring across the Army Medical Department Center and School (AMEDDC&S). Recently, the AMEDDC&S Health Readiness Center of Excellence (HRCoE) became the Medical Center of Excellence (MEDCoE) as it moved under Training and Doctrine Command (TRADOC). AMEDDC&S HRCoE's Capability Development and Integration Directorate (CDID) moved to AFC's Futures and Concepts Center (FCC) and reorganized as the Medical CDID. Medical Evacuation Proponency Division (MEPD) at Fort Rucker, AL, as part of the Medical CDID, also transitioned in name to the Medical Evacuation Concepts and Capabilities Division (MECCD).

These actions are not just simple changes in names, but reflect a change in organization, mission, and responsibilities as Army Medicine assumes roles both under TRADOC and AFC.

"MECCD is now not just responsible for concepts and capabilities for Army Aeromedical Evacuation," said COL Stephen Barnes, Chief MECCD, "but has assumed responsibility for concepts and capabilities of the Ground Evacuation force, as well. It is important, as we look to the challenges of Large Scale Combat Operations (LSCO) in the Future Operating Environment (FOE) under the Multi-Domain Operations (MDO) concept, to treat Medical Evacuation as an integrated air-ground operation. This integration starts here with MECCD, as we help develop the Medical Evacuation component of the Army's MDO Ready Force, 2028, and MDO Capable Force, 2035."

MECCD's history goes back to 1952 when the Office of the Surgeon General created an Aviation section to manage all aspects of aviation assets in the Medical Service. In 1985, in response to Army Aviation becoming its

own branch, the Surgeon General established MEPD at Fort Rucker with the directed purpose of managing all matters related to medical evacuation. In 2004, under force-wide restructuring known as Army Transformation,

"The key stakeholders were hearing directly from the 'end users' what was working, what was not, and what help the units needed."

the Army realigned its Air Ambulance structure under the command and control of Aviation formations—assessing the criticality of integrating Army Aeromedical Evacuation operations into the increasing complex schemes of aviation operations and airspace control as a key "seam" that needed to be mitigated.

The Vice Chief of Staff of the Army (VCSA) established an Aeromedical Evacuation Charter between AMEDDC&S and the United States Army Aviation Center in order "... to ensure full-spectrum relevance of Aeromedical Evacuation..." and delegate and divide the responsibilities for AE between Army Medicine and Army Aviation. Permanent Order 145-7 (2006) formally directed MEPD to monitor and facilitate all matters pertaining to doctrine, training, leader development, organization, and material (known as the DOTMLPF-P spectrum) related to AE. In 2014, AR 40-60, Army Medical Material Acquisition Policy, formally assigned MEPD as the AMEDD Capability Developer for Army AE, as well as the AMEDD's Representative for the 2004 VCSA AE Charter. These responsibilities will continue as MEPD transforms to MECCD, as well as assuming concepts and capabilities, and DOTMLPF-P considerations as they

pertain to all evacuation.

As MECCD assumes responsibility for concepts and capabilities of all Army medical evacuation mission sets across the DOTMLPF-P spectrum, it plans to continue to utilize "best practices" that served well for managing multiple efforts across the AE mission area. One such best practice is the "Aeromedical Evacuation Enterprise." The AE Enterprise was established in 2010, creating a venue for key stakeholders across the AE community to coordinate and synchronize efforts between the core members. Core members to the AE Enterprise now include: the OTSG, DAMO AV 3/5/7, the Joint Staff, Joint Staff Surgeon, NGB, USARC, the COCOMs, CTCs, HRC, Product Managers, Product Developers, United States Army Aviation Center of Excellence (USAACE), CDID, AVN TCM, AVN DOTD, USAARL, USASAM, AMEDDC&S HRCOE CDID, Army EMS, CCFP/ECCN-Program among many others. As the AE Enterprise established a monthly meeting battle rhythm, the Core Membership chose to invite the Air Ambulance Company Commanders and First Sergeants to quarterly telecons to share their current challenges and issues directly with the Core group.

"Bringing in the Commanders and First Sergeants was a game-changer for the AE Enterprise." COL Barnes said, "The key stakeholders were hearing directly from the 'end users' what was working, what was not, and what help the units needed. It enhanced unity of understanding and unity of effort to solve problems and find solutions for everything from equipment and material, to personnel and training. The open forum created the ability to report and solve problems now, not 18 months or three years from now. This type of forum is what we need to develop for all of Army MEDEVAC."

One way MEPD was able to synchronize information was through the

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DUSTOFF, continued from page 16.

as a medic from 1967 to 1968, during what he simply called, “Tet.” I also knew he was awarded the Airman’s Medal for pulling men out of a burning armory, which Roy joked only proved his questionable judgment. I knew he flew DUSTOFF with the Army and had been awarded the Bronze Star. And I knew how intensely proud he was to be associated with DUSTOFF and the men with whom he flew. What I didn’t know was the details, and I discovered they are more harrowing than any of us imagined.

I met Roy as a teenager, and I listened to his stories with awe. He never boasted—he reminisced—about flying with DUSTOFF and about working with the local Montagnard villagers. But decades later, as an Air Force senior enlisted leader, I wondered how he ended up flying with the Army. I didn’t question the fact he did, but as someone who has served in a combat zone and knows how checklist oriented and risk averse the Air Force can be, I struggled with the “how.” It turns out the answer was simple—his senior leadership didn’t know anything about it.

In my mind, Roy had somehow been assigned to DUSTOFF. Instead, his records reveal he was assigned to the 633rd USAF Dispensary at Pleiku Air Base. Like most Airmen, his job was “in the rear with the gear,” treat-

ing hangovers, sexually transmitted diseases, and malingerers, “the usual crooks.” But in mid-1967, the Army was short of medics, as DUSTOFF expanded operations. Roy was among a handful of Airmen who answered the call to fly with them.

There was no formal request for assistance—men were dying on the field, and there was no time to wait for the sluggish wheels of military bureaucracy to turn. This was accomplished in the expedient manner most meaningful tasks are accomplished in

But in mid-1967, the Army was short of medics, as DUSTOFF expanded operations. Roy was among a handful of Airmen who answered the call to fly with them.

the military—by just doing it. Seeking permission would only cost lives and draw unwanted attention. The Army DUSTOFF unit at nearby Camp Holloway needed medics. The Air Force had medics who wanted in the fight. The solution was obvious, and it was my “how.”

In June 1967, with no orders, no aircrew or survival training, SSgt Roy Worthington started flying DUSTOFF

with the Army. He borrowed flight gear, checked out an M16 and a .38 revolver from the armory, hitched a ride to Camp Holloway, and started saving lives.

Roy flew over 200 hours, all in his off-duty time. He could have easily ridden the pine back at the dispensary until rotating back to the States. Instead, he stepped off the bench and into the game, despite expressing concern 7th Air Force would find out and ground him, or worse. In December his flight chief did ground him because, “he couldn’t explain it if anything happened to me.” That is, until January 1968, when Roy was put back into the fight at the height of the Tet Offensive, flying combat missions until he reached his physical and mental breaking point.

As I finished transcribing Roy’s journal, I knew this was a story that deserved a wider audience. Not only is it an incredible story of heroism, it is a story of resiliency sorely needed as the Air Force struggles with skyrocketing suicide rates. Incredibly, in the course of our research, Meg found a book that discusses Roy’s time in Vietnam. Authored by his flight chief and friend CPT Dr. Dan Conlon, *There Is A Man Who Walks: A Personal Account of Montagnard Guerilla Warfare in Vietnam*, chronicles their work in Montagnard villages with Army Green Berets. Although it offers no details, it also corroborates Roy’s time with DUSTOFF.

That brings me to why I am here. We need help. Although we have Roy’s service records, there are few details about his time with DUSTOFF apart from his journal. In his February 1968 performance report, he was credited with “over 100 battlefield saves,” but that is the sole official reference. His journal is extensively detailed, but third-party corroboration would lend credibility to a wider audience, especially Air Force historians.

The help of his fellow Soldiers would also support my second goal: To see Roy properly recognized for his actions. Although he was awarded a Bronze Star, it was an end-of-tour medal for meritorious service, not valor. His Army brothers awarded him a Combat Medical Badge and an

DUSTOFF, continued on page 20.



USAF MSGT Royce “Roy” Worthington, active duty in Vietnam, 1967-68. He served as a DUSTOFF medic in when off-duty.

Consultant's Corner

by COL Rick Ortiz

As many of you know, our community lost a warrior and distinguished leader on September 26th, at Folk Polk, LA. MAJ Trevor Joseph, Cajun DUSTOFF 06, paid the ultimate price doing what he loved: fulfilling a DUSTOFF mission to evacuate a wounded Soldier. Whether or not you were lucky enough to know Trevor personally, I would ask that you keep his family in your prayers. It is our community's solemn responsibility to honor his sacrifice and legacy. Please preserve his memory in your formations!

As you all are aware by now, the Army recently welcomed GEN James McConville as the 40th Army Chief of Staff. In his initial message to the force on 10 August, GEN McConville identified four priorities that will define his tenure as the CSA: People, Readiness, Modernization, and Reform. For this edition, I'd like to focus my comments on GEN McConville's first priority: The Army People Strategy.

It is no secret that the Army is overhauling its industrial-era personnel management processes and adopting new systems to change how personnel are managed, promoted, and selected for key assignments. Together, these initiatives represent a revolutionary approach to talent management that is a remarkable departure from the institutional paradigm that has prevailed throughout my career. Given the rapid rate of change and increasing scope of these reforms, it is critical that we stay abreast of these changes.

The first significant change, which has undoubtedly already begun to affect some of you, is the Army Talent Alignment Process (ATAP). Put simply, ATAP is the Army's new method to align officers with critical talents against available jobs, based on unit and individual preferences. Through the Assignment Interactive Module (AIM2), ATAP creates a "regulated-market" to match the "supply" of officers to the "demand" signals of units across the Army. Utilizing this system, officers will be able to create résumés and contact units directly to market themselves. Ultimately, this process

will not only increase the transparency of the assignment process, it will allow officers to liaise directly with units to make more informed decisions about their future.

Another significant initiative, which is currently underway, is a pilot program designed to refine how the Army selects battalion commanders, the Battalion Command Assessment Program (BCAP). As currently de-

67Js remain a desired commodity in diverse and competitive assignments across the force, and I fully expect that trend to increase as we fully integrate in the AIM Marketplace.

signed, the BCAP consists of an initial screening by a command board, followed by a week-long assessment program at Fort Knox, Kentucky, for selected personnel. The assessment program includes written assignments, a formal board interview with general officers, and other cognitive and physical evaluations.

What do these developments mean for you? I believe that both of these programs are good news for our 67Js. First, the transparency of ATAP will allow you to see what is available to you and to more readily compete for the most competitive and demanding assignments. While some experiences and competencies will remain non-negotiable to succeed as a 67J (e.g., Pilot in Command), ATAP will provide greater control over how you achieve these milestones. Additionally, ATAP will require an amendment of our selection and slating process for MEDEVAC command.

We are in the process right now to determine this new process. That said, I am confident that the system is well-designed to provide the right opportunities to our best athletes, a function that will ensure we continue to place officers in the right commands at the

right time. Finally — and particularly significant for our Iron Majors — I believe that the BCAP will provide a venue for our best and brightest 67Js to defy parochial boundaries and compete well for a diverse cross-section of CSL opportunities.

It is important also to understand that these developments also mean that neither HRC nor Consultants will be able to "promise" or "place" jobs or assignments. It also means that action is required by you (and your ability to market yourself) for assignment selection. If you don't market match, you run risk of filling assignments based on Army needs. Please know that consultants will play an even bigger role in this new system to help the right talent fill the right positions.

As I mentioned in the last *DUSTOFFer* edition, change presents both risk and opportunity. There is risk that ATAP is not well understood or communicated, potentially causing unbalanced assignments (either for you or for positions with critical skillset requirements). This is why it is crucial that you continue to stay well-informed as these programs are implemented, leverage ATAP to its fullest potential, and continue to pursue your goals with focus and tenacity! I firmly believe that opportunities provided by these new talent management systems far outweigh their risk.

67Js remain a desired commodity in diverse and competitive assignments across the force, and I fully expect that trend to increase as we fully integrate in the AIM Marketplace. As always, you should never feel the need to traverse the changing landscape alone. Please reach out to me and MAJ(P) Crivello and let us know how we can facilitate your success!

Finally, I cannot overstate how impressed I am every day by the accomplishments of our DUSTOFF formations across the Army. Thank you for your continued leadership and selfless commitment to our mission and our people!

—DUSTOFFer—

DUSTOFF, continued from page 18. Army Aircrew Badge, but I suspect it was an unofficial gesture after he was denied the Air Force equivalents. As far as the Air Force was concerned, he wasn't even a flyer. Dr. Conlon told Roy he was recommending him for both a Distinguished Flying Cross and a Silver Star. I believe he did, but I am also confident it never got past the unit level.

That confidence is based on experience. When I retired from the Air Force, it was as Command Chief Master Sergeant of 7th Air Force, the same Numbered Air Force Roy served under in Vietnam. I have reviewed Vietnam-era decorations as a member of the Secretary of the Air Force decorations board and have personally written or reviewed dozens of combat decorations from Afghanistan and Iraq. I understand full well how the process works, and the politics involved. Any combat decoration higher than a Bronze Star would have had to cross the 3-star's desk, and it wouldn't have just raised eyebrows—heads would have rolled. It was a non-starter.

In his journal, the Roy states, "I know what I did and that's enough."

I respectfully disagree. It is not only important that his story be told, but that his record—and Air Force history—accurately reflect a young Staff Sergeant's courage under fire.

Anyone who served with SSgt Roy Worthington or who has information that can confirm what you have just read, I would very much like to hear from you. I would be especially interested in any information regarding his actions during the Battle of Dak To in November 1967 and the Tet Offensive in January and February 1968. This would include an action in late January 1968, when after being stranded overnight on a landing zone too hot for extraction, he repeatedly engaged the enemy at close quarters to defend a group of otherwise helpless wounded patients.

I thank you sincerely for taking the time to read this, and for your selfless service. I would also like to thank the DUSTOFF Association Board for allowing me to share Roy's story. I can be reached at swlumpkin@gmail.com. I look forward to hearing your stories.

—DUSTOFFer—

Wiregrass, continued from page 17.

use of information technologies and platforms such as milsuite and AKO. MEPD had established the Aeromedical Evacuation Ops (MEDEVAC) page on milBook (<https://www.milsuite.mil/book/groups/army-air-medevac-operations>) and the AE Portal on AKO.

"Unfortunately, with the sunset of AKO 1.0 in September, the community lost access to our AE Portal," noted Mr. Lance Jones, Knowledge Manager, MECCD, "The AE portal was a phenomenal single source location for all things Aeromedical Evacuation, Training Support Packages, Critical Care Flight Paramedic Program information, doctrine links, AE Enterprise Phone Roster—it was all there. We are creating a new MEDEVAC Portal on AKO 2.0. However, with all the pending changes between AFC and our organizations name change, we could not complete the transition to AKO 2.0 before the AKO 1.0 sunset. In the interim, we are leveraging our milBook page to send pertinent information to the community."

MECCD is currently working with Future Vertical Lift (FVL) Cross Functional Team (CFT) to ensure the right capability requirements are established for the Medical Equipment Package (MEP) as part of the FVL MEDEVAC Platform. Part of the process for establishing requirements is documenting data received from research studies. One such study that MEPD requested the United States Army Aeromedical Research Laboratory (USAARL) to conduct in conjunction with United States Army Medical Research and Development Command (USAMRDC) was the En Route Critical Validation Study, referred to as the Space Study. This resulted in identifying the dimensional space required above, beside, and below a patient that was needed by the Critical Care Flight Paramedic to perform each medical task in their Individual Critical Task List.

"We have learned from lessons of the past that we must get the Medical Interior of FVL right the first time. There can be no 'good enough' solution for a platform we will be utilizing

Wiregrass, continued on page 23.



USAF MSGT (Ret.) Royce "Roy" Worthington, who also served as a DUSTOFF medic in his off-duty time.



Top of the Schoolhouse

School of Army Aviation Medicine, Ft. Rucker, AL

by SFC Kristofer J. Meals



Dedicated to Training at the School of Army Aviation Medicine

It is a hot day in July; sweat drips down the Flight Paramedic's face as he sits in the back of a UH-60 helicopter. As the pilot calls one minute out, he can feel his heart beginning to race. The 9-Line MEDEVAC Request said expect two patients from an Improvised Explosive Device (IED) and small arms fire. The flight medic is thinking about injury patterns and trying to guess what injuries may lie on the field. As the wheels touch down, the door flings open, and the medic darts out the right side of the aircraft to the scene.

Three patients to triage; one has an amputated leg, one has a gunshot wound to his chest, one did not survive. The medic loads the two critical into his aircraft for a short flight, after stabilizing the life-threatening injuries on scene. He has called in another MEDEVAC aircraft for the deceased causality. After a short flight, wheels down at the DUSTOFF Training Complex. IVs are complete, needle decompression complete, vital signs monitored. The patients are removed from the aircraft to reset. The flight paramedic student has just completed the MASCAL Situational Training Exercise, a graduation requirement for the AMEDD Aviation Crewmember Course held at Fort Rucker, AL. The student and the cadre member grading the performance move off the landing zone to debrief how the exercise went for the student.

The cadre members of the School of Aviation Medicine (SAAM) located at Ft. Rucker, AL, are dedicated to producing the best and most competent Flight Paramedics in the Army today. The staff is small with only about 15 senior Non-Commissioned Officers throughout the entire organization; however, the staff is comprised of senior Flight Paramedics who are subject matter experts in MEDEVAC Operations and en-route care of casualties.

This small group is dedicated to provide training to operationalize the skill sets of Critical Care trained Nationally Registered Paramedics to provide en-route medical care for critically injured or ill during trans-

The different platforms allow the students to train in multiple atmospheres, all with their own set of challenges.

port aboard air ambulances. SAAM is equipped with five Medical Simulation Trainers (MSTs) that provide realistic simulation training within multiple air ambulance patient loading platforms, including the older Carousel, familiar slicked out UH-60, and the newest HH-60M model medical interiors.

The different platforms allow the students to train in multiple atmospheres, all with their own set of challenges. Students must learn how to perform medical tasks, talk through ICS to their partner, monitor and assess the 3G SimMan high fidelity manikin that is their patient, all while working in the low light and confined space environment of the Blackhawk aircraft. Six Air Ambulance Medical Equipment Sets are supplied to the DUSTOFF Training Complex, allowing the students to train on the actual medical equipment and electronics they will find and be issued at their unit and down range.

The MASCAL STX is conducted during the AMEDD Aviation Crewmember Course as a culminating event for the Tactical Combat Casualty Care (TCCC) block of instruction. The students fly from LZ DUSTOFF at the DTC to a helipad located at another location. Once the students land, they will have five minutes at the point of injury to perform their triage, TCCC

steps and care of the patient, package and load the patients. The flight paramedic student must be able to control the hectic scene, which adds to the stress of the situation, since most have not been put in this situation before. The scenario builds on that stress by having multiple patients with poly-trauma injury patterns and all the real dangers of flight. The student must be able, not only to treat at the site of injury, but also be responsible for the movement of personnel in and around the aircraft.

The cadre members develop the scenarios, injury patterns, and trends from the Joint Trauma Systems teleconferences that they listen to. SAAM is continually changing injury patterns to fit the trending injuries and illnesses seen and reported from overseas, to train the student for present dangers and conditions they may encounter.

Once the student has triaged and treated the patients, they are loaded into the aircraft for a short flight, where the student has the opportunity to provide in-flight patient care. The aircraft makes turns, banks, climbs, and descents exposing the student to the G-Forces associated with rotary winged flight. The Flight Paramedic must understand the G-Forces and how to operate in that ever-changing environment. Once the lane is complete, the student and evaluator will discuss the lane, things that went well, things that did not go well, and recap the scenario's events, so the student better understands what right looks like.

Following the MASAL exercise, the students move into the critical care transfer portion of the course. Here the students are shown different options for packaging a patient with or without a SMEED device, organized patient assessment of the post-surgical critical care patient, and what to consider before, during, and after the transfer. The students pull from their

critical care knowledge to understand and manage the poly-trauma surgical post-resuscitation patient that will be managed for up to 45 minutes in flight.

On ground or at the Forward Surgical Team (FST), the students will have 20 minutes to receive the report from the sending facility, ask pertinent and focused questions about the patient's condition and prior treatments, and finally assess and package their patient for transport. Once in the aircraft, the students not only manage their critical care patient, but also must manage the equipment onboard the aircraft at altitude. This can provide an additional challenge, as accidentally forgetting to zero an arterial line once the aircraft reaches cruising altitude can change the readings and waveforms. Treatments given according to the wrong numbers can be detrimental to the patient.

The cadre members can use the 3G SimMan high fidelity manikins to show different vital signs. Pulse points can be adjusted; pupils can change according to the condition and medica-

tions. Blood can be administered to the manikin, and it will breathe according to the injury pattern. The instructor can change the lung to inflate one side only, not inflate at all, and give a high-pressure alarm on the ventilator or make it impossible for the student to perform intubation due to swelling or laryngospasm, forcing them to move through the crash airway algorithm.

The students in the aircraft are presented with ventilator problems, IV pump problems, vital sign problems, and a variety of other issues to troubleshoot, diagnose, and fix while in flight, usually under low light and high noise conditions. The staff at SAAM ensures that the students have an active and viable learning environment, are not afraid to ask questions, or make mistakes. It is good for the students to get lost in treatment, or misread an assessment and treat the causality incorrectly in the simulators. This is what the instructors look for. Mistakes are learning points the student will take with them. It is better for the student to make the mistake on

a manikin in a simulator than to make the mistake on an actual mission with actual patients. Staff look for effort and improvement with every simulation. In the words of a SAAM cadre member, "It's ok to suck here, but it's not ok to suck forever!"

The cadre team at the School of Aviation Medicine is completely dedicated to producing the best product for the FORSCOM unit, in which some of the members have a personal interest. Some of the instructors have been casualties evacuated aboard MEDEVAC platforms by flight paramedics, due to battlefield injuries.

The instructors PCS to Fort Rucker for three years to instruct and will then rejoin the operational air ambulance companies as a Platoon Sergeant or First Sergeant. These instructors are also taught to write lesson plans and periods of instruction, allowing the cadre to alter lessons to keep up with the everchanging medical and aviation realms. With the MEDEVAC community being as small as it is, comprised of about 350 active duty flight paramedics, the instructors have the high likelihood of leading the students they once taught in the AMEDD Aviation Crewmember Course. It behooves both the instructor and student to give their all during the course, because in a few short months the student and instructor may become peers in the same platoon deploying to a combat zone.

Flight Paramedics will continue to be an important part in the MEDEVAC process. In the future fights, the Flight Paramedic may find that they are better utilized in a ground evacuation platform. En-route critical care treatment can and will happen in an aircraft or in the back of a ground ambulance. The flight paramedic must remain flexible to the challenges the next war will present. Because of the dedication of the talented cadre at the School of Aviation Medicine, the newly formed flight paramedic will have the necessary skills to provide that Dedicated Unhesitating, Support To Our Fighting Forces, no matter where they are located, what time it is, or what platform they might be thrown onto.

—DUSTOFFer—

The DUSTOFF Legacy



On 26 January 2011, the U.S. Army Air Ambulance Detachment (USAAAD), Yakima, WA, hosted a bittersweet ceremony. The unit retired the last UH-1V at the Yakima Training Center. The event was attended by some 150 individuals, including local Yakima-area veterans, news agencies, Joint Base Lewis-McChord officials, and YTC service members and civilian employees. Additionally, two special guests were in attendance: COL (R) Phillip Courts, former 9th AVN BN Commander in Vietnam from 1974 to 1976, and two-time Distinguished Flying Cross recipient, COL (R) Bruce Crandall, former Alpha Co. 229th Assault Helicopter BN Commander and Medal of Honor recipient. Both veterans recounted with fondness and pride tales of flying this great aircraft in austere conditions.

DUSTOFF—Vietnam Medal of Honor MG (R) Patrick Brady Visits Flatiron

by MAJ Amanda Charlton, Commander, Flatiron

General Brady tours Flatiron to pay respect to his brother in arms SFC John Hodgdon.

“SGT John Hodgdon was the finest helicopter maintenance person I ever knew—and among a handful of the greatest people I ever knew. He once took us through a command inspection without a major gig on any bird, an unheard of accomplishment for the H-19.”

Similar to Flatiron’s mission today, these two men served at Fort Benning together supporting Ranger School Swamp phase, prior to deploying to Vietnam, where MG (R) Brady was awarded the Medal of honor.



*Flatiron building dedicated to SFC John Hodgdon of Minnesota, the Maintenance SGT who served with MG(R) Brady in Vietnam.
“One of the finest human beings I have ever known.”
(L-R) SFC Jun Ma, Det. ISGT, MG (R) Patrick Brady,
Flatiron Commander, MAJ Amanda Charlton*



Friends of Army Aviation, a non-profit public education organization, is located out of Blackwell Airfield, Ozark, AL. In line with their mission to maintain, restore, and preserve the Army Aviation legacy, they have dedicated their MEDEVAC Huey in honor of MG (R) Patrick Brady, pictured here.

Wiregrass, continued from page 20.

for the next 50 years. We also need to look at the future of Combat Medicine and how we can make a modular MEP that can incorporate those changes as technology and medicine mature. Utilizing the data gleaned from the space study provides the specifics necessary to justify the requirements we are building in order to have the right capability for both the provider and the patient,” said SFC Joseph Buatti, NCOIC MECCD. “MECCD will con-

tinue to request pertinent studies that will help influence requirements in future capability documents pertaining to ground evacuation platforms.”

MECCD also connects to the end users by participating jointly with USAACE in the Post Deployment Collection Visit (PDCV) to Aviation units returning from deployment.

“PDCV’s allow capability developers to capture those critical insights from the warfighter while those lessons learned are still fresh on their

minds. We can then create observations, insights and lessons learned (OIL) papers from those encounters to aid in future DOTMLPF-P projects that enhance the capabilities of MEDEVAC units, both ground and air. We can also share those with our partners in other Centers of Excellence to aid them in enhancing total Army capabilities.”

—DUSTOFFer—

Closing Out the Flight Plan

MAJ Trevor Philip Joseph, 33, of Colliersville, TN, was killed when the UH-60 Black Hawk helicopter that he was piloting, crashed shortly after midnight on September 26, 2019, at the Joint Readiness Training Center at Fort Polk, LA. Three other crewmembers were injured.

At the time of the mishap, the Black Hawk was en-route to recover a Soldier with a heat-related injury on the training ranges. The aircraft was assigned to Company C (Cajun DUSTOFF), 1-5th Aviation Battalion, based at Fort Polk, LA. Joseph was the company commander.

The accident is presently under investigation.

May he rest in peace.

Army Aviation, October 31, 2019

(Information from Defense Department news releases and other media sources.)

An unusual obituary submitted by James A. Eberwine, MHA, MAED LTC (Ret), USA (Major, 82nd Med Detach (HA)) Pilot Dustoff 81, Easter Sunday, Mar 26, 1967.

The Battle of Easter Sunday, March 26, 1967, exemplifies heroic action by the crew of Dustoff 81, 82nd Medical Detachment (HA), flying the Mekong Delta in South Vietnam. The pilot, still alive, focuses on the deceased members of Dustoff 81, who did their very best for four patients, the all-wounded crew of a disabled UH-1 (slick) transport, in a large open field, point-blank range, in front of a heavy Vietcong force. Gunships gone, flyable slicks gone, the enemy blows a whistle, all weapons fire at one target, the disabled Huey. Two crew-members were shot once, two crew-members were shot twice; the story goes like this.

Dustoff 81, Soc Trang airfield, provided support for gunships and troop slicks out of Long Binh airfield to an objective location lacking a desirable situation report (sitrep). Dustoff circled at 3,000 feet, watched troops land in an open field, move quickly away from the tree-line. The first helicopter to drop troops sat there, while all the

gunships and troop transport (slicks) departed. It was obvious the enemy was directly under us, in the tree-line.

The radio blared, "We are all being shot! Help!" Dustoff dropped, circling over the trees for protection, landed tail to the tree-line, in the open, bullets peppering. Dustoff reported later that fuel was spraying before landing. Crew-chief, SP4 Michael Kelley, leaped out to assist the two patients who were walking-wounded. Two crawling patients, closer to the enemy, took longer. Some automatic weapon fire, mostly rapid pings into the back of Dustoff, hit diagonally through the open doors. The map light cord was shot away. The co-pilot was told to place a chest-protector behind his head; three rounds hit his chest protector; his life was saved. Medic SP5 William Hook, outside Dustoff helping Crew-chief SP4 Michael Kelley, receive and loaded the first two patients.

It was taking too long. Just as the last (crawling) two wounded were loaded, Crew-chief SP4 Michael Kelley was hit with the fatal bullet. Attempts to get Michael out of the mud failed. Dustoff had to go. Ten yards or 30 yards, the take-off was doomed. The bullet through the closed door cut the pilot's left leg tibia and fibula in half, slammed the left foot on the right pedal, Dustoff rotated right. The pilot said, "I'm hit, you have it," to co-pilot, LT Charlie Jordan, handing off a helicopter flying side wards at take-off speed. The skids hit the ground; the rotor blades broke off. The windshield broke open. Dustoff was on its right side, fuel leaks igniting, Dustoff burning, get out. All escaped. Only weeds provided concealment for the three Dustoff crew and four wounded patients. LT Charlie Jordan helped the pilot with a tourniquet for his leg, gave the pilot his carbine, crawled away by agreement to get ground-to-air contact.

Two hours later

The Aviation Unit Commander who landed his helicopter among Dustoff survivors, towards the enemy, was shot and killed. His co-pilot was shot in the stomach; the crew of three

were leaping for concealment. With the aircraft on fire, nearby survivors had to crawl away. Dustoff medic, SP5 William Hook, moved to assist the surviving Advisor to radio for air support, only to see that Advisor shot and killed. Medic William Hook then took over ground-to-air radio communication to direct air-support bombing of the enemy.

Another two hours

Now five men were deceased. All seven from Dustoff were still alive, smoke screens by helicopters, air support (U.S. and VNAF) planes were bombing the enemy tree-line. With three downed helicopters, 10 surviving crew members were airlifted to safety. The Dustoff action lasted four hours until battlefield evacuation. The Battle of Easter Sunday lasted all day and late into the night.

DUSTOFF TAPS

(See related story on page 25.)

SP4 Michael Kelley, crew chief, KIA, Easter Sunday, March 26, 1967, awarded the Silver Star.

SP5 William Hook, medic, died of cancer, January 19, 1999, awarded the Distinguished Service Cross.

LT Charles Jordan, co-pilot, died of cancer, May 6, 2012, awarded the Silver Star.

—DUSTOFFer—



MEDEVAC in the Mekong Delta

by Jim G. Lucas
Scripps-Howard Staff Writer

IN THE MEKONG DELTA, South Viet Nam, April 20, 1964—Wilbert Wong is 19 and he is three months out of New York City (388 Pearl St.) which—until he joined the Army—was the only world he had known.

Wong is a medic. He is 1500 feet above the Mekong Delta, 10,000 miles from home, in an unarmed Huey helicopter. The call came that a man had been hurt. He had stepped on a mine. He couldn't last until dawn.

It's pitch dark, and someone is shooting from down there. They are shooting at the Huey with a BAR and a machine gun. Wong has a dinky little carbine.

So, what does he do? He shoots back. So does his crew chief, PFC Armon Bender of Augusta, MT. It seems almost absurd. The BAR's growl is that of a bulldog; the carbine's yip is that of a Pekinese.

But Wong shoots back because—medic or no—that is all a man can do. He has a wounded man aboard, and his job is to get him out.

Wong and Bender are members of the 57th Medical Detachment, Helicopter, Ambulance. Their boss is MAJ Charles Kelly, a soft-spoken, hard-driving man from Sylvania, GA. Kelly was a World War II medical corpsman. Now he is a medical service officer. He is also a helicopter pilot. And he is a man with a mission.

Kelly has been here three months, but already all over the Delta they talk about him. They call him "Crazy Kelly." Sometimes, it's "Mad Man Kelly."

They admire him, but they want no part of him.

Mad Man Kelly flies his helicopter at night. No one else does. Not in Vietnam. Once a man goes down, they say, the Viet Cong had him.

In daylight, he has a chance. At night he's a goner.

But Kelly actually prefers to fly at night. He takes Wong and Bender and LT Jerry Shaw, Eureka, MT, and goes off into the night. If it is not Shaw, it's LT Ernest Sylvester of Gulfport, MS,

or Brian Conway of Summit, NJ, or Armond Simmons of Meridian, MS.

South of Ca Mau the other night, a ground force captain, advisor to a Vietnamese battalion, tuned in to his radio and heard Kelly up there. The mad major was on his way to visit Father Hao at Hai Yen. One of Father Hao's boys had been hurt. It was past midnight.

Their boss is MAJ Charles Kelly, a soft-spoken, hard-driving man from Sylvania, GA. Kelly is a WWII medical corpsman. Now he is a medical service officer.

The captain also had a casualty. He asked if Kelly would stop by on his way back and pick him up. An American advisor with a Vietnamese casualty on his hands is on trial. Every eye is on him. Kelly said he would, but it is around 1 a.m.

Sure enough, at 1 a.m., he showed up. They lit a bonfire, and Kelly flew in. He flew out with the hurt Vietnamese Soldier.

One night Kelly went after some wounded in Vinh Binh Province. He couldn't raise anyone. But he saw

lights and landed near them. It was, it turned out, CPT Ed Fricke's Special Forces' camp at Long Khanh.

Kelly told Fricke his problem.

No sweat, Fricke said. His artillery fired an illuminating shell. It scared half the countryside, but it was also a signal for the Vietnamese in district headquarters, five miles up the canal, to turn on their radio. They did. Fricke talked with them.

District headquarters then fired an illuminating mortar shell. The peasants, who by this time had come out of their foxholes, dived back in. Kelly swooped in, picked up three wounded and flew them to Saigon. It was, he insisted, "routine."

Statistics are impersonal things, but Kelly's are impressive. In March he airlifted 448 wounded or sick men. Of those, 103 were picked up at night, as late as 3 a.m. Thirty-two were Americans.

That's not supposed to be done. Kelly does it, however.

"I'm trying to show these guys," he insists, "the safest way to fly is at night—alone. I've been hit seven times. Always in daylight. Anyhow, these boys couldn't get to a hospital unless we hauled them." ■



MAJ Charles Kelly,
a DUSTOFF hero



MAJ Charles Kelly, MEDEVAC pilot,
Vietnam, with crew members

DUSTOFF REUNION 2020

Make plans now to attend our next reunion. As we continue to “take the Association to the Warriors,” Reunion 2020 will be in Columbus/Fort Benning, GA.

No one appreciates the work DUSTOFF does more than the Infantryman. We are inviting the leadership of Fort Benning to be there for our Awards Banquet/Ceremony.

DATES: 2-5 April 2020

LOCATION: Doubletree Hilton, 5351 Sidney Simons Blvd, Columbus, GA 31904

ROOM BLOCK CODE: DUS

There is a limited availability of rooms on the “shoulder dates” of 1 and 6 April. If it shows as “non-available,” make the reservation, email Dan Gower (executivedirector@dustoff.org) with the Reservation number, and he’ll get it moved into our room block rate.

Hotel Website: https://doubletree.hilton.com/en/dt/groups/personalized/C/CSGDTDT-DUS-20200402/index.jhtml?WT.mc_id=POG

Highlights of the reunion include:

1. Tour of the National Infantry Museum (Thursday)
2. Chuck Mateer Golf Tournament (Friday Morning)
3. A visit with the Army Air Ambulance Detachment, Fort Benning, and the Ranger Graduation Ceremony. The local DUSTOFF unit is a major supporter of training at Fort Benning and performs a demonstration during the ceremony. After the graduation ceremony, we will visit the unit, interact with their Warriors, and present DUSTOFF Association Coins to them.
4. DUSTOFF Spouses’ Luncheon —Wicked Hen at 1350 13th Street Columbus, GA 31901, 4 April, 11:15 - 1 p.m.
5. DUSTOFF Hall of Fame induction and DUSTOFF Annual Awards Ceremony—Cavezza Hall, National Infantry Museum.
6. Memorial Service on Sunday honoring those who have closed their flight plans since the last reunion.

We will arrange limited transportation to/from the local events and will be taking reservations for these accommodations during registration.

Registration will open 1 January 2020. Room Reservations are **OPEN NOW!**

DUSTOFF Reunion 2020

Spouse's Luncheon

Menu

Starter — Choice of one

House Side Salad, Caesar Salad, Tomato Basil Soup

Main Entrée — Choice of one

Red Curry Chicken, Grilled Vegetable Israeli Cous Cous, Chicken and Waffles, Buffalo Burger

Sides —Choice of one

Double Battered French Fries, Grilled Vegetable Pasta Salad, Green Beans

Dessert — Each person will have a sample platter of Key Lime Pie, Banana Cake, Carrot Cake, Caramel Cake

Beverages — Water, Tea, and Soda (included)



*The Wicked Hen restaurant,
site of the Spouses' Luncheon,
2020 DUSTOFF Reunion, Columbus, GA*

41ST ANNUAL DUSTOFF REUNION

Registration Form

April 2-5, 2020

Member's Name _____ Spouse's Name _____

Home/Mailing Address _____

Email Address _____

Reunion Registration

•Member/Spouse	\$40/person	_____ persons	\$ _____
•Non-member/Spouse	\$45/person	_____ persons	\$ _____
•Single-day Registration	\$20/person	_____ persons	\$ _____
•Late Fee (after 15 March 2020)	\$15/person	_____ persons	\$ _____

Hotel Reservations

To book your hotel room online: <https://doubletree.hilton.com/en/dt/groups/personalized/C/CS-GDSTD-DUS-20200402/index.jhtml?WT.mc_id=POG>. These rates apply for 1-6 April 2020.

Guided Tour of the National Infantry Museum, Thursday, 2 April 2020. The tour covers about three museum galleries and the Last 100 Yards.

persons _____ \$5.00 per person _____

Chuck Mateer Golf Classic (Friday, 3 April 2020):

All Golfers (includes cart) \$40/person _____ persons

Clubs rent for \$10/day regular or \$25/day for premium —Limited number available.

Specify LH or RH _____ \$ _____

Friday Night Mixer Reception (Friday, 3 April 2020)

Mixer Buffet — *Cash bar* \$35/person

Spouses' Luncheon (Saturday, 4 April 2020, Wicked Hen) _____ persons \$ _____
\$36/person

Select one item of each category per person:

House Salad _____ Caesar Salad _____ Tomato Basil Soup _____

Red Curry Chicken _____ Grilled Veggie Cous Cous _____ Chicken/Waffles _____ Buffalo Burger _____

French Fries _____ Veggie Pasta Salad _____ Green Beans _____

Awards/Hall of Fame Banquet (Saturday, 4 April 2020, National Infantry Museum)

Dinner — please choose an entrée. _____ persons \$ _____

Choose one entrée for each guest: _____ Burgundy Beef—\$40.00 _____ Sautéed Chicken—\$40.00
_____ Vegetarian—\$40.00

Transportation needed to National Infantry Museum and/or Ranger in Action Demo and/or Spouses' Luncheon

persons _____ We will consider numbers needed and provide a prorated cost at a later date.

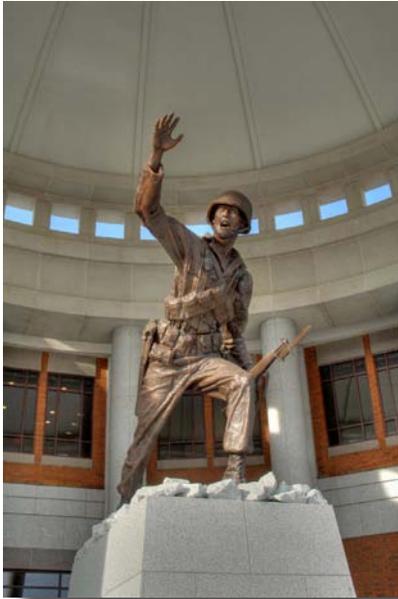
You may register online using your credit card at <<https://reunion.dustoff.org>>.

Please send this form and check to: DUSTOFF Association; C/O Dan Gower; 116 Shady Circle; Sunrise Beach, TX 78643

DUSTOFF Reunion 2020

Columbus, GA

2-5 April



*The Infantry Statue, entitled Follow Me,
at the entrance of the National Infantry Museum.*



Hall of Valor, the National Infantry Museum

DUSTOFF Association Membership Application/Change of Address

- I want to join the Association as a Life Member
Officers and Civilians \$100.00 One-time fee
E-9 and below \$ 50.00 One-time fee
- Check here if change of address, or e-mail change to executivedirector@dustoff.org

Rank _____ Last name _____ First name _____ M.I. _____

Mailing address _____

E-mail _____ Spouse's name _____

Home phone _____ Work phone _____

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

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

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