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BY PETER MECCA

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DUSTOFF Association Reunion 2015
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Greetings, fellow DUSTOFFers; Nashville, here we come!

As you now know, we are diligently working on reunion preparations for Nashville in March 2015. We’ve talked for years about new locations for the reunion at our business meetings and within the Executive Council. We’ve finally taken on this challenge and selected a new location for 2015, based on input from the field—but it won’t be cheap! It’s certainly not going to be easy, either, and your Association leadership has worked very hard to make it a success—as they do every year.

Johnny West, Dan Gower, and many others have already put in many hours to ensure that this reunion is as successful as those in years past. We’ve enlisted the help of some Active Duty folks from Fort Campbell who are helping us out with boots on the ground.

These decisions do not come without their share of criticism, and often times the criticism comes from those who are unwilling to step up and serve the Association to make it better. So, now is the time for action! Please support your Association by registering NOW and attending the reunion in Nashville in 2015. You might even run into some of your friends who will be in town attending the AAAA Convention the week following the reunion. And, if you don’t like it or don’t like how the Association is run, continue to let us know—or better yet, step up to help run the organization—it’s your Association!

Obviously the success of this reunion will inform any future decisions on reunion locations, so help get the word out, and remain flexible. It’s a new location with unique challenges, so events or venues may change between now and March.

Additionally, we are always looking for folks to step into the breach in support of DUSTOFF, even if it’s to geographically support something in or near your hometown, like a welcome home engagement, or as a speaker at a DUSTOFF event. The Association cannot survive without active involvement and engagement from its membership. Do your part!

Finally, congratulations are in order for COL Rob Howe, who was named the new Aeromedical Evacuation Consultant to the Surgeon General. Rob is our first Consultant who actually commanded a General Aviation Support Battalion, and he currently serves on the Joint Staff—both factors that bring him substantial credibility when dealing with our issues at the strategic level. Rob is a great choice, and we look forward to his leadership over the coming years.

Saying “thank you” to the esteemed members of this Association somehow does not seem nearly sufficient to acknowledge your sacrifice and service, but I’m compelled to say it anyway. Thank you for everything you’ve done and continue to do every single day in honor of and service to our great nation. We have a rich and illustrious legacy that would likely not be recognized or perpetuated without our organization. Your continued support is absolutely vital. Thank you. DUSTOFF!

Warm regards,
Jon Fristoe
President DUSTOFF ASSOCIATION
I remember the day I found out I got into West Point. My mom actually showed up in the hallway of my high school and waited for me to get out of class. She was bawling her eyes out and apologizing that she had opened up my admission letter. She wasn’t crying because it had been her dream for me to go there. She was crying because she knew how hard I’d worked to get in, how much I wanted to attend, and how much I wanted to be an infantry officer.

I was going to get that opportunity. That same day two of my teachers took me aside and essentially told me the following: “David, you’re a smart guy. You don’t have to join the military. You should go to college, instead.”

I could easily write a theme defending West Point and the military as I did that day. I explained that USMA is an elite institution. Separate from that, it is actually statistically much harder to enlist in the military than it is to get admitted to college. Serving the nation is a challenge that all able-bodied men should at least consider for a host of reasons.

What I will say is that when a 16-year-old kid is being told that attending West Point is going to be bad for his future, there is a dangerous disconnect in America. Entirely too many Americans have no idea what kind of burdens our military is bearing.

In World War II, 11.2% of the nation served in four years. During the Vietnam era, 4.3% served in 12 years. Since 2001, only 0.45% of our population has served in the Global War on Terror. These are unbelievable statistics. Over time, fewer and fewer people have shouldered more and more of the burden, and it is only getting worse.

Our troops were sent to war in Iraq by a Congress consisting of 10% veterans, with only one person having a child in the military. Taxes did not increase to pay for the war. War bonds were not sold. Gas was not regulated. In fact, the average citizen was asked to sacrifice nothing and has sacrificed nothing, unless they have chosen to out of the goodness of their hearts.

The only people who have sacrificed are the veterans and their families—the volunteers—the people who swore an oath to defend this nation. You stand there, deployment after deployment, and fight on. You’ve lost relationships, spent years of your lives in extreme conditions, years apart from kids you’ll never get back, and beaten your body in a way that even professional athletes don’t understand.

Then you come home to a nation that doesn’t understand. They don’t understand suffering. They don’t understand sacrifice. They don’t understand why we fight for them. They don’t understand that bad people exist. They look at you like you’re a machine—like something is wrong with you. You are the misguided one—not them.

When you get out, you sit in the college classrooms with political science teachers who discount your opinions on Iraq and Afghanistan because you were there, and you can’t understand the macro issues they gathered from books, because of your bias.

You watch TV shows where every vet has PTSD and the violent strain at that. Your Congress is debating your benefits, your retirement, and your pay, while they ask you to do more. But the amazing thing about you is that you all know this. You know your country will never pay back what you’ve given up. You know that the populace at large will never truly understand or appreciate what you have done for them. Hell, you know that in some circles, you will be thought as less than normal for having worn the uniform. But you do it anyway.

You do what the greatest men and women of this country have done since 1775. You served. That decision alone makes you part of an elite group.

(About, continued on page 4.)
**Medevac Cavemen**

*by CW3 John Botto*

My fourth combat tour (two in Iraq and two in Afghanistan) was yet another learning experience for me. It showed me a whole new side of aviation—flying Medevac. I never wanted to fly Medevac, since I knew they flew much less than pilots with other missions. I’ve always been concerned with accruing hours, so I can one day “make the big bucks” flying in the helicopter skiing business, which is, of course, a joke, since no one really gets rich flying helicopters. It’s kind of like being on ski patrol (or maybe a porn star)—the job is something you love, and the paycheck is a nice perk, or at least that’s how I’ve always viewed flying.

I have always had friends who flew Medevac, but honestly never really gave them the props they deserved for flying such an intense mission. I assumed 90% of their missions were spent sitting around playing XBox and spitting game at hot nurses (unfortunately the former is true and not the latter). After spending the last nine months performing this mission, I came to a few conclusions about being a Medevac crew member.

I now compare being a Medevac crew member to two groups: firefighters and cavemen.

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I served, and thanks to the 0.45% who to so few.” —Winston Churchill.

Thank you to the 11.2% and 4.3% who have served, and thanks to the 0.45% who continue to serve our nation.

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I now compare being a Medevac crew member to two groups: firefighters and cavemen.

middle of the night for a call from being dead asleep. I’ve seen crew members forget their body armor on missions. I even once tried to start my helicopter with the gust lock halfway in, which didn’t work out too well for the gust lock or me, when I had to explain to my commander what happened. I think every Medevac crew member has some funny story of something boneheaded they did while trying to go out to rescue someone’s life.

I also have seen ’way more man penis in the back of my helicopter than I care to discuss, and while I know it’s wrong, it still disturbs me just as much as seeing someone’s legs blown off. For this reason, when my medic tells me not to look back, I don’t anymore.

Being on edge day after day also takes a toll on you. Although most of the time is spent sitting around golfing and playing XBox, being constantly on edge wore on us quite considerably. Perhaps the most impacted are the medics and crew chiefs in the back who see the most [man penis] and are sometimes haunted by the worst of what this war has to offer. The medics and crew chiefs are truly impressive men and women who act as cool under pressure as Kobe Bryant on the court after being accused of rape. I was actually able to see the medics work their magic firsthand when we got a slice of action on base this tour. I looked like “a fish out of water,” flopping around with no real purpose, as our medic barked orders at the rest of us while he worked on a few of our guys.

To put our flight medics’ job into perspective, imagine if emergency room doctors and nurses slept at deer camp. When somebody gets hurt, they are jostled out of their rack, sprint to a helicopter with some maniac pilots who fly them out to a car wreck on the side of an unlit road, slam the helicopter on the ground, and point them in the direction of the patient. But before the doctors or nurses can take their headsets off, we then tell them to be careful, since there may be enemy in the area who want to kill them. So basically, it is safe to say that they are some of the biggest badasses out there.

This mission has taught me a lot. It taught me to slow down my emotions and control myself when my mind is moving faster than Tiger Woods trying to come up with another excuse for where he was last night. Our crew chiefs are, of course, the oil that keeps our whole mission running smoothly. Between missions, while I’m out back working on my pitiful golf game, they are out on the flight line fixing the aircraft I broke and getting them ready for the next mission. They are the unsung heroes of aviation and I salute them.

As a side note, I do look forward to telling my maintenance officer about any problems I have with the aircraft and love seeing him get pissed off. This amuses me to no end. Before bed, I sometimes brainstormed elaborate maintenance problems I could tell him about after my next mission. He, of course, enjoys telling me (as an instructor pilot) what is wrong with all of our co-pilots and of how it’s my fault because I’m an awful instructor.

The last piece to the Medevac machine is our operations personnel. They man our radios and alert us of missions while managing all the phones, computers, and radios during said missions. They are always extremely patient and answer as every commander in the Army calls like a needy girlfriend for reassurance that we are handling everything correctly. They always enjoy watching us stumble out of our racks like drunk sailors, and I made sure to give them hell when I got back for having the gall to disrupt my beauty sleep.

Although this may come as a surprise, the number one fear for all Medevac crew members is not getting shot down en-route to a call and being tortured by the Taliban. No. Our biggest

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(About, continued from page 3.)

“Never in the field of human conflict has so much been owed by so many to so few.” —Winston Churchill.
fear is getting caught with our pants down pooping, or buck naked taking a shower. For this reason, many forgo showers while on duty; unfortunately the former is unavoidable. This stress alone has given me many sleepless nights (and hurried poops).

Another aspect of being a Medevac crew member is dealing with the extensive downtime. Many of us are on duty for sometimes weeks at a time. Fortunately, this war is coming to a close and the amount of calls we receive are plummeting. The problem with this is that now there are tons of motivated grown adults with no outlet for their energy. Yes, we do have a small gym out back on base and many take online college courses to help pass the time, but eventually, idle hands will bust loose and shenanigans ensue.

Amongst these shenanigans were the numerous pets we housed. For quite some time we had a pet camel spider, named “the Rancor,” which we would pit against other spiders and insects in a gladiator-style death match. The Rancor was undefeated for his entire career until the cold took him at the start of the winter. Yes, it was sad, but not as sad as the untimely death of our first camel spider, who died doing what he loved—eating Slim Jims. Who would’ve thought that Slim Jims were bad for camel spiders’ delicate palates?

We also had a mouse infestation for a while. We nicknamed the ring-leader Mr. Jangles. He was cute for a little while, like when we would catch glimpses of him perched on someone’s shelf watching “Breaking Bad.” But the last straw came when he started to eat our Ramen Noodles and peanut butter sandwich bread. We declared jihad on him and his clan. So far, we’re up 5-0, but we believe the original mastermind, Mr. Jangles, is still somewhere at large, watching and waiting.

I know there are many more military badasses out there, but I wanted to shed light on the amazing men and women of the 10th Mountain Dustoff, with whom I spent the last year. I hope this short read has given you a small glimpse into what life is like for a deployed Medevac crew member. Please pass this on to any friends or family you feel might enjoy it.

Happy New Year

by Dan Fordiani, a Vietnam Vet who resides in San Antonio

Those who were there will understand. Those who weren’t, may understand better.

As we face a new year, I recall visiting with three old friends a few years back at a park in the nation’s capital. It seems like only yesterday that we were all together, but actually it has been 42 years. There was a crowd at the park that day, and it took us a while to connect. With the aid of a book, we made it.

I found Harry, Bruce, and Paul. In 1970-72, we were gung-ho, young fighter pilots on America and Constellation off Vietnam, the cream of the crop of the U.S. Navy, flying F-4J Phantoms. Now their names are on that 500-foot-long Vietnam War Memorial. I am hesitant to visit the wall when I’m in Washington, DC, because I don’t trust myself to keep my composure. Standing in front of that somber wall, I tried to keep it light, reminiscing about how things were back then.

We used to joke about our passionate love affair with the inanimate flying object we flew. We marveled at the thought that we actually got paid to do it. We were not draftees, but college graduates. We were in Vietnam by choice, opting for the cramped confines of a jet fighter cockpit over the comfort of corporate America. In all my life I’ve not been so passionate about any other work. If that sounds like an exaggeration, then you’ve never danced the wild blue with a supersonic angel.

To fight for your country is an honor. I vividly remember leaving my family and friends in San Diego headed for Vietnam. I wondered if I would live to see them again. For reasons I still don’t understand, I was fortunate to return, while others did not.

Once in Vietnam, we passed the long, lonely hours in Alert 5, the ready room, our staterooms, or the Cubi O’Club. The complaint heard most often, in the standard gallows humor of a combat squadron, was, “It’s a lousy war, but it’s the only one we have.” (I’ve cleaned up the language a bit.) We sang mostly raunchy songs that never seemed to end. Someone was always writing new verses. As an antidote to loneliness, fear in the night, and the sadness over dead friends, we often drank too much.

At the wall, I told the guys only about the good parts of the years since we’ve been apart. I talked of those who went on to command squadrons, those who made Captain and flag rank. I asked them if they’ve seen some other squadron mates who have joined them.

I didn’t tell them about how ostracized Vietnam vets still are. I didn’t relate how the media had implied we Vietnam vets were, to quote one syndicated columnist, “either suckers or psychos, victims or monsters.” I didn’t tell them that Hanoi Jane, who shot at us and helped torture our POWs, had married one of the richest guys in the United States. I didn’t tell them that the secretary of defense they fought for back then has now declared that he was not a believer in the cause for which he assigned them all to their destiny. I didn’t tell them that our commander-in-chief avoided serving, while they were fighting and dying. And I didn’t tell them we “lost” that lousy war.

I gave them the same story I’ve used for years: We were winning when I left. I relived that final day as I stared at the black onyx wall. After 297 combat missions, we were leaving the South China Sea heading east. The excitement of that day was only exceeded by coming into the break at Miramar, knowing that my wife, my two boys, my parents, and other friends and family were waiting to welcome me home.

I was not the only one talking to the wall through tears. Folks in fatigues, leather vests, motorcycle jackets, flight jackets lined the wall talking to friends. I backed about 25 yards away from the wall and sat down on the grass under a clear blue sky and midday sun that perfectly matched the tropical weather of the war zone. The wall, with all 58,200 names, consumed my field of vision. I tried to wrap my mind around the violence, carnage and ruined lives that
Veteran’s Story: The Dustoff

by Pete Mecca, August 20, 2014, the NEWS, Serving Rockdale County and Conyers, rockdalene.ws

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

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

Soldiers, Sailors, and Airmen refer to their ships in woman-like jargon, “She was a great ship;” the “Fighting Lady;” “She never failed to bring us home;” “She was a gentle plane.” One such lady, medevac chopper 405, recently had a facelift, so to speak, fresh paint, new markings, and was rededicated this month at American Legion Post 77 in Conyers, Georgia.

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

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

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

Assigned to the 159th Medical Detachment (Air Ambulance) at Ft. Riley, Kansas, Randal completed an abbreviated course on medical procedures before his deployment to Vietnam. On the deployment, “We took a troop transport, the USNS General Weigel, for the 30-day journey to Vietnam. . . . Most of us were seasick before we went under the Golden Gate Bridge.”

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

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

From October 1967 until October 1968, Randal Drew lost track of how many hours, flights, and rescue missions he participated in, but his recollections are as vivid as yesterday. The following is a brief summary of his most powerful memories.

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

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

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

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

American Legion Post 77 rededicates the helicopter outside the post after the Vietnam-era medic chopper was refurbished. A ceremony was held August 13, 2014. A special guest was invited—Randal Drew, who served as a crew chief on that very chopper.

“Many people ask if I ever got used to the horrors of war. It’s more like going numb. It didn’t bother me back then, but it bothers me now.”

Cross for his gallantry during the battle at Baria, Vietnam.

“There were tragic things and funny things. Once I jumped out of 405 into a rice paddy to help load the wounded. The chopper revved up to dustoff [lift off] before I realized my feet were stuck like a suction cup in mud. I couldn’t move. One of the wounded Soldiers wrapped his arm around me and the force of the dustoff [lift off] pulled me free of the mud. Strange, I guess . . . I’d just rescued that guy, then he rescued me.

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

“We were called into the Mekong Delta for one mission that could have ended in tragedy. The air was thick with gunpowder; even from 3,000 feet up we could smell it. Phantom jets were screaming in beneath us dropping napalm, and green tracers were dancing around our chopper. We took 34 hits. The sound of a ‘hit’ is like crushing a cola can in your hand, is the best way I can describe it. We did touch down for rescue. One Soldier was KIA. You know that before he’s onboard because the boys are dragging him by his feet and he’s face down in the water. We pulled up but the Christmas tree was fully lit (all the warning lights). We were in trouble. About a mile away we had to set her down. A gunship picked us up. I think that’s the scariest moment I remember.

“We had a medic in the 1st platoon who started giving all his stuff away before his next mission. He claimed that would be his last mission—that he would die the next day. He even wrote his wife a ‘goodbye’ letter. I didn’t believe in premonitions, but the next day the medic flew a ‘milk run’ (easy mission), and one round hit the chopper. The round entered under the...
(Veteran’s, continued from page 7.)

**Dustoff Closer to Medical Evacuation Mission**

**109th Mobile Public Affairs Detachment**

**story by SS Coltin Heller, DVIDS, Defense Video and Imagery Distribution System**

GRAFENWOEHR, Germany — The blades spun slowly at first, then faster until they become a blur. The UH-60 Black Hawk helicopter rose from the ground, as the air crew assigned to Company C, 1st Battalion, 214th Aviation Regiment, prepared for hoist operations, among their first since relocating from Landstuhl to their new home here.

The crew flew two iterations, flying as they would in combat, banking sharply and using trees to mask their approach. Nearing their objective, the medic hooked herself to the hoist with assistance from the crew chief.

Company C, “Dustoff,” recently moved from Landstuhl to Grafenwoehr to better assist and focus on missions at the Joint Multinational Training Command’s Grafenwoehr Training Area and surrounding areas.

“It’s part of the bigger plan of consolidating forces here in Germany,” said company commander CPT Matthew Clark on the unit’s move. The unit’s primary mission is to support the Grafenwoehr and Hohenfels Training Areas by providing aerial medical evacuation and hoist assets.

“It enables us to focus specifically on missions out here, instead of traveling to the Grafenwoehr Training Area and Hohenfels Training Area.”

The air crew were conducting medical evacuation procedures and hoist operations to showcase their capabilities to Bavarian emergency medical services and the German Red Cross.

Aircraft crew chief SGT Brandon Sorrell guided the helicopter to a hover over a simulated casualty, lowering SGT Francesea Salinas, a flight medic with Company C, to the ground where she attached the hoist to the patient.

“Once I’m on the ground, I get with the medic there to see what kind of interventions he had done, and that the patient is strapped in and hooked up correctly,” Salinas said. “I signal to my crew chief to pick up the patient.”

After loading the simulated casualty, the pilot completed another circuit, returning to collect Salinas. After the iterations the aircrew practiced slope landings—another critical skill used by medevac pilots.

“Live hoist operations are one of the critical tasks we must be able to perform in the event we are called for a real-world medevac where we don’t have a suitable landing area. We have the capabilities of lowering a medic to the injured person,” said CW3 Robert Herlt, a pilot assigned to Company C.

“We had some of our German partners here witnessing us do these iterations today,” said Herlt. “They were out here today to get a better understanding of our capabilities in terms of a medevac platform. And

(Dustoff continued on page 9.)

Pete Mecca is a Vietnam veteran, columnist, and freelance writer.
that can relate to their day-to-day operations.”

Company C underwent a transformation as part of their move to Grafenwoehr, going from 109 Soldiers to 46, and retaining six of the company’s original 15 aircraft.

The unit made the move to Grafenwoehr this past summer to be closer to its medical evacuation mission at Hohenfels, and thereby reduce temporary duty costs, time away from home for personnel, and wear and tear on equipment, according to U.S. Army Europe.

Additionally, the move from Landstuhl has proven beneficial to both Soldiers and their German partners. Now Company C is working with real-world partners in the same airspace they’ll be conducting real-world emergencies.

“We work with the Germans regularly. It’s something we’re trying to get incorporated into the unit. We’re trying to mesh with the environment we’re in, so we can become part of the community and not just the annoying helicopter flying overhead,” said Clark.

The Dustoff aircrew, now stationed at Grafenwoehr, stands trained and ready to assist U.S. and international forces. The crew are becoming experts in the same airspace they’ll be operating.

“If the call comes in, then we execute,” Herlt said. “Our German partners know that it’s a resource they can potentially use. Now in the future when they contact certain agencies, they know we are an asset they can use.”

(SGT Francesea Salinas, flight medic, receives a thumbs up from SGT Brandon Sorrell, crew chief. Both are assigned to Company C, Dustoff, 1st Battalion, 214th Aviation Regiment. She readies to lower to the ground during hoist operations at Grafenwoehr Training Area, September 20, 2014. The aircrew perform two iterations of hoist training, showcasing their assets and capabilities to their German counterparts. The company made the move from Landstuhl to Grafenwoehr this past summer as part of USAREUR restructuring. (Photo by SS Coltin Heller.)

LTC (R) James C. Wingate Inducted into DUSTOFF Hall of Fame

The DUSTOFF Executive Council is honored to announce the induction of LTC (R) James C. Wingate into the DUSTOFF Hall of Fame. After successful consideration by the DUSTOFF Executive Council and having more than 2/3rds of the votes cast in the election that ended October 31, 2014, Jim Wingate will be inducted into the DUSTOFF Hall of Fame on March 28, 2015, during the 2015 DUSTOFF Reunion. The induction ceremony will take place at 2:30 on March 28 at the Gaylord Opryland Hotel, Nashville, Tennessee, in the Governor’s Chamber, rooms D and E. Congratulations, Jim, and many thanks for your life-long dedication to serving our Army and DUSTOFF.
WO Tim Cole Named to Georgia Veterans’ Hall of Fame


Warrant Officer Timothy Cole Jr., who grew up in Coweta County [Georgia] and gave his life in military service during the Vietnam War, was named to the Georgia Military Veterans’ Hall of Fame (GMVHOF) on November 1, 2014.

Cole grew up on a Coweta County dairy farm. He was called Tim by most people, “Bobo” by his sisters, and “Skippy” by many friends. Cole was an active member at Macedonia Baptist Church, sang in the Baptist Student Union men’s choir at the Georgia Institute of Technology, and spent a summer during his college years building a church for Cherokee Indians in North Carolina.

In the military Tim was a Dustoff pilot. He was killed in Vietnam on October 18, 1968. His body was brought back to Georgia, and he was buried at Macedonia.

Cole was named to the Dustoff Hall of Fame in 2009 in San Antonio, Texas. The Coweta County Commission designated Happy Valley Circle as a memorial highway for Cole and Donald Lowery, who both grew up in the area and lost their lives in Vietnam.

The GMVHOF named its first class in 2013. Three Cowetans were in that group, Johnny Curtis Calhoun, Joe Madison Jackson, and Stephen Wesley Pless.

Calhoun sacrificed his life in Laos in 1968, saving his men. His remains have never been recovered, and he was awarded the Distinguished Service Cross, the nation’s second highest military award.

The Medal of Honor, the highest military honor, was given to Pless and Jackson for daring military rescues in Vietnam in 1967 and 1968, respectively. Pless was killed in a motorcycle accident in 1969, and Jackson resides in Washington State.

COL Douglas E. Moore (R) Inducted into Army Aviation HOF

While serving as the commander of the 159th Medical Detachment at Cu Chi, Vietnam, during his second tour, he was awarded the nation’s second highest award for valor, the Distinguished Service Cross, for his actions on 10 and 11 December 1968. After having accomplished multiple sorties under heavy enemy fire to evacuate critically wounded infantrymen throughout the day and night, his aircraft came under a fierce enemy attack from both sides while departing the landing zone. One round tore through his helmet, knocking him from the controls and sending the aircraft into a steep bank. Despite being wounded and unable to see out of one eye, he righted the helicopter and assisted his pilot in reporting the enemy locations to the command and control ship and the ground elements.

Between Vietnam tours, he helped organize a unit in Japan that transported more than 63,000 casualties in a two-year period. Later, he commanded the 307th Medical Battalion in the 82nd Airborne Division, served as an Inspector Team Chief in the Department of the Army Inspector General Agency, and commanded the 62nd Medical Group at Ft. Lewis, Washington, where he served as air mission commander for the massive rescue effort following the eruption of Mount Saint Helens. He was serving as Executive Officer for the Army Surgeon General when he retired after 30 years of service.

Among his awards and decorations in addition to the Distinguished Service Cross, are the Distinguished Service Medal, two awards of the Distinguished Flying Cross, Bronze Star, Purple Heart, four awards of the Meritorious Service Medal, and 33 awards of the Air Medal.

COL Douglas E. Moore (R) was inducted into the DUSTOFF Hall of Fame in February 2004.
Increasing Patient Care

by CPT Richard Barker, 25th Combat Aviation Brigade Public Affairs,

KANDAHAR, Afghanistan—
During the course of the last several months, two Medevac companies in Task Force Hammerhead, Company C, 3rd Battalion, 25th Aviation Regiment, and Company C, 1st Battalion, 169th Aviation Regiment, Army National Guard, have participated in a trial program developed by the 25th Combat Aviation Brigade that enables flight medics to administer blood products to wounded Soldiers during the Soldiers’ en-route flight care and movement to a medical facility.

The 2-25th General Support Aviation Battalion, 25th CAB, is the first conventional Medevac unit anywhere in the Army to conduct this mission.

“Specifically, we implemented a new blood transfusion process for critically injured patients on Medevac aircraft,” said CPT Nathaniel Bastian, a Forward Support Medevac Platoon Leader of C, 3-25.

As of December 2012, 80 medical patients have received blood products through the program, which is currently operating at five locations in southern Afghanistan.

More than 60% of casualties in Regional Command South are caused by improvised explosive devices (IEDs) and gunshot wounds. These types of injuries cause patients to lose a large amount of blood. As a result, the patient’s chances of survival are increased by an immediate replenishment of blood plasma and red blood cells prior to their arrival at the next level of medical treatment.

“Gaining this blood product transfusion capability aboard Medevac aircraft was a force-multiplier in terms of probability of patient survivability. . . .”

Once initial training and validation were completed at Edinburgh, a battle drill and exercise were performed for Robinson to demonstrate the medics’ proficiency at using the blood exchange process.

The first “Vampire” mission was completed on June 5, 2012, at FOB Edinburgh. Vampire is the code name used to identify Medevac missions where blood products were administered to patients.

“CPT Kinoshita and I continued to train the flight medics in RC(S) in preparation for setting up the next site at FOB Pasab,” said Kurtz.

FOB Pasab was the second location to be validated and approved for Vampire missions.

Next, the blood program team implemented a method for increasing the speed of care at the Medevac locations that historically have the most severe casualties.

“Though the Medevac standard is for a single medical person in the back of an aircraft with a crew chief, the benefits of a second medical person were observed in RC(SW), so we brought the idea to RC(S),” said Kurtz.

(Care, continued on page 12.)
(Care, continued from page 11.)

To find the extra medics who would be needed to implement putting two medics in an aircraft, 3-25 turned to a sister unit.

“We then started the process of training select volunteer ground medics from within the brigade,” said Kurtz.

The ground medics came from Task Force Lobos, led by the 209th Aviation Support Battalion, 25th CAB, and the two-medic team concept was implemented at FOB Pasab.

“The idea was that due to the short transport times that averaged 10 minutes, and the complexity of the patients who came out of the area, the addition of a second medically trained person would increase the speed and proficiency of the care to our patients,” said Kurtz. “By doing this, we increased the level of care given prior to the administration of blood products and ensured we could give this superior resuscitative option to as many patients as possible.”

The program continued to expand throughout RC(S) and RC(SW), with Kurtz and Kinoshita training and validating Dustoff elements at FOBs Dewey, Shukvani, Spin Boldak, Wolverine, and Multi-National Base Tarin Kowt.

Kurtz and Kinoshita have trained and validated 25 active-duty flight medics, 55 National Guard flight medics, and 10 ground medics in the blood program.

“It has been incredible to be part of the evolution and development of this program because it has truly bolstered our en-route medical capability to help us succeed in completing the Medevac mission,” said Bastian.

Robert W. Cowgill

Interviewed by William E. Thomas. Transcribed from video and audio tape recorded in the late 1990s.

Transcribed and edited by Martin J. Pociask.

Background: The following is an historical interview by William Thomas with Robert W. Cowgill about their experiences and reflections while stationed on an ARUF operating in the Philippines during World War II. The 5th ARUF was one of two ARUFs involved in one of the first medical helicopter evacuations in history. William Thomas was a Staff Sergeant in charge of the woodworking department, and Robert Cowgill (now deceased) was a 1st Lieutenant Pilot. Cowgill performed some 17 helicopter rescues overall.

Cowgill: We were in Subic Bay before we went to Manila. Manila was still being liberated. I was in combat in Manila. I had to get the wounded out.

Thomas: Some of the pilots told how they were shot at as they were pulling the wounded out.

Cowgill: Yes, there were about half a dozen different pickup locations where we collected the wounded. In some of those locations, we came under fire.

Thomas: How did you carry out the wounded?

Cowgill: We took the left seat out and just laid them in there on the floor. It was kind of tough being out there. Later helicopters were outfitted with side mounted stretchers.

Thomas: Would you get assistance at the base hospital?

Cowgill: Yes, we took them to the hospital and that’s where our mechanics were. We refueled and went back out again. Louis Carle and another pilot and I were doing that every day for about three weeks. One day, both Carle and I crashed back there. We lost two helicopters. I had to walk for four days; I walked out with the infantry. I later went back to where I crashed; I just tore the tail rotor and the gearbox off. There were some infantry guys there, and I stuck with them. Somehow I got through the artillery net and back to the ship.

Thomas: Were you flying when that tailrotor hit the cable on the ship?

Cowgill: Yes, I did so in Leyte too. We crashed all the original helicopters.

Thomas: What kind were they?

Cowgill: Sikorsky R-4Bs. All of those early ones were on all six ships.

Thomas: Wasn’t someone with you when the helicopter’s rear rotor hit the cable?

Cowgill: I think the guy with me was an orderly or clerk. When I hit the water, I just dumped the rotor to get the blades to stop. I told him to swim for it, but he didn’t, so I kicked him into the water. He went out and swam back. I was pretty mad about that.

Thomas: I was on deck. I could see...
your fuselage going around in a circle at a slower speed than the main rotor. I guess you didn’t want to crash into the ship so you dropped it into the sea.

Cowgill: We just dumped it over the side. There were strewn blades and things all over the ship.

Thomas: It sank. Our ship yearbook pictures show it being pulled out of the water.

Cowgill: Later on, when I crashed in the jungle and walked out with the infantry, there were some firefights going on. Our soldiers had two enemy prisoners who surrendered, plus me. I really wanted to get out of there. I had jungle rot and was tired of sea rations. The captain left the platoon. He just took a guard. We walked for four days with prisoners back to the ship. And then we went back to the jungle crash site with Bob Mahoney, another pilot. We went back and landed on a hillside and carried tools over to it. We camped for a couple of days while they were casting a new gearbox and a gearbox fitting. They machined a whole new fitting. Then we sat there waiting for the infantry to come across and get us out.

Thomas: Did they make the gearbox on the ship?

Cowgill: Yes. It was cast aluminum or magnesium casting that had a little tilt to it. But they machined that out. They did a good job. It took a couple of weeks back and forth to get it done. We had to fly way back in the mountains under combat conditions. We got back on the very day that the ship left for Okinawa. We were out there the day before and we got the tail rotor on. This was my own stupidity—I went to crank it up and the battery’s dead, of course. We should have thought of that. We called on the artillery radio, and they brought another battery. We put it in and cranked it and started to take off, but it wasn’t trimmed right. It started to turn and spin. We flew back to the ship, and I told everybody to get off the deck because I couldn’t control it.

Thomas: So it didn’t hit a cable at all; it was from being on land that you had a problem?

Cowgill: We didn’t have it rigged right. Being in the jungle, we didn’t have the right tools. We could have stopped, and re-rigged it and fiddled around, but we needed to get out of there.

Thomas: So that’s why you weren’t able to land, and why you cleared the ship.

Cowgill: I didn’t have much control. So, coming in it started to turn. I pulled the power on it, but I just slammed it on the deck. We rebuilt that whole helicopter in Okinawa. Then a typhoon rolled through the deck and it rolled over, breaking the rotor again. The Major on the ship said, “Push it over the side.” I said, “No, I spent too much time and energy on that thing!”

Thomas: You were one of the last to leave Okinawa.

Cowgill: After the ship went home, I went ashore. I flew the helicopters for a while, but there were no good mechanics. Two riflemen from the 88th division were mechanics in private life. They were performing maintenance on the helicopters. They told me they weren’t sure what they were doing. I figured I was going to get killed if I

(Cowgill, continued from page 14.)
New Entries on the Flight Manifest

Robert M. Arbaugh
Nolan C. Brandt
Gerald R. Campbell
Ronald W. Current
Paul A. Donovan
Adolph J. Finder
Donald R. Jones
Samuel W. Koonce
Kevin McCollin
Michael McKenna

Tim Monahan
Matthew A. Noonan III
Daniel J. O’Connor
Joseph V. Revella
Cody D. Sneed
Justin L. Steward
Carlos Tamez
Daniel L. Toothman
Ronald L. Warren
Dominic J. Wiebersch

(Cowgill, continued from page 13.)

kept doing that for very long. I was the only pilot left, so I flew airplanes. I also worked at Fourth Air Depot Group, and finally I was Commander of the Fourth Air Depot Group. It was a Colonel’s job, but I was the only officer, except for a couple of sergeants—about ten people. They didn’t promote me. They didn’t pay me either, it was just on paper!

Thomas: I got a little sight-seeing in. I hitched a ride on a truck loaded with bombs and went into San Fernando and other places. I went into Naha while in Manila and slept in a prison, where they had mosquito nets, just to have a place to stay. Prisoners were still there at the time.

Cowgill: I had to work seven days a week. However, I was in the first aircraft to land at Nichols Field in Manila. Nichols Field was bombed out, and bodies were still there. The runways weren’t functioning. I landed, and the Colonel I was with conducted his business, and then we returned.

Thomas: Our shipboard facilities had everything. I remember hearing officers say they would rather be a buck private in our outfit than a colonel in the infantry. And I can understand that.

Cowgill: Yes, after spending some time with the infantry guys out there sleeping in a hole in the rain, I can understand that. There were some characters too!

Thomas: Your dad was a pilot in World War I. Where did he fly? Is that what got you flying?

Cowgill: In Italy. I suppose it had something to do with it.

Thomas: After the war, what did you do when you got out?

Cowgill: This guy had a little helicopter operation on Lake Union in Seattle, and I was going to school at the time. I went down to see about getting a job flying for him, while going to school.

Thomas: Did you stay with them until you retired?

Cowgill: I didn’t retire; I left to do sculpture. I stayed with them for ten years, working full-time. Then I quit and started making sculpture full-time. I worked two months a year for them on consulting jobs.

Thomas: Glad we had a chance to revisit this little known bit of history—the story of the ARUs and the helicopter rescues. I think that there are no recordings or written history about our outfit, other than our Rudder book.

Cowgill: I only hope that more will be written on those two subjects.

Nominate Your Hero for the DUSTOFF Hall of Fame

DUSTOFFers, don’t let our legacy go untold. The Hall of Fame honors those who exhibited our ethics and standards in their actions and their contributions to DUSTOFF. Do your homework. Find out about that man or woman who made a difference in your career by his or her inspiration. Research your hero and nominate them. Deadline is May 1. Details are on the dustoff.org homepage. Click on the Hall of Fame tab at the left of the opening page for information. It’s OUR Hall of Fame; let’s make it complete.
SHINDAND, Afghanistan—American combat-ready service dogs face the same danger from insurgent attacks as their partnered Soldiers—bombs, missiles, grenades, and machine gun fire. A dog’s injuries are treated just as seriously as a human’s, possibly with evacuation by a medical helicopter crew. To prepare for the worst involving service dogs, aviators with an American medical evacuation unit stationed in northwest Afghanistan recently simulated a rescue operation involving an injured Soldier and his canine companion.

F Co. 1-126th Aviation “Chaos Dustoff,” a MEDEVAC helicopter company attached to the 4th Combat Aviation Brigade, 4th Infantry Division, conducted the exercise in April. SGT 1st Class Apollo, a combat stress therapy dog at Forward Operating Base Shindand, played the part of a wounded service dog. American military dogs in combat zones do everything from calm the anxious to search-and-rescue, drug detection, and bomb detection.

“We look at our dogs as partners, not just as dogs,” said Ken Kelley, the training kennel master for American K-9 Detection Services. “If we go out on a mission, and a dog gets hurt, it’s important to us that they won’t just be treated as a dog. It makes the handlers feel better when they go to work to know that if something does happen to their dog, it will be taken care of. They are more confident in their mission, and it’s one less thing they have to worry about.”

With this in mind, F Co. arranged for special training to learn how to transport and treat military working dogs on their helicopters. On an April morning, Apollo’s handler decked out the black Labrador Retriever in a set of booties, goggles, ear muffs, and a backpack, just like other working dogs who travel by helicopter. Once set in position, the simulation began, with medics discovering their patients with shrapnel wounds and calling in a request for helicopter evacuation.

The helicopter soon arrived, landing nearby, with the flight medics rushing off to assess the condition of the wounded. The casualties were then loaded onto the MEDEVAC aircraft, a Black Hawk helicopter, and flown to a nearby hospital, with some treatment conducted in-flight. The MEDEVAC team learned how to properly calm and handle the dog, including how to ensure his safety by appropriately muzzling and restraining him for transport. They gave both patients oxygen therapy and bandaged their wounds.

Sgt. Kyle Newman, an F Co. MEDEVAC flight medic, said, “Surprisingly, the medical treatment issues are not the biggest challenges. Medics can do the same emergency treatments and give most of the same medications that they use for humans.” The challenge, said SSG James Sherman, also an F Co. flight medic, is that “K-9 patients have different anatomy, and they aren’t able to communicate their injuries like a human patient.”

On landing at the hospital the patients were met by two medical teams: a veterinary team for Apollo and a human care team for his handler. Veterinary personnel are located at three posts in Regional Command West, at Farah, Herat, and Shindand. NATO vets staff Farah and Herat, and Shindand is staffed by Americans.

The MEDEVAC crew expressed appreciation for getting the chance to train with a dog, especially Apollo, whose calm demeanor enabled the unit to learn important skills that will help them treat any Soldier, canine or human.
SYLVANIA, Georgia—The community of Sylvania, Georgia, Screven County High School, and Soldiers of 3rd Combat Aviation Brigade joined local Vietnam War veterans in a ceremony rededicating Kelly Memorial Stadium in honor of MAJ Charles Kelly, August 23, during a pregame ceremony before the Screven County Gamecocks’ first regular season football game of 2014.

Before the ceremony, a memorial was unveiled for the Vietnam War hero. Kelly was honored for his bravery during wartime, for the standards he set for generations of MEDEVAC missions to come, and his legendary last words spoken during his last mission.

Kelly, a 1947 Sylvania High School graduate, died from a single bullet to the heart 50 years ago on July 1, 1964, when he attempted a MEDEVAC during an intense firefight in the Vinh Long province of South Vietnam. Kelly was told he would have a secure landing zone, but immediately upon arrival took a barrage of enemy fire, as he was told to withdraw repeatedly. His reply, “When I have your wounded,” has become the battle cry for the DUSTOFF pilots of today.

Charles Kelly Jr. was on hand to honor his father’s legacy. He also assisted in unveiling the memorial crafted to honor his father. Kelly also talked about why it was so important to rededicate the stadium in his father’s honor.

“It’s important, I think, to pass these things along, so the kids who attend this high school understand why it’s named Charles Kelly Stadium,” said Kelly Jr. “They probably don’t know the story, but after today they will. There are so many things he did, and it’s important to pass that along. I’m very proud of my father, and I’m in awe of what he did.”

“When my father died, I was very young,” continued Kelly Jr. “I always heard as a kid that the Army takes care of its own. It means so much to me especially to have the Soldiers here; it means everything.”

A large crowd of Vietnam War veterans were on hand to honor Kelly’s sacrifice and to be recognized for their service to the country during wartime. Three former members of the original color guard that participated in the original ceremony, when Kelly Memorial Stadium was first memorialized, were present and proudly saluted the colors that were handled by the color guard from Company C, 2nd Battalion, 3rd Aviation Regiment, 3rd CAB.

MAJ Jason Jones currently commands Co. C, 2nd Bn., 3rd Aviation Reg., the unit Kelly led in Vietnam, formerly the 498th Air Ambulance Company. He spoke with pride about the meaning of ceremony to today’s DUSTOFF crews.

“It was an incredible honor to be a part of this dedication, and to provide the color guard and firing party,” said Jones. “Major Charles Kelly is more than a war hero, he was also the founder and pioneer of our noble profession, establishing standards and systems for MEDEVAC helicopters in Vietnam that we still use today in Afghanistan. He made a choice every day to risk his life to save others, and paid the ultimate price. Kelly’s story reminds us that MEDEVAC is a dangerous business, but that the rewards are priceless.”

Retired Army COL Ben Knisely was a lieutenant when he was assigned to the 498th Air Ambulance Company in Vietnam. Though he was not present for the ceremony, he summarized the evening with comments about his experience with Kelly.

“Charles Kelly is none other than a genuine national hero, and for the community to preserve his name and legacy is truly admirable, and the right thing to do,” said Knisely.
The DUSTOFF newsletter is a great forum for our community to share relevant information. It allows us to inform and discuss, as we discern topics on the leading edge of our profession. The Medical Evacuation Proponency Team sincerely thanks the leadership of the DUSTOFF Association for all it does for the Army Aeromedical Evacuation (AE) / MEDEVAC mission. This is my final DUSTOFF newsletter article as the Director of MEPD; I will retire in June 2015. After 30 years of service, I am still inspired by the relationship of the members of the DUSTOFF Association and the active Aeromedical Evacuation Enterprise, which have consistently contributed such relevant work and demonstrate the salient points of our profession. This relationship of the past and present sharing DUSTOFF experience and knowledge is the foundation for maintaining the sacred trust with the Soldiers in harm’s way.

Army’s Dedicated Aeromedical Evacuation System: Historically, synchronizing the effects of intra-theater AE is complex in nature and takes strong collaboration with a multitude of organizations, staffs, and their senior leaders. For example, let’s take a cursory look at two basic missions.

The Army Health System is a complex system of interrelated and interdependent systems, which provides a continuum of medical treatment from the POI through the successive roles of health care. Aeromedical Evacuation is the system that provides the critical linkage between the roles of health care necessary to sustain the patient during transport.

While the mission of Army Aviation, as a key member of the combined arms team, is to find, fix, and destroy any enemy through fire, maneuver, and wide area security. Army Aviation also provides combat support and combat service support in coordinated operations, as an integral member of the combined arms team, fully integrated within joint operational framework. The complexity of our mission is apparent, and recent changes in policy highlight the complexity and importance of intra-theater AE.

During the Army Transformation of 2004, the Vice Chief of Staff Army directed a formal Charter for the Army Aeromedical Evacuation mission between the AMEDD Center and School and the United States Army Aviation Center of Excellence (USAACE). This chartered shared responsibility for MEDEVAC is a first of its kind. After an in-depth review of MEDEVAC procedures in June 2009, the SECDEF directed the Army to a one-hour standard for the evacuation precedence of urgent/urgent surgical patients, which significantly changed the battlefield calculus.

Later that year in October 2009 the Army grew AE Force Structure by nine companies in the Reserve Component. Also, each Air Ambulance Company MTOE grew from 12 aircraft and 12 crews to 15 aircraft and 20 crews in an effort to handle 24/7 operations, an extremely high demand signal. In November 2009 VCSA sent an AE message, describing MEDEVAC as a strategic mission set, establishing patient care as the most important factor in executing MEDEVAC missions, and stating that the effort to save human life warrants accepting additional risk when there is a reasonable expectation of success.

However, the most noteworthy policy change was in December 2010, when the SECDEF issued a new Department of Defense Directive, (DoDD) 5100.01: The Functions of DoD and Its Major Components. The Army was directed to “provide intra-theater aeromedical evacuation,” and no other Service was directed with the Intra-theater AE mission. The possible implications of this directive may generate additional resources and funding the Army AE mission. Without a doubt, the era directly following the 2004 Army Transformation was filled with spirited growth at all levels. It was a huge effort to execute concurrently: transforming the Army, providing forces for two different theaters of air centric combat operations, simultaneous with the operational impacts of the new ARFORGEN cycle, and the 2009 re-transformation of MEDEVAC from 12 ships back to 15.

However difficult, the past 11 years we have grown into an era of common understanding. The AE Enterprise and the Aviation Enterprise have been focused aggressively on creating an Army AE strategy and battle rhythm that synchronizes our senior leadership within the AMEDD and Army Aviation in an effort to enhance senior leader strategic oversight. I am convinced that enhanced oversight will generate enduring solutions and reduce the complexity of this shared relationship and challenges that lie ahead.

Medical Evacuation Proponency builds trust within the Aviation and Medical Community: The U.S. Army Medical Evacuation Proponency Directorate synchronizes the capabilities, requirements, and solutions for the aeromedical evacuation mission into the holistic Health Service Support system. Co-located with the USAACE at Fort Rucker, MEPD has responsibility for integrating AE capabilities into the overarching Joint Capabilities Integration and Development System (JCIDS) process, as it relates to the Army’s acquisition and capabilities development processes. In essence, MEPD is the champion for the end-users; we serve as the key stakeholder, the integrator, or better yet, the point of fusion across the

(From the Wiregrass, continued on page 19.)
(Wiregrass, continued from page 18.)

entire doctrine, organization, training, materiel, leadership, personnel, facilities, and policy spectrum, known as the DOTMLPF-P process. To accomplish this, MEPD synchronizes with the Capabilities Development and Integration Directorate (CID) of the USAACE to facilitate shared understanding and integrate knowledge of emerging changes to Medical DOTMLPF-P issues. On the other hand, we keep the AMEDD’s Medical Capabilities and Integration Center (MCIC) and its capabilities developers informed on emerging Aviation DOTMLPF-P issues that could affect the AE mission. MEPD works closely with both the Aviation and Medical materiel developers: Program Executive Officer for Aviation, the Utility Helicopter Program Manager, the Medical Research Materiel Command, Project Manager MEDEVAC, and Product Director MEDEVAC Medical Equipment Package. MEPD also advises the Army Surgeon General, coordinates with OTSG Staff, National Guard Liaison, and DAMO AVN on all AE programs, projects, and initiatives.

Growing the Army Aeromedical Evacuation 2020 Campaign Plan; eliminating layers and enhancing staff synchronization: Over the past two years, MEPD has made a conscious effort to flatten information among the 34 members of the Aeromedical Evacuation Enterprise. First, we leveraged the electron, with the development of a comprehensive Aeromedical Evacuation Enterprise Portal, sharing corporate knowledge in an effort to grow shared understanding. This portal has formalized our strategic communications, re-enforced our common message and battle rhythm, improved internal processes and calendars, and serves as a repository for all AE Enterprise products. Second, we have focused the AE Enterprise monthly meeting with the integration of the aviation line community, deployed units, the Joint Staff, TRANSCOM, COCOMs, Army Staff, and matured our bonds with the other Services. This meeting has improved staff action effectiveness and efficiency in preventing and solving problems.

The efficiency noticed by AE Enterprise members served as the catalyst for investing the time to build an Army AE strategy. During MEPD FY14 Strategic Planning Meeting, we recognized the imperative to create an AE Campaign Plan. We published the Aeromedical Evacuation 2020 Campaign Plan (AE 2020 CP) in May 2014. MEPD collaborated with many organizations for the grass roots solution. The AE 2020 CP focuses on 5 Lines of Efforts: Balanced Force Structure to meet DoD demands, Improve AE Oversight, Systems Integration and Life Cycle Management, AE Officer and Leader Development, Professionalizing Pre-Hospital Care. The development of this intra-theater Aeromedical Evacuation strategy will serve as the foundation for monitoring and measuring progress with the 5 Line of Efforts and their 35 Projects and Programs as the measurable objectives. This plan will facilitate daily interoperability and serve as the cornerstone for creating enduring solutions and enhancing future corporate synchronization between the AMEDD and Aviation. Our efforts ensured the plan followed, nested, and aligned with Army Strategic Planning Guidance (ASPG), Vision, and Army Campaign Plan (ACP) end state, which is to prevent, shape, and win. The AE 2020 CP also incorporated the major components of Army Medicine 2020 and the Aviation Campaign Plan. This “living document” is a first of its kind for Army Aeromedical Evacuation. You can find a link to a copy on the DUSTOFF Website (http://dustoff.org/Old-news/AECP2020.pdf).

Current efforts creating Aeromedical Evacuation General Officer Steering Committee: In May 2014, we presented the AE 2020 CP to Major General Jones, the Commanding General of the AMEDD Center and School. During this brief, we discussed quarterly AE 2020 CP Updates and the need to develop an Aeromedical Evacuation General Officer Steering Committee (GOSC) with proposed Commanding General representation from AMEDDC&S, MRMC, PEO AVN, and USAACE. In an effort to enhance strategic communications, oversight and management of the AE Charter, MG Jones agreed to the proposal. In July and August, respectively, MEPD briefed BG Marion, Program Executive Officer of PEO-AVN, and MG Lundy, Commanding General of USAACE. Both agreed to the proposal.

Currently, MEPD is working with the senior leaders in the Aviation Enterprise to leverage the Aviation Enterprise Synchronization Model (AESM) for our Council of Colonels and GOSC forum. In the future, one could probably expect two AE 2020 CP updates and two AE 2020 CP GOSC’s in a year. The time to invest in this effort is now; it has been 10 years since the VCSA directed 2004 Charter for shared responsibility between Aviation Branch and the AMEDD of the Army’s Aeromedical Evacuation mission. It is important we begin scheduling the AE GOSC, in a mutual effort to actively recognize and seize opportunities. Developing more formal lines of communications will build relationships and enhance coordination between capability developers and materiel developers for both AMEDD and Aviation. We must ensure our MEDEVAC units are state-of-the-art capable and mission ready in the future. As over the years, I believe the DUSTOFF Association consistently echoes, “This is a medical mission” and “We will accept additional risk to save a life and maintain the trust with Commanders and Soldiers on the ground.”

Quick Thoughts: 1. Up to 90% of all combat deaths occur on the battlefield before the casualty reaches a medical treatment facility. The emerging focus on professionalizing pre-hospital care is on-going; this significantly affects the en-route care mission. The “institutionalization” of the Flight Paramedic, En-route Critical Care Nurse, and on-board blood management will challenge our AE community: Active, National Guard, and Reserves. We need to be more aggressive now.

2. The aeromedical evacuation demand signal will not slow down with combat missions, training with the BCTs at CMTCs, installation MEDEVAC support. The Homeland (Wiregrass, continued on page 22.)
The DUSTOFFer

Future of the Flight Medic Update

USASAM is currently developing a new Flight Medic Program of Instructor (POI) that will be focusing on the medic who has completed the Paramedic and Critical Care Course at JBSA. The training will be more aviation related, and we are looking at conducting the first training during the 4th quarter FY15. We just received three MST to increase our ability to provide world class training to the Flight Medics, Flight Surgeons, and the critical care nurses who come through the courses.

USASAM would like to congratulate Mr. Daniel Strickland, who was selected as Fort Rucker’s 2014 3rd Quarter, Civilian Instructor of the Quarter. We are also looking to the updating of our outdated classrooms, starting 3rd Quarter of FY 15. These classes will be able to provide the state-of-the-art technology needed for the Soldier of today and tomorrow.

Hails and Farewells

The new arrivals to USASAM are SFC James Shields, CPT Michael Bisson, CPT Steven Murty, CPT Matthew Stewart, and LTC Price. Those departed since our last update are CPT Daniel Bunn, MAJ Brian Tripp, MAJ Gerald Bonner, and LTC Robert Wildzunas. 1SG Christopher Rowley will be assuming duties as the First Sergeant of USASAM middle October. He was already assigned to USASAM as the Medical Evacuation Doctrine NCOIC. I wish 1SG Rowley and the rest of USASAM continued success with the future training of the Army’s medical aviation professionals.

Current Trends

The paramedic students who are coming through the flight medic course are doing an awesome job during the course. They find the course still challenging, but they have learned from the firehouse and are able to grasp the concepts that the instructors are teaching.

Students continue to show up to USASAM without a Government Credit card or pay advance. Flight Medic students continue to express limited exposure to medical training and their medical equipment at their units prior to attending the course.

Most important is that we need more participation from the Flight Medics in the Joint En Route Care Course (JECC).

Dustoff!

—DUSTOFFer—

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For help/questions, call Dan Gower, 210-379-3985.
Greetings from the National Capital Region! I would like to start off by congratulating COL Jon Fristoe on his upcoming retirement. Jon tirelessly served DUSTOFF and our Army for nearly 28 years, commanding at all levels and aggressively advocating for our mission and Soldiers as the 67J Consultant. From the entire DUSTOFF family, I wish to thank both Jon and Karrie for their dedication, mentorship, and friendship. Our best on their next great adventure!

I am truly humbled by the opportunity to follow in Jon’s footsteps as the new 67J Consultant, and am excited to serve as a member of the DUSTOFF team. We have seen a significant turnover in several key areas within our AOC that I would like to highlight. COL Vinny Carnazza recently handed off the MEDEVAC Proponency controls to COL Mike Breslin. Vinny and Jane are retiring after 30 years of faithful service. He built an incredible team at Fort Rucker, and they continue to represent us at the tip of the spear at the USAAACE (United States Army Aviation Center of Excellence). There has also been a change at HRC, where MAJ Chris Chung replaced MAJ Nate Forrester as our 67J Assignment Officer. Finally, we have several new 67J faces in the National Capital Region, with COL Chuck Bradley taking over as the Deputy Joint Staff Surgeon, LTC Buddy Meador serving as the MEDEVAC SME in the HQDA G-3/5/7, and LTC Ricky Ortiz serving as the 67J Aviation Staff Officer at the Office of the Surgeon General.

Congratulations are in order for the following 67Js:

Promotion to COL: LTC(P) Dan Bonnichsen was recently selected for O-6. This was an incredibly tough board and only 39 Medical Service Corps Officers were selected (45% of all considered). A total of 19 67Js were considered this year (6 above the zone, 7 primary zone, and 6 below the zone).

Promotion to MAJ:
- CPT(P) Audrey Boenker
- CPT(P) Daniel Bunn
- CPT(P) Joshua Connor
- CPT(P) Samuel Diehl
- CPT(P) Brian Downs
- CPT(P) Alec Finlay
- CPT(P) Justin Goldman
- CPT(P) Sean Henderson
- CPT(P) Damien Meguigan
- CPT(P) Steven Murty
- CPT(P) Travis Owen
- CPT(P) Lyman Reynoldson
- CPT(P) Nolan Roggenkamp
- CPT(P) Ralph Salazar
- CPT(P) Teffany Sample
- CPT(P) Brian Smith
- CPT(P) James Tullis
- CPT(P) Matthew Young

MAJ Rand Shotton – Homeland Security
MAJ Seth Swartz – Homeland Security
CPT Ralph Salazar – Architecture and Engineering

We have many other 67Js, MEDEVAC NCOs and civilians out there who demand our thanks, congratulations, and continued support each and every day. Whether executing our most noble mission around the globe, shaping the Joint Theater Patient Evacuation concept, assessing the MV-22B Osprey for Casualty Evacuation, refining and implementing the Paramedic program, or developing the MEDEVAC acquisition strategy, our 67Js continue to perform exceptionally. DUSTOFF!

—DUSTOFFer—

9A Proficiency Designation Awardees:
- COL Brian Almquist
- COL Vinny Carnazza
- COL Jeff Foe
- LTC Ed Mandril

Long-Term Health Education and Training:
- MAJ Heins Recheungel – MBA Acquisition

When I Have Your Wounded—

The DUSTOFF Legacy

DUSTOFF Documentary
DVD/Blueray Now Available

produced by Arrowhead Films for the U.S. Army Medical Department’s Department of History and Heritage.

Copies are available online
DUSTOFF Store—http://dustoff.org/basic2/store-open.asp
Arrowhead Films—http://www.arrowheadfilms.com/store

DVD: $20
BluRay High Definition: $25
Closing Out the Flight Plan

Kent W. Bennetts
September 14, 1931 – June 19, 2014

Kent Bennetts passed from this life at his home in Olathe, Kansas, on June 19, 2014. He was born September 14, 1931, in Flint, Michigan, the son of Weldon J. and Mabel E. (Weaver) Bennetts. He graduated from Fenton High School, Fenton, Michigan, in 1949 and attended Graceland College in Lamoni, Iowa, prior to enlisting in the United States Army in 1951. Kent served in the Korean War with the 68th Engineering Company and afterward was accepted for Officer Candidate School at Fort Benning, Georgia. He was commissioned as a 2nd Lieutenant in the Infantry and later entered the Medical Service Corps. After completing his initial military service, Kent attended the University of Missouri at Kansas City School of Pharmacy. Kent re-entered the U.S. Army in 1957 and became a helicopter pilot.

He served in Viet Nam as a member of the DUSTOFF medical evacuation team during the 1965-66 buildup of American forces.

Kent retired from active military service at the rank of Major after a 23-year career. He was a senior aviator and was awarded the Air Medal with 8 oak leaf clusters, the Vietnamese Cross of Gallantry, the Combat Medical Badge, as well as numerous other decorations during his career.

Kent was a member of the American Legion, the Veterans of Foreign Wars, the Viet Nam Helicopter Pilots’ Association, the Solo Pilot Association, and the DUSTOFF Association.

After retiring from the Army, Kent graduated from the Research Medical Center School of Nursing in 1977, having served as President of his class. He worked as an ICU nurse at Cushing Hospital in Leavenworth, Kansas, from 1977 to 1980, and then as an industrial nurse with the Hallmark Company in Leavenworth, Kansas, until his retirement in 1989. Kent also was a volunteer camp nurse for Camp Adventure, a camp for children and young adults with spina bifida, cerebral palsy, and muscular dystrophy.

Kent served as the president of the Leavenworth County Mental Health Association for four years and was a member of its Board of Directors for nine years. He was a lay minister for the Community of Christ and also volunteered with the Leavenworth County Office of Emergency Preparedness, working both as a nurse and weather

Defense/Defense support to Civil Authorities tiered training mission will increase. Army Support to Other Services (ASOS) will continue, and the Humanitarian Assistance/Disaster Relief mission will reoccur.

3. We need to continue to validate MEDEVAC Force Structure with statistical rigor and continue to recognize that the Army is the sole Service with a dedicated MEDEVAC system.

4. We need to discern with senior leaders the effects from DODD 5100.01; has the Army fully leveraged the DoD Directive?

5. Lifecycle management of the AE fleet is critically important. Currently, we have four types of platforms with multiple configurations; a prudent process review to identify how to standardize and generate commonality will reduce lifecycle cost and increase capabilities in the future.

6. Our efforts in OEF and OIF have provided great aeromedical evacuation experiences. The Army needs aeromedical evacuation expertise on COCOM staffs. With each new operation, we must be more aggressive on the detailed AE planning in the immature theater to reduce workload on the operational units. Our future success relies on leveraging all aspects of the two mutually supporting systems. Synchronization across the DOTMLPF-P at the joint level will foster a more centric system and create a focus on resourcing the patient movement system as a whole.

Full Stop: As I line up for my final approach, I want to make sure you hear it from me—Thank you all, especially the Viet Nam-era crews! The DUSTOFF Association and its effect on our profession, a 92% survival rate, is inspiring and demonstrates our commitment to maintain the DUSTOFF Tradition of Excellence. The DUSTOFF Association and its annual events breed the successful culture of the DUSTOFF mission and crew. However, I continue to sense caution with our Army. I can say with certitude, we have challenging times ahead. The Army has a non-negotiable mission to win our nation’s wars, and aeromedical evacuation plays a key role in maintaining the trust in that relationship. Continued fiscal constraints will force us to focus on maximizing the effects of our limited resources. We must stay focused on balancing force structure, readiness, and modernization of the AE fleet. Our units must be capable, trained, and ready; we owe that to all Service Members. Only after a quick 30 years, one recognizes how much more there is to know. Hey, with this DUSTOFF life, now I realize more than ever, you must be young to undergo such experiences to remain sane and be able to laugh about it, while you’re suit up for the next mission. “When I Have Your Wounded.”

—DUSTOFFER—
Closing Out the Flight Plan

spotter. He also was on the Board of Directors for Nurturing Families, Inc.

Kent was preceded in death by his beloved wife of 54 years, Mary Louise Bennetts, his daughter Diane Bennetts, his parents, and a sister and brother. He is survived by his sons, Paul Bennetts (wife Nadine) of Lenexa, Kansas, and Mark Bennetts (wife Laura) of Lansing, Kansas, as well as ten grandchildren and 17 great-grandchildren.

Kent was cremated and inurned with his wife, Mary, at the Fort Leavenworth National Cemetery. A memorial service of celebration of his life was held at the Leavenworth Community of Christ on July 1, 2014.

Memorial donations may be made to Outreach International, the Community of Christ Health Ministries Association, or the Research College of Nursing.

Willie Mercy Dixson

Born in 1927, the oldest of five children, Willie Mercy Dixson was an extraordinary human being. Instilled with a resounding sense of duty and responsibility, he began working at a young age and continued to support his family at home by sending allotments from his paychecks.

The year 1948 would find “Bill” Dixson enrolled at Eta Jima, Japan’s 8th Army Transportation Training School in a Cargo Checker’s Course. In 1950, he became part of the Army’s first integration effort, as a platoon sergeant of an ambulance company assigned to a M.A.S.H. (Mobile Army Surgical Hospital) unit in Korea.

Bill graduated from Army Aviation School to follow up his training in Germany, and then a year in Vietnam. Although many a night he came back to base with numerous holes in his chopper, he had the great good fortune never to be shot down.

Bill’s studious demeanor saw him through the 559th Medical Ambulance Company (AFFE) to the 45th Medical Company Air Ambulance “Dustoff,” continuing with a stint at the 388th Evacuation Hospital, as well as the 63rd Medical Detachment, and rounding out his career serving as Commanding Officer of the 507th Medical Battalion. Throughout an undeniably distinguished career, spanning 22 years, he earned various accolades, including the Gallantry Cross w/Silver Star and the Award of the Distinguished Flying Cross. Bill retired with the rank of lieutenant colonel in 1970.

As for his life off-duty, Bill married his high school sweetheart, Olivia Marie Harrison Dixson, when he first came back from Korea, in 1952. During the course of their union, Bill and Olivia were blessed with two children. Henry currently resides in San Antonio and has a long-standing career as a registered nurse, and Debra Dixson Sovers, who followed in her father’s military footsteps and paid the ultimate price. She died of lymphatic cancer after serving in Operation Desert Storm.

This casualty afforded Bill with the unique opportunity to practice extreme amounts of patience, as he reared his granddaughter, Veronica Dixson. He rose to the challenge and completed the perilous job of raising a teenage girl all over again, to be rewarded with his great-grandson, Kamul Alexander Dixson. Sadly, a few short months later, Bill lost his wife to COPD.

In 2011, after a decade-long friendship, he embraced love and happiness once again by marrying July Rieger Dixson. This time he was able to fulfill his dream of moving to the country, where he spent the last few months of his life watching their son, Caleb Rieger Dixson, enjoy the open expanse of countryside and picking on his wife about her abundance of plants.

An effervescent man who always enjoyed meeting new people, conversing with friends, and helping his fellow man, Willie “Bill” Dixson will be sorely missed. We send you from this realm to the next, with all the love and fondness we have to offer. Thank you, Bill, for giving us the honor of knowing you. You are truly one of a kind.

LTC Joseph I. Martin Jr.
February 24, 1927 – December 8, 2012

LTC (R) Joseph I. Martin Jr., of Enterprise, Alabama, passed away Saturday, December 8, 2012, at Medical Center Enterprise. He was 85.

A funeral was held on December 11, 2012, at the Saint John Catholic Church, with Father Gregory Okorobia presiding. Interment was in Arlington National Cemetery.

In lieu of flowers, the family asked that donations be made to the Saint John Catholic Church, Building Fund, P.O. Box 311066, Enterprise, AL 36331-1066.

Joseph was born February 24, 1927, in Des Moines, Iowa, to the late Major General Joseph I. Martin Sr. and Margaret Shander Martin. He graduated from West High School in Rockford, Illinois, and earned a BS Degree from the University of Illinois and an MA Degree from Baylor University.

Joseph entered the U.S. Army in 1944 and served during WWII, Korea, and Vietnam Wars. He served for 24 years, earning the rank of lieutenant colonel. He received many awards and medals, including the Purple Heart, and was a member of the DUSTOFF Association. He served as Administrator of Lyster Army Hospital at Ft. Rucker, Alabama. While at Ft. Rucker, he volunteered for 20 years, teaching in the photo-lab. He was a member of the Saint John Catholic Church.

In addition to his parents, two sisters, Justine Smith and Dolores Tackett, and two brothers, COL George W. Martin and SGT Robert Martin, all preceded him in death.

Survivors include his wife of 50 years, Dolores Martin, Enterprise, Alabama; two daughters, Catherine Martin Johnston (Mark), Opelika, Alabama; and Dr. Sandra Elizabeth Martin, Raleigh, North Carolina; a son, Joseph I. Martin (Dee Ryland), Arvada, Colorado; grandchild, Mikayla Anne Martin; and his favorite canine companion, Max.
Huey Mechanic Talks of Life Aboard Lifesaving Aircraft

by Jen Rini, Delaware State News, updated May 25, 2014

DOVER — John Sabanosh is what veterans call a “dustoff boy.” Mr. Sabanosh, along with many other young 20-somethings over 40 years ago, braved the land and skies with an aeromedical helicopter evacuation unit in the Vietnam War. In 1969, he was a 20-year-old crew chief trained to maintain the flying ambulance: a UH-1 Huey helicopter that flew straight into actual combat fi res.

“That’s where you pulled them up off the ground and tried to get out of there in one piece and to the hospital,” Mr. Sabanosh, now 66, recalls.

In between the time the helicopter was airborne and landed, he only had one thing on his mind: “Get the wounded on board and get out of there as quickly as possible,” he said.

“It would take then an hour to get the wounded out of there and to a hospital where they could have a real chance of survival. So that was where we were, the lifeline for the guys on the ground to get them out.”

Mr. Sabanosh, a former police officer and driving school instructor, shared his experiences on the frontline as the keynote speaker for the Kent County Chapter 850 Vietnam Veterans of America Memorial Day Ceremony at the Kent County Veterans Memorial Park in Dover.

He waxes nostalgic when thinking of his time with the 45th Medical Co. “I carried an eight-ball in my pack and one of those miniature Bibles,” he said.

Before Mr. Sabanosh left his home in Pequannock, New Jersey, and shipped off to South Vietnam, near Saigon, a former Marine and fellow church member passed along an eight-ball and told him it was a good luck charm.

“I carried that with me and I am still here,” he said.

His aircraft was shot down five times while rescuing wounded Soldiers. “Sometimes we came out beat up ourselves,” Mr. Sabanosh said. “The meltdown would come later. (You’d) look back over your shoulder, and you count your fingers and your toes. Most folks don’t understand it; it’s just something you do.”

Mr. Sabanosh did not have a background in the medical field. He was in school to become a teacher. He just simply decided to volunteer for the Dustoff crew, since it was not an assault-type of job. Little did he know, it was one of the most dangerous missions.

Mr. Sabanosh, now 66, recalls.

“Odds are about five to one,” he said.

The slogan for the Dustoff pilots and crews was “So others may live.” To defend themselves, each crew member was given a revolver.

“Big deal,” Mr. Sabanosh said with a laugh.

Although he was technically the mechanic for his crew’s Huey, all the members did double duty.

“When people getting shot and killed, we all cross-trained one another. It was the need; it was survival, and it was the mission.

“And our mission to get those wounded out was first and foremost. It didn’t matter who did what,” he said.

He recalls spending most of his time with the medics, patching up gunshot wounds, trying to keep Soldiers alive.

“Sometimes we had to perform our own knee surgeries just to keep them going. Many times we failed at doing that, and it was not a happy moment,” Mr. Sabanosh said.

“It’s quite sobering for you. It gives you a whole new look on the meaning of life.”

He remembers soldiers grabbing his shirt, calling for their mothers, or asking if they were going to make it.

“A 20-year-old was seriously injured. He’s looking for his mom because he’s a kid. We were kids.”

The Huey helicopter dedication at the Memorial Day ceremony is for those young Soldiers who couldn’t make it home.

Since November, the helicopter has made a 1,000-mile journey from Melbourne, Florida, to Dover and has spent time in a warehouse in Leipsic, where it was restored and painted.

The Huey, now covered in a fresh coat of its original military green and adorned with medic decals on the front and sides, has a home in Dover.

“It’s about all those boys who really made that sacrifice to keep our country the way it is, to preserve all things we just take for granted. It’s not about us who came home. We are still here,” he said.

Flight Medic Training

The Army National Guard has been intimately involved with the recent initiative to improve patient en-route care by our MEDEVAC units, specifically by the 68W Flight Medic. When C Company, 1-168th MEDEVAC (California ARNG) deployed to Afghanistan recently, they did so with a complement of fully trained NREMT-Paramedics. The results were startling; the units achieved significantly higher survival rates.

Today we are leveraging this lesson-learned to enhance flight medic training. Paramedic and critical care training not only meets today’s mission requirements, but will revolutionize our capability to provide far forward advanced trauma care in support of future operational concepts and mission requirements.

As a result, the U.S. Medical Command commander authorized $40 million to train all Flight Medics to this standard over the next five years. The goal is to have all Guard Flight Medics certified by FY 18.
36th Annual DUSTOFF Reunion Information

For our 36th DUSTOFF Reunion we have pulled out as many of the stops as we can get our hands on. We are deeply supported by and embedded with the Army Aviation Association Quad-A Summit. This year’s reunion immediately precedes this major event. We’re meeting in Nashville, Tennessee, at the Gaylord Opryland Hotel.

TOURS: We have two tours planned. First tour is Thursday afternoon, 26 March 2015 and will take interested DUSTOFFers to Fort Campbell, Kentucky (one hour and 15 minutes driving time, approximately). We plan on touring the 101st Airborne Division headquarters, the 101st Airborne Museum, and the unit hangar for the C/6-101 (50th Med Co) and C/7-101 (542 Med Co) DUSTOFF at the airfield. Following that tour, which will include viewing one of the newest UH-60 DUSTOFF Aircraft (UH-60M), we’ll have dinner in the 101st Combat Aviation Brigade Dining Facility. LTC Dave Zimmerman, a proud DUSTOFFer and the GSAB commander, will be our host.

Second tour will be on Friday beginning at 10 a.m. and will be to the Belle Meade Plantation. Group Tours are exceptional, and feature the intimate stories of the various people who created Belle Meade Plantation and its beautiful grounds and architecturally significant buildings. Throughout the 45-minute guided tour of the 1853 Greek-Revival Mansion, a century of Belle Meade Plantation’s history is told through the eyes of the Harding and Jackson Families and the skilled laborers who collectively worked to make the plantation America’s premier Thoroughbred Horse Farm. After the guided tour of the Mansion, guests will enjoy a complimentary wine tasting. Following the tasting, guests are encouraged to enjoy the self-guided portion of the tour. There are eight historic buildings on site, including a massive 1800’s Carriage House and Stable.

TOURS MUST HAVE 20 PEOPLE SIGN UP TO “MAKE” THEM POSSIBLE. YOUR CREDIT CARD WILL NOT BE CHARGED FOR THESE TOURS IF THEY DO NOT “MAKE.” CUTOFF FOR SIGNING UP FOR TOURS IS 6 MARCH, SO WE CAN MAKE RESERVATIONS AND RENT VANS/BUSSES.

GOLF: Bill Colbert is CINC Golf this year, and with the help of Johnny West and Ron Wilson, we anticipate another great tournament. Bill has secured some great prices at the Old Hickory Country Club for golf, lunch, and club rentals. We need LH/RH requirements for rentals ASAP, as they only have 5 sets on hand.

MEALS: Opryland Hotel is a massive establishment. We are very small potatoes in this venue. As such, we can bring very little pressure to make last-minute changes. Therefore, ALL meal requirements must be made final 10 days before the event. Thus, we MUST have registrations in before 15 March 2015. Registrations received after 15 March might NOT get meal requests.

Your Executive Council has worked hard to prepare this year’s reunion. We recognize costs are about 25% higher than last year, and that’s the price of admission in larger venues. Quad-A has helped with their leverage in terms of helping us get great meeting venues and keeping costs as low as possible.
Thursday, 26 March 2015

1000–2000 — Registration Open, Store Open


Friday, 27 March 2015

1200–1900 — Registration, Store Open (Governor’s Chamber A)

0800–0900 — Registration for Chuck Mateer Golf Classic (Old Hickory Country Club)

0900–1500 — Chuck Mateer Golf Classic (Old Hickory Country Club)

1000–1500 — Tours of Belle Meade Plantation and Corsair Brewery Taproom

1400–1830 — Hospitality Room Open (Colonnade Suite)

1900–2200 — Reunion Mixer and Buffet (Delta Ballroom B)

2200–2400 — Hospitality Room Open (Colonnade Suite)

Saturday, 28 March 2015

0900–1000 — Professional Meeting

0900–1300 — Spouses’ Luncheon (Delta Island E)

1000–1100 — Business Meeting (Governor’s Chamber D)

1430–1600 — Hall of Fame Induction, (Governor’s Chamber D)

1500–1730 — Hospitality Room Open (Colonnade Suite)

1700–1800 — Cash bar at Banquet (Delta Ballroom)

1800–2000 — Banquet: Welcome

Invocation

Dinner

Awards

2100–2400 — Hospitality Room Open (Colonnade Suite)

Sunday, 29 March 2015

0900–1000 — DUSTOFF Memorial Service (Governor’s Chamber D)

You may register online using your credit card at <http://dustoff.org/reunion/registrationform.htm>.
Member’s name __________________________________ Spouse’s name ____________________________

Home/Mailing address __________________________________________________________________________

Email address _________________________________

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

**Hotel Reservations:**

To reserve your room, you may call the Gaylord Opryland Hotel at 1-615-889-1000. Mention you are with the DUSTOFF Association and part of the Quad-A Government group to get a special rate of $132/night. Or you may book your hotel room online at <https://aws.passkey.com/g/27159137>. These rates apply for March 24-April 2, 2015. The link above takes you to “Army Aviation Mission Summit – Quad A” — book using that meeting/link.

**Tour of Fort Campbell:** (must have 20 to schedule bus/van transportation) $20/person $________

**Tour of Belle Beade Plantation:** (must have 20 to schedule group tour and bus/van transportation)

- Group tour rate is $13.00/person. Transportation is $20/person; $33/person $________
- Transportation _____ persons @ $20/person **PLUS** Tours _____ persons @ $13/person $________

**Chuck Mateer Golf Classic:**

- All Golfers (includes cart) $65/person _____ persons $ __________
- Clubs rent for $25/day—Limited number available. Specify LH_____ or RH_____

**Friday Night Mixer Buffet (Delta Ballroom B):**

- Mixer Buffet—*Nashville Style BBQ* $46/person _____ persons $ __________
- If you prefer a vegetarian meal, check here ____.

**Spouses’ Luncheon (Delta Island E):**

- Delta Island Room E—Opryland Hotel $30/person _____ persons $ __________
- If you prefer a vegetarian meal, check here ____.

**Saturday Night Banquet (Delta Ballroom B):**

- Dinner _____ persons $ __________

  Choose one entrée for each guest: ___Sorghum Glazed Short Ribs—$75 ___Chicken—$56 ___Vegetarian—$56

Please send registration form and check to: DUSTOFF Association
C/O Dan Gower
116 Shady Circle
Sunrise Beach, TX 78643
DUSTOFF Association
P. O. Box 8091
San Antonio, TX  78208-0091

Address service requested

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 ed@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>.