

COMBAT MEDICAL BADGE

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

ONE HUNDRED EIGHTH CONGRESS

FIRST SESSION

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JULY 29, 2003
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COMBAT MEDICAL BADGE

TUESDAY, JULY 29, 2003

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The committee met, pursuant to notice, at 2:10 p.m., in room SR-418, Russell Senate Office Building, Hon. Arlen Specter (chairman of the committee) presiding.

Present: Senators Specter, Rockefeller, and Murray.

OPENING STATEMENT OF HON. ARLEN SPECTER, U.S. SENATOR FROM PENNSYLVANIA

Chairman SPECTER. Gentlemen, the Committee on Veterans' Affairs will now proceed. This afternoon, we will hear first on the issue of whether combat medical badges should be awarded to the brave men and women who participated in Dustoff missions in Vietnam, and then we will move ahead to health-related bills. At the outset, we are going to see a video presentation to put our hearing into focus. So we shall proceed with that at this time.

[Video played.]

Chairman SPECTER. Our first witness is going to be Mr. Michael J. Novosel. Mr. Novosel flew his first combat mission as a U.S. Army Air Corps B-29 pilot during World War II. When hostilities broke out in Vietnam, Lieutenant Colonel Novosel wanted to return to combat. They had too many of his rank, but he was so anxious to join that he returned to the Army as a warrant officer and began flying helicopters.

On October 2, 1969, he and his crew saved 29 soldiers during a mission that totaled 11 hours in the air. In recognition of his valor and devotion to duty, he was awarded the Medal of Honor at age 46. He was the Army's oldest Medal of Honor recipient in the Vietnam War.

Thank you very much for joining us, Colonel. The floor is yours.

STATEMENT OF CHIEF WARRANT OFFICER 4 (RET.) MICHAEL J. NOVOSEL, M.O.H.

Chief Warrant Officer NOVOSEL. Thank you, Senator. I appreciate those kind words. You sort of took the sails out of what I have to say now.

Good afternoon. My name is Michael J. Novosel. I am a retired Air Force and Army aviator. I was a military aviator in three wars and saw combat in two. Thirty-two years ago, the parent body of this committee, the Congress of the United States, bestowed upon

me the honor that has defined so much of my life, the Congressional Medal of Honor.

My wartime service ranges from the airfields of Tinian and the Marianas, flying B-29s in the Second World War, to the rice paddies of Vietnam, flying Hueys on medivac Dustoff missions. During those many years, I witnessed the best and the worst of humankind.

One cannot be exposed to years of war and combat without being aware of the dedication, selflessness and bravery of those who do the fighting and the dying. Without a doubt, some of the most heroic people were the Dustoff men who rode with me in my medivac helicopters in Vietnam. I was honored for my efforts while commanding one of the air ambulances, but those young men behind me, in back of me, caring for the wounded and saving lives, were the real heroes.

To appreciate the sacrifices they made, one has to understand the magnitude and the intensity of the task. These medics, armed with stethoscopes, blood and IVs, rather than guns and ammunition, managed to save hundreds of thousands of lives. Their operating table was the litter, sometimes the flight deck, awash in blood.

They kept men with traumatic amputations, sucking chest wounds, bullet-riddled bodies alive; finding the collapsed vein to give them the sorely needed transfusions. Mouth-to-mouth resuscitation was administered, regardless of race or nationality. The medics often knew their responsibilities; giving life-saving medical care to the wounded until they were delivered to hospitals for advanced treatment. They were under intense physical and mental pressure.

When they flew, they put their lives on the line to save others, and 55 of them did not return. Many were killed while tending to the wounded, others died in crashes caused by attempts to rescue under impossible weather conditions. They are memorialized on the black marble wall by the Reflecting Pool, along with 58,000 others.

What sets them apart, at least to those who served with and knew them, is the singular sense of mission that they displayed. Yet their efforts have not been recognized. They have not received the honor that they so richly deserve.

For years, American soldiers who carried a gun into battle were authorized to wear the Combat Infantry Badge. Eventually, it was decided that those equally heroic men who went into battle without a gun, but with a medical bag, would be authorized to wear the Combat Medic's Badge.

However, the Medic's badge award criteria is written in language which precludes Dustoff medics from being eligible for the award. Overly strict interpretation of the regulation produced this dichotomy. The regulation requires the Medic to be "assigned to an infantry unit." Had the regulation read "assigned or supporting an infantry unit," that problem may have been overcome. Dustoff regularly worked with infantry units, but its personnel were assigned to aviation units, not infantry units.

The regulation covering the award of the CMB was written at a time when Dustoff did not exist. Those who administer the regulation have not adjusted their interpretation of that regulation to co-

incide with the realities of the changing nature of war. Dustoff is a product of that change. The Dustoff personnel pioneered and developed the concept of aeromedical evacuation.

In Vietnam, they regularly went into the thick of battle to rescue wounded soldiers. Dustoff crews did this, knowing they would be subjected to enemy fire, yet the medic and the crew chief left the helicopter to get the wounded. It was not uncommon to see bullets hitting the rice paddies around them while the medic and the crew chief retrieved the wounded, but they never wavered.

I witnessed the heroism of medics and crew chief as they performed their duties. I cannot recall a single instance of a Dustoff crewman seeking refuge from enemy fire, shirking his duty or ignoring the plight of their brothers. I do recall, however, a continued commitment to the mission: easing the pain of the wounded, relieving them of the trauma of battle and rescuing people and saving lives.

My Dustoff crew—when I flew that mission on October 2, 1969—were expecting no reward, but the Army and the Congress presented me with the Medal of Honor. I am aware that the Army writes regulations; that Congress does not. Therefore, I ask this committee and this Congress to honor the Dustoff Medics and direct the Department of Army to change this regulation and make those people eligible for the Combat Medics Badge. No group of individuals can be more worthy of that badge.

It would be a beautiful gesture if the Department of Army were to posthumously award the first Combat Medic Badges to those 55 brave men who are memorialized on the wall and who lost their lives saving others.

I thank you for your time and attention.

[The prepared statement of Chief Warrant Officer Novosel follows:]

PREPARED STATEMENT OF CHIEF WARRANT OFFICER 4 (RET.)
MICHAEL J. NOVOSEL, M.O.H.

Good afternoon Senator Specter, members of the Committee and Honored Guests:

My name is Michael J. Novosel; I am a retired Air Force and Army Aviator. I was a military aviator in three wars and saw combat in two. Thirty-two years ago the parent body of this Committee, the Congress of the United States, bestowed upon me the honor that has defined so much of my life; the Congressional Medal of Honor.

My war time service ranges from the airfields of Tinian and the Marianas, flying B-29s in the Second World War to the rice paddies of Vietnam, flying Hueys on Medivac (Dustoff) missions. During those many years I witnessed the best and the worst of human kind.

One cannot be exposed to years of war and combat without being aware of the dedication, selflessness and bravery of those who do the fighting and dying. Without a doubt, some of the most heroic people were the Dustoff Crewmen and Medics who rode with me in my Medivac helicopters in Vietnam. I was honored for my efforts while commanding of the air ambulances, but those young men behind me, caring for the wounded, and saving lives, were the real heroes.

To appreciate the sacrifices they made, one has to understand the magnitude and intensity of the task. These Medics, armed with stethoscopes, blood and IV's rather than guns and ammunition, managed to save hundreds of thousands of lives. Their operating table was the litter; sometimes the flight deck awash in blood. They kept men with traumatic amputations, sucking chest wounds, bullet riddled bodies alive; finding the collapsed vein to give them the sorely needed transfusions. Mouth to mouth resuscitation was often administered regardless of race or nationality. They knew their responsibilities; giving life saving medical treatment to the men in their

care until they were delivered to hospitals for more advanced treatment. They were under intense physical and mental pressure.

When they flew they put their lives on the line to save others, and fifty-one of them did not return. Many were killed while tending to the wounded; others died in crashes caused by attempts at rescue under impossible weather conditions. They are memorialized on the black marble wall down by the Reflecting Pool, along with 58,000 others.

But what sets them apart, at least to those who served with and knew them, is the singular sense of mission that they displayed. Yet their efforts have not been recognized; they have not received the honor they so richly deserve.

For years American soldiers who carried a gun into battle were authorized to wear the Combat Infantryman's Badge. Eventually it was decided that those equally heroic men who went into battle without a gun, but with a medical bag, would be authorized to wear the Combat Medic's Badge.

However, the Medic's badge award criteria is written in language, which precludes Dustoff medics from being eligible for the award. Overly strict interpretation of the regulation produces this dichotomy. The regulation requires the Medic to be "assigned to an infantry" unit. Had the regulation read, "assigned to or supporting an infantry" unit there would be no problem with the award of the CMB. Dustoff regularly works with infantry units, but its personnel are assigned to aviation units, not infantry units.

The regulation covering the award of the CMB was written at a time when Dustoff did not exist. Those who administer the regulation have not adjusted their interpretation of it to coincide with the realities of the changing nature of war. Dustoff is a product of that change. Its personnel pioneered and developed the concept of aeromedical evacuation. In Vietnam they regularly went into the thick of battle to rescue wounded soldiers. Dustoff crews did this, knowing they would be subjected to enemy fire, yet the medic jumped off the helicopter, got to the wounded and proceeded to load the casualties. It was not uncommon to see bullets hitting the rice paddies while the medic tended to the wounded, but he did not waver.

I witnessed the heroism of my medics as they performed their duties. I cannot recall a single instance of a Dustoff medic seeking refuge from enemy fire, shirking his duty or ignoring the plight of his brothers. I do recall, however, a continued commitment to the mission; easing the pain of the wounded, relieving them of the trauma of battle, rescuing people and saving lives.

My Dustoff crew and I flew the mission of 2 October 1969 expecting no reward, but the Army and the Congress presented me with the Medal of Honor. I am aware that the Army writes the regulations; that Congress does not. Therefore, I ask this Committee and this Congress to honor the Dustoff Medics and direct the Department of the Army to change that regulation, and make them eligible for the CMB. No group of individuals can be more worthy of that badge. I further ask that the Army expedite the matter and plan to present the awards by November 11—Veterans Day. It would be a magnanimous gesture for the Department of Army representative to posthumously award the first Combat Medic Badges to those 51 brave men who are memorialized on the Wall, and lost their lives saving others.

I thank you for your time and attention. I will make myself available to any questions the Committee might have for me.

Chairman SPECTER. Thank you very much, Colonel. May the record reflect that Michael J. Novosel is the author of a book, "Dustoff," that outlines the gallant service of combat medics in Vietnam.

Our next witness is Mr. John M. Travers. He enlisted in the Army in 1969, graduated from flight school the following year, and served in the Republic of Vietnam in the 82nd Medical Unit. Mr. Travers separated from active duty in 1972. He was born in Harrisburg, Pennsylvania, attended schools there and graduated from Penn State in 1980, Summa Cum Laude, with a degree in education. In his earlier days, he had been an All Star—All State—basketball player.

Welcome, Mr. Travers. Thank you for joining us, and we have limited the time to 3 minutes on opening statements.

**STATEMENT OF CHIEF WARRANT OFFICER 5 (RET.)
JOHN M. TRAVERS**

Chief Warrant Officer TRAVERS. Thank you, Senator.

Good afternoon, and to other members of the committee.

It is an honor to be here before you today, and I speak on behalf of not only those who served in Dustoff, but the literally hundreds of thousands of infantry soldiers who owe their lives to the Dustoff crews. It is an honor to lead such a righteous fight with the support and assistance of some very sincere people, and many of them are here today, and I thank them for their efforts.

I had the very great privilege to serve as a Dustoff pilot during the Vietnam War, with the bravest group of men that I have ever known. Typical of them was Kevin Donaghue, who is in this room today, a medic who I personally watched jump from my aircraft, under extremely intense fire, and run through a mine field to retrieve a wounded soldier and bring him back to our aircraft, all the while AK-47 rounds were exploding around him. That picture still plays in my mind over 30 years later and will never diminish.

No rational man would have done what Kevin did that day. I witnessed what love of your fellow soldier can inspire a man to do. You must understand, though, that this was not a singular occurrence, but rather a daily ritual that gained the admiration and love of those on the ground for the call sign "Dustoff."

It was those experiences that drove me to start this campaign to right an injustice that has gone on too long. I really believe, as God is my judge, that if the authors of the Combat Medic Regulation had known that in the future there would be wars with nonlinear battlefields, where helicopters would become the means to rescue wounded soldiers from the battlefield, they would have put Dustoff medics at the top of the list of defined recipients.

I am consistently frustrated by the irony that our Army is allowed a 58-year-old regulation to remain intact, when all of its battle doctrine has been updated to reflect the modern waging of war. I suggest that when one reduces this fight to that, its simplest level, it does not make any sense.

Those of us who served our country as Dustoff crew members in Vietnam did so to the best of our ability. When we came home to an unaccepting America, there were no parades and few words of appreciation, but we learned to accept that because we had made a difference to our fellow soldiers, and that was the ultimate difference, the difference between life and death.

We went on with our lives and asked for very little, if anything, and the experience has made us all a close-knit family. Ironically, as the years have passed, we have seen what only can be described as a slap in the face to the Dustoff, from an Army that we served so loyally.

After Desert Storm, the chief of staff of the Army waived the requirement for the Combat Medic Badge and allowed it to be awarded to medics in armor and ground cavalry units. Now, let me be perfectly clear. I am glad those medics got that award, and they earned that award, but what I cannot understand is why the Army would not take a look at the Dustoff medics of Vietnam, who did their duty for a year, day in, day out, under fire, and to be considered not qualified. The numbers speak for themselves. In Vietnam,

Dustoff flew thousands and thousands of missions and saved hundreds of thousands of lives. Is it any wonder that so many Vietnam veterans feel abandoned and forgotten by the very institutions they pledged to defend with their lives?

On a black piece of granite just a few short blocks from here appear the names of 55 of our brother Dustoff medics and over 200 Dustoff crew members, pilots and crew chiefs. Perhaps those within the Army who oppose this award should take a walk some lunch hour along that wall and tell me that Dustoff medics did not earn the Combat Medic Badge. I would be happy to meet them there face-to-face and discuss and, if necessary, debate that notion. I suspect that those within the Army that would oppose this award have never been to that wall, which is one of the reasons why we brought a piece of it here today to you, Senator, in the form of those etchings of the 55 names.

We are here before you today, to ask no favors or anything for ourselves, but we have earned the right to demand the Army do what is morally correct. Every day my medics grow older. Indeed, some have already died unrecognized and unrewarded. One of my best friends is now dying in Indianapolis of cancer. I humbly, respectfully and firmly beg this committee to do whatever has to be done to correct this, since the Army seems unable to itself.

Thank you for your time and patience.

[The prepared statement of Chief Warrant Officer Travers follows:]

PREPARED STATEMENT OF CHIEF WARRANT OFFICER 5 (RET.) JOHN M. TRAVERS

Good afternoon Senator Specter and members of the committee.

It is an honor to come before you today to speak on behalf of not only all those who served in Dustoff, but also the literally hundreds of thousands of men who are alive today because of Dustoff medics. It is also an honor to lead such a righteous fight with the support and assistance of some of the most sincere people a person can ever know: the people who are here with us today—and I take this brief moment to thank them publicly, on behalf of every Dustoff medic that ever was. Thank you very much, all of you.

I had the very great privilege to serve as a Dustoff pilot during the Vietnam War with the bravest group of men I have ever known. Typical of them was Kevin Donaghue, a medic who I personally watched jump from my aircraft, under extremely intense fire, and run through a mine field to retrieve a wounded soldier and bring him back to our aircraft, all while AK 47 rounds exploded around him. That picture still plays in my mind over 30 years later, and will never diminish. No rational man would have done what Kevin did that day; I witnessed what love of your fellow soldier can inspire a man to do. You must understand this was not a singular occurrence, but rather a daily ritual that gained the admiration and love of those on the ground for the call sign "Dustoff."

It was those experiences that drove me to start this campaign to right an injustice that has gone on too long. I believe as God is my judge that if the authors of the Combat Medic Regulation had known that in the future there would be wars with non-linear battle lines, where helicopters would become the means to rescue wounded soldiers from the battle field, they would have put Dustoff medics at the top of the list of defined recipients. I am constantly frustrated by the irony of our Army allowing a 58-year-old regulation to remain intact when all of its battle doctrine has been updated to reflect the modern waging of war. I suggest that when one reduces this fight to that—its simplest level—it just doesn't make any sense, does it?

Those of us who served our country as Dustoff crewmembers in Vietnam did so to the best of our ability. When we came home to an unaccepting America, there were no parades and few words of appreciation, but we learned to accept that because we knew we had made a difference to our fellow soldiers, and that it was the ultimate difference, the difference between life and death. We went on with our lives and asked for very little, if anything. And the experience made us a very close-knit family.

Ironically, as the years have passed we have seen what can only be described as a slap in the face by the Army we served so loyally. After the Desert Storm War the Chief of Staff of the Army waived the requirement for the combat medic badge and awarded it to medics in armor and ground cavalry units; in fact, over 3000 CMB's were awarded for a 100-hour war. Now let me be perfectly clear on this: I am glad the medics of Desert Storm received these awards, but cannot help but question why the Dustoff medics of Vietnam—who did their duty for a year, day in and day out, under fire—are not qualified? The numbers speak for themselves, and the Gulf War pales by comparison: in Vietnam Dustoff flew thousands and thousands of missions, and saved hundreds of thousands lives. Is it any wonder so many Vietnam vets feel abandoned and forgotten by the very institutions they pledged to defend with their lives?

On a black piece of granite just a few short blocks from here appear the names of 55 of our brother Dustoff medics and over 200 Dustoff crew members, pilots and crew chiefs included. Perhaps those within the Army who oppose this award should take a walk some lunch hour along that WALL and then tell me Dustoff medics did not earn the Combat Medic Badge; I would be happy to meet them there—face to face—to discuss and, if necessary, debate that notion. I suspect those who oppose this award have never been to that Wall, which is one of the reasons we brought it here today, in the form of the etchings of those 55 names.

We who are before you today ask no favors, nor anything for ourselves. But we have earned the right to demand the Army do what is morally correct. Every day my medics grow older; indeed, some have already died unrecognized and unrewarded by a bureaucracy that has all the inertia of the coffins they have been buried in. I humbly, respectfully and fervently beg this Committee to do whatever has to be done to correct this, since the Army seems unable to itself. Thank you for your time and patience.

Chairman SPECTER. Thank you, Mr. Travers.

Our next witness is Mr. William Fredrick Castleberry. Mr. Castleberry joined the Army at age 17, became a drill sergeant, and then was sent to Vietnam. On his 21st birthday, he was critically wounded in action by a rocket-propelled grenade. He lost his right arm below the elbow and his left leg above the knee. He also lost the use of his left hand, and partially lost the use of his right hand. He was rescued on the battlefield by a Dustoff crew. The members of which were also wounded while rescuing him.

Thank you for joining us, Mr. Castleberry. We look forward to your testimony.

STATEMENT OF WILLIAM FREDRICK "FRED" CASTLEBERRY

Mr. CASTLEBERRY. Good afternoon, Senator Specter, Senator Murray.

Please know that I am extremely honored to be here. In 1965, while stationed at Fort Lee, Virginia, I visited our Nation's Capitol. At that time, I never dreamed I would someday visit here on Capitol Hill. However, once I heard the details about this hearing, I knew I had to be here. I thank you for the privilege to testify before a committee as important as this one.

The Fred Castleberry that went to Vietnam was much different than the one that came home. The injuries that my body suffered are plain to see. I lost my right arm, my left leg; I lost the partial use of my left—my other arm and my other leg. However, I am not here to talk about Fred Castleberry any more than I have to. What I am here to talk about is the fact that I am here at all and how I got out of that bloody jungle on the day I turned 21.

Prior to going to Vietnam, I was a drill sergeant. I tried to prepare the recruits for what they would face in war. But like anyone else who has never been in combat, I truly did not have any clue. There is no manual that can prepare you for the paralyzing fear

that grips you when bullets go whizzing by your head. There is no veteran's account that can accurately describe what it is like to watch the life drain from someone who just moments before was so young and full of life.

In combat, everywhere you look, there is death and destruction. Unfortunately, it was my job to be part of that strange world. One day during a firefight, I went into a tunnel after an enemy soldier. When I came out of the tunnel, I noticed this helicopter coming in. For some reason, I knelt down on the ground and watched this Dustoff crew come in and pick up the wounded and fly off. I remember wondering, why bother?

Like I said, I was wounded on my 21st birthday, hit by a rocket-propelled grenade that left pieces of me literally all over the battlefield. I fully accepted the fact that my life was going to end that predawn morning. As I was telling my loved ones goodbye, the ground medics told me I was being medivaced. I told them they were crazy, the site was too hot. For the rest of my life, I will never forget the whopping sound of the Huey's blades and the sight of the spotlight clearing the tree line. As the Huey got closer, I could see sparks flying everywhere, as countless small arms rounds hit the helicopter. I remember thinking; there is no way any of these guys are going to make it. I honestly thought the helicopter would be shot down, and we would all die.

But somehow, through all of the gunfire, they got in. I remember seeing these beautiful angels pick me up and take me aboard. I remember the pinging of the bullets ripping through the skin of the Huey and hearing the crew excitedly, yet calmly, talking to one another. Then I saw this face above me saying, "Buddy, stay with me. Hey, Buddy, you are going to be all right." Over and over again I would drift in and out of consciousness, and all I can recall is this bloody face telling me I was going to make it.

When I came to, this nurse asked me if I would like company. Something happened that will live with me for the rest of my life. The entire Dustoff crew was in the hospital with me. The guys that saved my life, the young boys that rescued me themselves had been wounded. The blood on the air medic's face was not mine; it was his. A bullet had gone through his cheek, and rather than tend to his own wounds, he kept me alive.

There are no words to tell you how I feel about Dustoff. You can hear and read all of the stories you want, but nothing replaces what I have gone through. These young fellows went into the path of all of those bullets to save my life, someone they did not even know. I cannot think of one reason why a Dustoff crew would put their lives on the line time and time again, other than what one of the crew members told me when I asked. He said, "That is our job." We, in the infantry, when we come under fire, we can hug the ground a little closer. A Dustoff crew, when they come under fire, has nothing but air to hug. You want to know what heroes look like, look at a Dustoff crew.

I visited the Wall today for the first time. The only reason my name is not on that sacred site is a Dustoff crew risked all their lives to save mine. Think of the thousands of lives that have been saved over the years because Dustoff crews were "doing their job."

I will probably never know the names of the Dustoff crew that saved my life, but I can honor them today by joining my voice with Mike Novosel and John Travers and ask this committee to make sure the Dustoff crews are awarded the Combat Medic Badge.

Thank you for your time.

[The prepared statement of Mr. Castleberry follows:]

PREPARED STATEMENT OF WILLIAM FREDERICK "FRED" CASTLEBERRY

Good afternoon Senator Specter and all the members of the Committee:

Please know that I am extremely honored to be here. In 1965, while stationed at Ft. Lee, VA, I visited our Nation's Capitol. At that time, I never dreamed I would some day visit here on Capitol Hill. However, once I heard the details about this hearing, I knew I had to be here. I thank you for the privilege to testify before a committee as important as this one.

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However, I'm not here to talk about Fred Castleberry any more than I have to; what I am here to talk about is the fact that I am here at all, and how I got out of a very bloody jungle on the day I turned 21.

Prior to going to Vietnam I was a Drill Sergeant. I tried to prepare the recruits for what they would face in war. But like anyone else who has never been in combat, I truly did not have a clue. There is no manual that can prepare you for the paralyzing fear that grips you when bullets go whizzing by your head. There is no veteran's account that can accurately describe what it's like to watch the life drain from someone who just moments before was so young and full of life.

In combat, everywhere you look there is death and destruction. Unfortunately it was my job to be part of that strange world. One day during a firefight I went into a tunnel after an enemy soldier. When I came out of the tunnel, I noticed this helicopter coming in. For some reason I knelt on the ground and watched this Dustoff crew come in and pick up the wounded and fly off. I remember thinking, why both-

er. Like I said, I was wounded on my 21st birthday, hit by a rocket-propelled grenade that left pieces of me—literally—all over the battle field. I fully accepted the fact that my life was going to end that predawn morning. As I was telling my loved ones goodbye, the ground medics told me I was being medivaced. I told them that they were crazy, the site was too hot. For the rest of my life I will never forget the whopping sound of the Huey's blades and the sight of that spotlight clearing the tree line. As the Huey got closer I could see sparks flying everywhere as countless small arms rounds hit the helicopter. I remember thinking; there is no way any of those guys will make it. I honestly thought the helicopter would be shot down and we would all die.

But somehow, through all the gun fire, they got in. I remember seeing these beautiful angels pick me up and take me aboard. I remember the pinging of bullets ripping through the skin of the Huey and hearing the crew excitedly, yet calming, talking to one another and then I saw this face above me. This face had blood all over it and it was saying to me, "Buddy, stay with me. Hey Buddy, you're going to be all right." Over and over again I would drift in and out of consciousness and all I can recall is this bloody face telling me I was going to make it.

When I came to a nurse asked me if I felt like company. Something happened that will live with me the rest of my life, the Dustoff crew was in the hospital with me. The guys that saved my life, the young boys that rescued me, themselves had been wounded. The blood on the air medic's face was not mine. It was his. A bullet had gone through his cheek, but rather than tend to his own wounds, he kept me alive.

There are no words to tell you how I feel about Dustoff. You can hear and read all the stories you want, but nothing replaces having gone through what I did. These young fellows went into the path of all those bullets to save my life, someone they didn't even know. I cannot think of one reason why a Dustoff crew would put their lives on the line time and time again, other than what one of the crew members told me when I asked. "That's our job." We in the Infantry, when we come under fire we can hug the ground a little closer. A Dustoff crew when they come under fire has nothing but air to hug. You want to know what heroes look like, look at a Dustoff crew.

I visited the Wall today for the first time. The only reason my name is not on that sacred site is a Dustoff crew risked all their lives to save mine. Think of the thousands of lives that have been saved over the years because Dustoff crews were,

"Doing their job." I will probably never know the names of the Dustoff crew that saved my life, but I can honor them today by joining my voice with Mike Novosel and John Travers, and ask this Committee to make sure the Dustoff crews are awarded the Combat Medic Badge. Thank you for your time.

Chairman SPECTER. Thank you very much, Mr. Castleberry.

Our final witness on this panel is Lieutenant General John Le Moyne, who has an extraordinary record. He served in Vietnam, Germany, Saudi Arabia, Operation Desert Storm, Operation Desert Shield, and is now the Army's deputy chief of staff. He rose in the ranks from a buck private and a buck sergeant to be the deputy chief of staff of the Army, a remarkable accomplishment.

I think you have your toughest assignment today, General Le Moyne, explaining why Dustoff personnel ought not to be entitled to a Combat Medical Badge, considering that they were in combat and the risks they undertook.

**STATEMENT OF LIEUTENANT GENERAL JOHN M. LE MOYNE,
DEPUTY CHIEF OF STAFF, G1, U.S. ARMY**

General LE MOYNE. Mr. Chairman and Senator Murray, thank you for this opportunity to appear before your committee. Sir, my emotions are with you, but I am a professional soldier, and I will try to state the factual basis until the end of my comments to you.

As you said, I am a veteran of Vietnam and two other wars, and I want to express my deepest gratitude to these men to my right who served so nobly. They did not go North, and they did not hide in school.

The Army knows the challenges of the Vietnam conflict and what it means to these brave soldiers to be recognized. We began sending troops to Vietnam in the 1950's, and almost three million American service members were sent to fight over that time period. Over 80 percent of all combat deaths in Vietnam were infantrymen. We recognize and know the combat medics could be counted on to save lives under the most arduous conditions, often at the cost of losing their own life.

In March of 1945, the War Department established what is now known as the Combat Medical Badge. The original intent of awarding this prestigious badge, and our current policy, was that it could be awarded to all persons of the Medical Department assigned or attached to a medical unit with infantry units, and its evolution stemmed from the requirement to recognize combat medics who shared the same hazards and hardships of ground combat on a day-to-day basis with infantry soldiers.

The Combat Medical Badge was created as a companion badge to the Combat Infantry Badge, with criteria for its award intended to parallel that of the Combat Infantry Badge. It was designated to provide recognition to the field medic who accompanies infantrymen into battle, shares with him the day-to-day experiences and the hardships unique to combat duty in the field under combat conditions.

The sole criteria that qualify medical personnel for award of the CMB is to be assigned or attached to a ground combat unit engaged in active combat. Medical personnel, other than those medics organic to these units, may qualify only if they serve as medical personnel accompanying those units.

As recently as 1987, the Army created a completed a review of all of the criteria for award of the CMB to aeromedical crews. The results of this review confirmed that the criteria should stand as originally intended; to recognize those aidmen who share the same hazards, hardships, and deprivations of ground combat on a daily basis with combat soldiers. This is not a bureaucracy, sir. This is maintaining the original intent of the CMB standards.

In February of 2003, the Army confirmed their 1987 decision, that the criteria should remain unchanged. The awarding of this badge, in and of itself to those medics who serve with and are in the line of fire with infantrymen, does not take away from the outstanding contributions of aeromedical crews performing medical recovery missions.

These veterans here today are examples of the esteem and respect that we have for medical and aerovac personnel. That is exemplified by their aviation wings, their air medals and Distinguished Flying Crosses. The Army has a long history of recognizing its heroes by presenting awards and decorations. During the Vietnam conflict, over two million combat awards were presented for service, for achievement and for heroism.

As our combat soldiers have been recognized in the past, we will continue to uphold the same traditions of awarding and recognizing our finest.

Sir, thank you again for the opportunity to appear before you today, and I am available for questions.

[The prepared statement of General Le Moyne follows:]

PREPARED STATEMENT OF LIEUTENANT GENERAL JOHN M. LE MOYNE,
DEPUTY CHIEF OF STAFF, G1, U.S. ARMY

Mr. Chairman and distinguished members of the Committee, on behalf of the outstanding soldiers of the United States Army past and present, thank you for this opportunity to appear before this committee today to give you an overview of The Army's procedure awarding the Combat Medical Badge. As a Vietnam Veteran and a soldier now serving during another war, I want to express my deepest gratitude for those men and women who served so nobly during the Vietnam Conflict. I want to thank you, as a committee, for keeping the needs and concerns of not just these veterans but all veterans at the forefront of America's consciousness. Most importantly, I want to express my deep gratitude for your Congressional support and assistance, which has assured continuing major successes and achievements for all Veterans.

In the 1950's, the United States began to send troops to Vietnam, during the following 25-year period, the ensuing war would evoke some of the strongest emotions in United States history. Almost 3 million men and women were sent thousands of miles to fight for what we continue to fight for today, freedom. In total it is estimated that over 2.5 million people on both sides lost their lives. In this war, as in wars before and after the combat medic served along side his infantry counterparts. The Army has a long history of recognizing its heroes by presenting awards and decorations. Today, I would like to specifically discuss with you the Army's Combat Medical Badge (CMB), the original intent and our current policy of awarding this prestigious badge not just to soldiers, but eligible sailors, airmen and marines.

HISTORY

Originally established as the Medical Badge, the Combat Medical Badge was created by the War Department on 1 March 1945. It could be awarded to officers, warrant officers, and enlisted men of the Medical Department assigned or attached to the medical detachment of infantry regiments, and infantry battalions. Its evolution stemmed from a requirement to recognize medical aidmen who shared the same hazards and hardships of ground combat on a daily basis with the infantry soldier. Though established almost a year and a half after the Combat Infantryman's Badge

CIB, it could be awarded retroactively to December 7, 1941 to fully qualified personnel.

Like the CIB, the Regimental Commander was the lowest level at which the CMB could be approved and it also carried with it a separate provision for enlisted badge holders to receive a \$10 per month pay stipend. Additionally, the CMB could be awarded to Medical Department personnel assigned or attached to Infantry units of Allied Forces when the duties performed were identical with those performed by medical personnel assigned or attached to U.S. Forces. The CMB could also be awarded to U.S. Navy and U.S. Air Force medical personnel provided they met all the requirements of Army medics.

Effective 20 December 1989, special forces personnel possessing Military Occupational Specialty 18D (Special Operations Medical Sergeant) became qualified to receive the CMB provided they were otherwise qualified. Also, in 1991, the Chief of Staff, Army authorized a limited expansion of CMB eligibility to include medical personnel assigned or attached to armor and ground cavalry units provided they met all other qualifying criteria. This expansion was retroactive to 17 January 1991 to cover the period of Operation DESERT STORM.

INTENT

The CMB was created as a "companion" badge to the CIB with criteria for its award intended to parallel that of the CIB. It was designed to provide recognition to the field medic who accompanies the infantryman into battle and shares with him the experiences unique to the infantry in combat. There was never any intention to award the CMB to all medical personnel who serve in a combat zone or imminent danger area, that is, a division-level medical company supporting a maneuver brigade.

As with the CIB, the infantry unit to which the medical personnel are assigned or attached must engage the enemy in active ground combat. Since inception, the intent of the Department of the Army regarding this requirement has been that medical personnel must be personally present and under fire in order to be eligible for the awarding of the badge. So stringent was this requirement during the Vietnam era that recommending officials were required to document the place (in six digit coordinates), time, type, and intensity of fire to which the proposed recipient was exposed. This fact naturally precludes the awarding of the badge to those medical personnel who accompany infantry units into a potential engagement area but do not come under enemy fire.

Over the years, there has been some confusion concerning the phrase ". . . in direct support of an infantry unit . . ." The CMB is intended for, and awarded to, those medical personnel who accompany the infantryman into combat. The Army has never approved of deviations from this purpose and its restrictive criteria. During the World War II era, medical support for infantry units in combat was provided by the medical detachments and companies of battalions and regiments. These medical personnel and units were termed direct support. This concept lasted until Vietnam. Today, medical personnel are assigned as organic personnel to infantry companies and are regarded as participants as opposed to being categorized as those providing direct medical support. For example medical personnel serving in division-level medical companies, ground ambulance and medical clearing companies, mobile-Army surgical hospital (MASH), combat-support hospital (CSH), and field hospitals, and aeromedical evacuation units are not eligible for the CMB. The sole criteria which qualifies medical personnel for award of the CMB is to be assigned or attached to an infantry unit engaged in active ground combat. Medical personnel other than those medics organic to infantry units may qualify only if they serve as medical personnel accompanying infantrymen. Conceivably, this could occur if an infantry unit lost all its medics and as a temporary or permanent measure, medical personnel were attached to an infantry unit, but remained assigned to a hospital or other non-infantry unit.

SPECIFIC ELIGIBILITY REQUIREMENTS

The following medical personnel, assigned or attached by appropriate orders to an infantry unit of brigade, regimental, or smaller size, or to a medical unit of company or smaller size, organic to an infantry unit of brigade or smaller size, during any period the infantry unit is engaged in actual ground combat, are eligible for award of the CMB, provided they are personally present and under fire during such ground combat:

(a) Subsequent to December 6, 1941.—Army Medical Department (colonels and below), the Navy Medical Department (captains and below), the Air Force Medical

Service (colonels and below), assigned or attached to the Army, who have satisfactorily performed medical duties are eligible for the CIB.

(b) Subsequent to December 19, 1989.—Special Forces personnel possessing military occupational specialty 18D (Special Operations Medical Sergeant) who satisfactorily performed medical duties while assigned or attached to a special forces unit during any period the unit is engaged in actual ground combat, provided they are personally present and under fire. Retroactive awards are not authorized.

(c) Subsequent to January 16, 1991.—Personnel assigned or attached to armor and ground cavalry units of brigade or smaller size, who satisfactorily perform medical duties while the unit is engaged in actual ground combat, provided they are personally present and under fire, were awarded the badge. Retroactive awards are not authorized.

(d) Awards will not be made to general or flag officers.

Presently, a separate award of the CMB has been authorized for qualified soldiers who served in World War II, the Korean War and the Vietnam conflict. However, service in the Republic of Vietnam conflict combined with qualifying service in Laos, the Dominican Republic, Korea on the DMZ, Grenada, Panama and the Persian Gulf War is recognized by one award only regardless of whether a soldier has served one or multiple tours in any of these areas.

REPUBLIC OF VIETNAM—SPECIAL PROVISIONS

Subsequent to March 1, 1961, a soldier must have been assigned to a Vietnamese unit engaged in actual ground combat or as a member of a US Army infantry unit of brigade or smaller size, including Special Forces Detachments, serving with a Republic of Vietnam unit engaged in actual ground combat. The Republic of Vietnam unit must have been of regimental size or smaller and either an infantry, ranger, infantry-type unit of the civil guard, infantry-type unit of the self-defense corps, or of the irregular forces. The soldier must have been personally present and under hostile fire while assigned as specified.

LAOS

In order for a soldier to receive the CMB for service in Laos, he must have been assigned as a member of a White Star Mobile Training team while the team was attached to or working with a unit of regimental (group mobile) or smaller size of Forces Armee du Royaume (FAR), or with irregular-type forces of regimental or smaller size. Also, the soldier could have been a member of MAAG, Laos assigned as an advisor to a region or zone of FAR, or while serving with irregular type forces of regimental or smaller size. Most importantly, the soldier must have been under hostile fire while assigned to those units.

In 1987, the Office of the Surgeon General of the Army (OTSG), in concert with the Army's Military Awards Branch, completed a review of the criteria for award of the CMB to aeromedical pilots. The results of the review confirmed that the criteria should stand as originally intended, to recognize those aidmen who share the same hazards and hardships of ground combat on a daily basis with the infantry soldiers. In February 2003, the OTSG confirmed their 1987 decision, that the criteria should remain unchanged.

Medical units, other than infantry who are required to perform temporary, duties similar to some infantry duties are not eligible for the CMB. Other soldiers who fight similar to infantry soldiers are likewise ineligible for Combat Infantryman Badge (CIB). The sole criteria that qualifies medical personnel for award of the CMB is to be assigned or attached to an infantry unit engaged in active ground combat.

CONCLUSION

The objective of the Department of the Army Military Awards Program is to provide tangible recognition for acts of valor, exceptional service or achievement, special skills or qualifications and acts of heroism not involving actual combat. During the Vietnam conflict more than 2.8 million combat awards were given and 16,083 CMB's were awarded. As our soldiers, sailors, airmen and marines have fought and been recognized in the past, we will continue to uphold the same traditions of awarding and recognizing our finest. We are hopeful that your support and assistance will continue as we demonstrate our commitment to taking care of soldiers past and present.

Once again thank you for the opportunity to appear before you today.

Chairman SPECTER. General Le Moyne, the panel will question you in 3-minute rounds.

General Le Moyne, what is the rational basis for saying that medical personnel accompanying ground combat units will be eligible for the Combat Medical Badge, but Dustoff crews who undertake precisely the same risks, in precisely the same way, will not be similarly eligible?

General LE MOYNE. Sir, it is not precisely the same risk nor precisely the same way. That ground medic assigned to that infantry unit is there every day for a year, shivering, freezing, hungry and scared, 24 hours a day.

Chairman SPECTER. But the Dustoff troops may be there for the same amount of time, doing the same shivering, undertaking the same risks.

General LE MOYNE. Sir, their risk is not on the same extended time period in the same combat environment, the same unknowns. They do come into a hot LZ upon occasion, and all of us recognize the value they bring for saving our lives, but they are not there day-to-day.

Chairman SPECTER. In the light of the testimony of Mr. Castleberry, outlining how these men saved his life and risked their own, what more can be asked of military personnel to qualify for the Combat Medical Badge?

I think you have got a distinction here without a difference, General.

General LE MOYNE. Sir, I disagree. Any of these medics could have served with us in the field for an extended period of time for 30 days.

Chairman SPECTER. You have Colonel Novosel, so anxious to join and get back to that risk that he comes back at a vastly lower rank. He wins the Congressional Medal of Honor, but he is not entitled to the Combat Medical Badge?

General LE MOYNE. But, sir—

Chairman SPECTER. It seems to me, General, to be a grave injustice.

General LE MOYNE [continuing]. But, sir, we have recognized him in other ways, with his aeromedical wings, with his Distinguished Flying Cross and his air medals, which combat medics in the field do not earn.

Chairman SPECTER. But he is a second-class citizen if he cannot qualify for the Combat Medical Badge.

General LE MOYNE. Sir, I disagree. He is not a second-class citizen by any stretch of the imagination.

Chairman SPECTER. Senator Murray.

**OPENING STATEMENT OF HON. PATTY MURRAY, U.S. SENATOR
FROM THE STATE OF WASHINGTON**

Senator MURRAY. Well, thank you very much, Mr. Chairman.

Let me thank all the courageous people who have come to testify on this issue before us and for your having this important hearing I think for us to perhaps right an injustice that appears to be there, and I want to work with you on trying to solve this problem.

I do not have any specific questions for these witnesses at this time, but I would like to work with you, Mr. Chairman, to try and solve this.

Let me just ask if I can make an opening statement at that time.

But, again, thank you for coming today and for giving us your testimony.

Chairman SPECTER. Well, thank you, Senator Murray.

General Le Moyne, to give you an opportunity to explain just a little further, is your basic point that a medic has to serve for 1 year as medical personnel accompanying a ground combat unit in order to qualify for the Combat Medical Badge?

General LE MOYNE. Not a full year, sir. We have criteria that allows them to volunteer for duty and be attached for up to 30 days.

Chairman SPECTER. For 30 days?

General LE MOYNE. Yes, sir. Then we added criteria that says that there must be an exchange of gunfire.

Chairman SPECTER. There must be?

General LE MOYNE. An exchange of gunfire.

Chairman SPECTER. An exchange of gunfire.

General LE MOYNE. Truly a combat situation.

Chairman SPECTER. Well, the Dustoff people are confronted with gunfire.

General LE MOYNE. They clearly are.

Chairman SPECTER. So they would meet that criterion.

General LE MOYNE. Yes, sir, they do.

Chairman SPECTER. Are some of them not engaged for a period of 30 days?

General LE MOYNE. Not in continuous combat, no, sir.

Chairman SPECTER. Well, in aggregate combat?

General LE MOYNE. It could be, sir, over a long period of time.

Chairman SPECTER. Well, 30 days are 30 days. How relevant is it whether it is a continuous 30 days in a row or 30 days over a longer period of time?

General LE MOYNE. Sir, the primary difference is that the medivac pilot will go home at night or sometime during the day. Your combat medic in the field will not. He will never get a hot shower, he will never get a hot meal, he will never have clean sheets, and he will never go to a club.

Chairman SPECTER. What do you think about that, Mr. Novosel? Is the general making a reasonable, rational distinction between the two categories of medics?

Chief Warrant Officer NOVOSEL. Let me just qualify my disagreement with the general.

It has been said that the combat medic is out in the field continuously, and while the battle goes on, I am sure he is in that position, but it has been my experience, since I also lived with the infantry for 3 and 4 days at a time—

Chairman SPECTER. Did you get to go home every night?

Chief Warrant Officer NOVOSEL. I know what—

Chairman SPECTER. Excuse me. Did you get to go home every night and have a hot shower?

Chief Warrant Officer NOVOSEL. No. No, I would be out there getting my boots muddy just the same as they did. Of course, after being out there for 3 or 4 days, you know, you are fighting the fact that you might get malaria. Your crew then buttons up inside the helicopter. I loved my crewmen, but they gave me, after so many days out there—and I would have to sleep underneath the heli-

copter on one of the litters, and I found it to be an enjoyable way of—

Chairman SPECTER. Colonel Novosel, how many days were you in combat as a Dustoff pilot?

Chief Warrant Officer NOVOSEL. Sir, I flew, in 1 year, 1,407 hours. That is 4 hours a day, 365 days.

Chairman SPECTER. You were out there every day of the year?

Chief Warrant Officer NOVOSEL. Almost. If I averaged 4 hours a day, that is just the time in the air. Think of what that meant—

Chairman SPECTER. How frequently were you there overnight?

Chief Warrant Officer NOVOSEL. Oh, quite frequently. Quite frequently.

Chairman SPECTER. Mr. Travers, what is your view as to General Le Moyne's classification?

Chief Warrant Officer TRAVERS. Senator, I think it needs to be understood—I was hoping a gentleman would be here today—but he is in Alaska working for the Government—who did three tours as a Green Beret, and then went to flight school and was a Dustoff pilot. He would be glad to testify to you that as a special forces on the ground in Vietnam, the contacts they would run into would be possibly as many as four times in a week. The firefights would be violent, but they would break within an hour or two, and the enemy would disappear.

Chairman SPECTER. Of your own personal activities, how frequently did you serve and stay overnight without having access, as the general puts it, to a hot shower?

Chief Warrant Officer TRAVERS. There were many times, if you were—what you have to understand, Senator, is we had a limited number of aircraft. So we supported all of the infantry units throughout the country. So there were times you would be out there for 3, 4, or 5 days living in a tactical operations center or out in the field deployed because it was quicker to be able to respond.

The other thing I want to make a point of is I will not say every day, many times it would be booby traps and multiple shrapnel wounds of that nature, but on an average, I would say at least three to four times a day our crews came under direct enemy fire—every day, every day because they were going to where the firefight was. That was their mission.

Chairman SPECTER. Well, General, we are dealing here with a badge which is denominated Combat Medical Badge. Is there any doubt that these Dustoff men were in a medical unit?

General LE MOYNE. No, sir, there is no doubt at all.

Chairman SPECTER. Is there any doubt that they were in combat?

General LE MOYNE. No, sir, there is no doubt at all.

Chairman SPECTER. In light of the risks they undertook, described by Fred Castleberry, is there any doubt they are entitled to recognition, which you might characterize as a badge?

General LE MOYNE. Sir, I would say, yes, and we have done that.

Chairman SPECTER. Mr. Novosel, what is your view of the general's comment that you are recognized in other ways? He might ask if the Congressional Medal of Honor is not sufficient recognition for you, without another badge.

Chief Warrant Officer NOVOSEL. Sir, I flew—

Chairman SPECTER. He did not ask you that, but he might have.

General LE MOYNE. No, sir, I would not.

Chairman SPECTER. I withdraw the question because the general would not ask that.

Chief Warrant Officer NOVOSEL. I was just going to say that it was my privilege to——

Chairman SPECTER. Do you want to answer the question?

[Laughter.]

Chairman SPECTER. Go ahead, sir.

Chief Warrant Officer NOVOSEL. I was just, in my own way, I was going to answer it by saying to you that I flew 2,500 missions, evacuated 5,589. Now, you know by looking at me, you can see that I could not have done that by myself. It was done by those people behind me. They flew those same missions, those same 2,500 missions. They were with me for those 1,400 hours. Now, this is a terrific physical burden to endure, and I assure you that when my year was up, I was a physical wreck, and I was not 46, by the way. I was 48.

[Laughter.]

Chief Warrant Officer NOVOSEL. I was 46 when I——

Chairman SPECTER. Senator Thurmond was on this committee for many years.

[Laughter.]

Chairman SPECTER. And——

Chief Warrant Officer NOVOSEL. I know the gentleman.

Chairman SPECTER. He was in combat in his forties. If he were here, I think he would say do not make too big a fuss between 48 and 46.

[Laughter.]

Chairman SPECTER. He did not make much of a fuss between 98 and 96.

[Laughter.]

Chief Warrant Officer NOVOSEL. I am still trying for his record.

Chairman SPECTER. Well, we thank you.

When I heard about this issue, about what the Dustoff personnel had done, I was frankly surprised that they were not accorded the Combat Medical Badge because of the risks undertaken.

I commend you, General Le Moyne. You have an outstanding record, and you are a good soldier, and I think you presented a good presentation, even though I would not want to characterize the strength of your case. You are a lot stronger general and soldier than the case which you have been asked to present.

But my sense is that this ought to be submitted to the Congress of the United States. We do not disagree with the Department of Defense too often, and in my tenure here, I have been one of your strongest supporters in backing a strong defense. The Department of Defense has done a phenomenal job.

I reminisced with the general for just a moment before we started about the first soldier I knew. He was my father, and he was a buck private, I am a little awed at seeing a general, especially one who also had been a buck private.

My brother served in World War II, and I served during the Korean War, stateside, and what a phenomenal job the men and women of the fighting forces have done, especially in Iraq. As we

sit here today in the calm surroundings of this Senate hearing room, they are risking their lives and giving their lives, regrettably, daily.

I had a chance to travel with the President yesterday. He went to Pittsburgh for a National Urban League Convention, and I note that you, General Le Moyne, were trained at Shippensburg State College. So you have got a Pennsylvania connection, too. When the President goes to Pennsylvania, he asks that Senator Santorum and I go with him. In talking with the President about the contribution of individual soldiers in Iraq, my own personal view is that we are not being generous when we recognize the contributions of the men and women who are in our fighting forces. I think our generosity and our thanks is something that they really deserve.

So I had intended to introduce legislation on this subject, but I thought I would await this hearing. I think whether these men should be awarded the Combat Medical Badge is something that the Congress of the United States ought to decide and then the Commander in Chief will have a chance to decide whether he agrees with the Congress or not.

Well, thank you all very much for coming gentlemen. We very much appreciate your testimony.

General LE MOYNE. Sir, thank you.

Mr. CASTLEBERRY. Thank you, sir.

Chief Warrant Officer TRAVERS. Thanks.

Chief Warrant Officer NOVOSEL. Thanks.

[Whereupon at 4:44, the committee was adjourned.]

