

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 29 September 2023

DOCKET NUMBER: AR20230001860

APPLICANT REQUESTS: award of the Combat Medical Badge and a personal appearance hearing before the Board.

APPLICANT'S SUPPORTING DOCUMENT(S) CONSIDERED BY THE BOARD:

- DD Form 149 (Application for Correction of Military Record)
- Orders: DR-231-0021, U.S. Army Installation Management Command, 19 August 2019
- Narrative to Accompany Combat Action and Combat Medical Badges, undated
- 3 DA Forms 2823 (Sworn Statement), 11 February 2020
- Memorandum, U.S. Army Human Resources Command (AHRC), 3 May 2022
- Orders: DR-231-0021 (A1), U.S. Army Installation Management Command, 11 May 2020
- DA Form 638 (Recommendation for Award), 22 July 2020
- DA Form 67-10-1 (Company Grade Plate (O1-O3; WO1-CW2) Officer Evaluation Report (OER)), 18 June 2020
- DA Form 7791 (Eyewitness Statement (For Valor/Heroism)), 14 December 2022
- Officer Record Brief (ORB), 15 December 2022

FACTS:

1. The applicant states, in effect, he meets the criteria, per Army Regulation 600-8-22 (Military Awards), paragraph 8-7c.,(4)(a), for award of the Combat Medical Badge. The Combat Medical Badge is awarded to "Medical personnel assigned or attached to, or under operational control of any ground combat arms or combat aviation units of brigade or smaller size, who satisfactorily perform medical duties while the unit is engaged in active ground combat, provided they are personally present and under fire."

a. On 8 February 2020, he met all of the aforementioned requirements for award of the Combat Medical Badge while responding to an urgent medical evacuation request near Sherzad, Afghanistan.

b. He was an Army Medical Department Officer assigned to the 10th Combat

Aviation Brigade in Afghanistan. Department of the Army Pamphlet 600-4 (Army Medical Department Officer Career Management), provides, his duties as a 67J (Medical Evacuation (MEDEVAC) Pilot) were to "plan and execute intra-theater tactical, operational and strategic aeromedical evacuation within a theater of operations, for wounded combatants and non-combatants." By serving as an HH-60 Pilot-in-Command and Air Mission Commander (PC/AMC) on 8 February 2020, he was satisfactorily performing his medical duties.

c. The situation clearly involved active ground combat, given eleven personnel were shot. Additionally, he was personally present as shown by Chief Warrant Officer Two (CW2) B\_\_\_\_\_'s statement, his OER, and the Army Achievement Medal with "C" Device (AAM-C) he received for his work that night. Finally, as Technical Sergeant (TSgt) B\_\_\_\_\_'s and Staff Sergeant (SSG) R\_\_\_\_\_'s statements show, his flight came under fire during their approach to, while loading patients on, and after departing the landing zone (LZ). TSgt B\_\_\_\_\_ ultimately received the Silver Star for his work that day, including loading patients under fire.

d. Therefore, he was or should be considered, as medical personnel assigned to a combat aviation unit of brigade or smaller size, who satisfactory performed medical duties while engaged in active ground combat. He was personally present and under fire. These facts show he meets all of the requirements for award of the Combat Medical Badge .

2. The applicant is currently serving in the Regular Army in area of concentration 67J (MEDEVAC Pilot) in the rank/grade of captain/O-3. Evidence shows he served in Afghanistan from 7 October 2019 to 4 August 2020, as Flight Lead PC/AMC.

3. The applicant provides:

a. Narrative to Accompany Combat Action and Combat Medical Badges for Actions on 8 February 2020, which states, in effect:

(1) During their response to an urgent MEDEVAC of a Mass Casualty event in the vicinity of Ghara Village, Sherzad District, Afghanistan, DUSTOFF 25 and DUSTOFF 27 repeatedly took surface-to-air fire while coordinating with the ground force Joint Terminal Attack Controller (JTAC) for landing. The flight broke contact to hold while the ground force continued to move to and secure the LZ. All crew members were aware that the LZ was contested by enemy forces, but they made a conscious decision to prioritize the lives of the casualties and the well-being of the ground unit above their own safety.

(2) The flight was again exposed to enemy fire during its approach to the LZ. Upon landing, the flight began to load eight casualties, five on DUSTOFF 25 and three

on DUSTOFF 27. While DUSTOFF 25 and 27 loaded patients, the enemy again engaged friendly forces on the LZ, including both aircraft, and the ground force engaged the enemy in response. The enemy continued engaging friendly forces as both aircraft departed the LZ. All crewmembers were critical for the safe operation of both aircraft and the successful evacuation of eight casualties, saving seven lives.

(3) All medical personnel satisfactorily performed their medical duties while under fire; none have been previously awarded the Combat Medical Badge; and all meet the requirements of this award in accordance with Army Regulation 600-8-22, Section 8-7. All non-medical personnel satisfactorily performed their duties while under fire; only Sergeant (SGT) C\_\_\_\_\_ has previously earned the Combat Action Badge; and all other non-medical personnel meet the requirements of this award in accordance with Army Regulation 600-8-22, Section 8-8.

b. DA Form 2823 from the applicant dated 11 February 2020, in which he states, in effect:

(1) On 8 February 2020, he served as the Air Mission Commander for a flight of two aircraft responding to an urgent MEDEVAC. He was the Pilot in command of the lead aircraft, HH-60M. His crew included another pilot, flight medic, crew chief, and an aeromedical physician assistant. Based on previous discussion with medical personnel, he informed that he could take five patients per helicopter, three liter and two ambulatory.

(2) After safely landing he cleared his Soldiers to begin loading patients. After approximately 10 minutes both helicopters had finished loading their patients. They were cleared to depart so they climbed to a safe altitude while the flight medic and aeromedical physician assistant focused on patient care for the duration of the flight. After landing, both aircraft offloaded their patients then refueled, cleaned, and restocked their aircraft.

c. DA Forms 2823 from pilot CW2 B\_\_\_ and flight medic SSG R\_\_\_ dated 11 February 2020. The statement from CW2 B\_\_\_ essentially mirrors the applicant's statement. SSG R\_\_\_'s statement describes the ensuing chaos when he lost communication via his headset while loading, assessing, and treating patients under fire.

d. DA Form 7791 from TSgt B\_\_\_\_\_, Pararescueman, dated 14 December 2022, in which he describes, the event took place in Ghara Village, Sherzad District, Afghanistan. The helicopters landed in an open field outside of the compound with minimal to no cover and concealment while being exposed to multiple fields of fire. The mission was to pick up the wounded personnel and transport them to a higher level of

care. The pilots and crew were exposed to active enemy fire during their time landing, loading patients, and taking off from the LZ.

e. Temporary Change of Station order in support of Operation Freedom's Sentinel, Afghanistan with amendment, ORB, DA Form 638, and an OER in which the applicant highlights his achievement of flying over 150 combat hours, dozens of missions, and served as the lead PC/AMC for a mass casualty event that saw the rescue of eight critical patients.

4. A memorandum from AHRC, Chief, Awards and Decoration Branch, dated 3 May 2022, disapproved his request for award of the Combat Medical Badge. After reviewing the applicant's packet, they determined the applicant was not performing medical duties while his unit was engaged in active ground combat. Therefore, he did not meet the criteria for award of the Combat Medical Badge. In accordance with Army Regulation 600-8-22, paragraph 8-7b (4)(a) and Military Personnel (MILPER) Message Number 11-268, dated 2 September 2011: "On or after 18 September 2001, medical personnel assigned or attached to or under operational control of any Combat Arms or Combat Aviation unit of brigade or smaller size, who has satisfactorily performed medical duties while the unit is engaged in active ground combat, provided they are personally present and under fire are eligible for award of the Combat Medical Badge."

5. Army Regulation 600-8-22 states that, on or after 18 September 2001, medical personnel assigned or attached to or under operational control of any ground combat arms or combat aviation unit of brigade or smaller size, who satisfactorily perform medical duties while the unit is engaged in active ground combat, provided they are personally present and under fire, are eligible for award of the Combat Medical Badge.

6. Army Regulation 15-185 (ABCMR) states an applicant is not entitled to a hearing before the ABCMR. Hearings may be authorized by a panel of the ABCMR or by the Director of the ABCMR.

#### BOARD DISCUSSION:

1. The applicant's request for a personal appearance hearing was carefully considered. In this case, the evidence of record was sufficient to render a fair and equitable decision. As a result, a personal appearance hearing is not necessary to serve the interest of equity and justice in this case.

2. The Board carefully considered the applicant's request, supporting documents and evidence in the records. The Board considered the applicant's statement, his record of service and missions flown. The Board gave weight to the eyewitness accounts as they attest to the specificity of the applicant's actions under fire during a mass casualty

event. Based on the documentation available for review, the Board determined the evidence presented sufficient to warrant a recommendation for relief and the award of the Combat Medical Badge and correction to his record is warranted.

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:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:	:	:	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The Board determined the evidence presented is sufficient to warrant a recommendation for partial relief. As a result, the Board recommends that all Department of the Army records of the individual concerned be corrected by issuing a DD215 (Correction of DD Form 214) to show in block 5 the award of the Combat Medical Badge.

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I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

REFERENCES:

## 1. Army Regulation 600-8-22 states, in part:

a. The Combat Medical Badge was designed to provide recognition to the field medic who accompanies the infantryman into battle and shares experiences unique to the infantry in combat. There was never any intention to award the Combat Medical Badge to all medical personnel who serve in a combat zone or imminent danger area. As with the Combat Infantryman Badge, the Combat Medical Badge was intended to recognize medical personnel who were personally present and under fire while rendering medical care.

b. On or after 18 September 2001, medical personnel assigned or attached to or under operational control of any ground combat arms or combat aviation unit of brigade or smaller size, who satisfactorily perform medical duties while the unit is engaged in active ground combat, provided they are personally present and under fire, are eligible for award of the Combat Medical Badge.

c. The wartime command retains wartime awards approval authority for 12 months after redeployment and can approve award of the Combat Medical Badge for Soldiers who deployed with their command, and qualified for, but did not receive the Combat Medical Badge during the deployment. Requests for retroactive award of the Combat Medical Badge will not be made except where evidence of injustice is presented. For requests submitted under paragraph 8-7j(2)(b) through (d) must include justification explaining why the Combat Medical Badge was not awarded in theater.

2. Army Regulation 15-185 prescribes the policies and procedures for correction of military records by the Secretary of the Army, acting through the ABCMR. The ABCMR may, in its discretion, hold a hearing or request additional evidence or opinions. Additionally, it states in paragraph 2-11 that applicants do not have a right to a hearing before the ABCMR. The Director or the ABCMR may grant a formal hearing whenever justice requires. The ABCMR considers individual applications that are properly brought before it. The ABCMR will decide cases on the evidence of record. It is not an investigative body. The ABCMR begins its consideration of each case with the presumption of administrative regularity. The applicant has the burden of proving an error or injustice by a preponderance of the evidence.

//NOTHING FOLLOWS//