SSgt. Robert Gutierrez stuck with the mission despite taking a bullet, his lung collapsing, busted eardrums, and losing more than five pints of blood.

Sgt. Robert Gutierrez Jr. has been nominated for the Air Force Cross, pending the signature of the Secretary of the Air Force, Michael B. Donley. Here’s why.

On Oct. 5, 2009, Gutierrez and the Army Special Forces team he was attached to set out in the middle of the night to capture, detain, or kill a “high-value target” coalition forces had been chasing for the previous six years.

The target was a “brutal” man living outside Herat city in a “highly sympathetic village” in the western portion of Afghanistan, said Gutierrez. The Taliban forces were well aware they were being hunted and were well protected. Armed insurgents manned the rooftops inside their compound, surrounded by a 20-foot wall.

The narrow, improvised explosive device-laden roads made it almost impossible to enter the village by vehicle, forcing the US team and about a dozen Afghan soldiers to finish the last two-and-a-half miles on foot.

The team moved fast, “because speed in the night is what favors you there,” said Gutierrez, the lone joint terminal attack controller on the ground that day. At the time, he was assigned to the 21st Special Tactics Squadron at Pope AFB, N.C. Two F-16s and an MQ-1 Predator remotely piloted aircraft orbited the area high above, giving those on the ground a heads up on the insurgents’ locations.

The two teams started taking fire almost immediately after the initial breach of the wall surrounding the target compound. The first team pushed through. Gutierrez, who

Gravely wounded, Gutierrez calmly relayed instructions to an A-10, like this one, providing close air support.
was in the second stack, paused to take out a group of insurgents who were laying down heavy fire from behind an adjacent alley before he took cover inside the targeted building. Once inside, he radioed the aircraft to let them know they were in contact with the enemy. The team leader already had been shot in the calf and was having trouble walking, and the medics were busy tending to other members of the team struck by fragmentation.

He’s Hit

As the battle raged inside the compound, an additional support team was moving in from the west, but insurgents unleashed more heavy fire on them before they could breach the wall, rendering their own firepower useless. The additional support team was forced to break contact, leaving those inside to rely on airpower to keep them from being overrun—a real possibility considering they were outnumbered and some of the Afghan national forces had already fled.

Gutierrez hovered in a doorway dodging bullets and returning fire when the soldier next to him had his gun jam, then was struck by fragmentation. Gutierrez called a medic and took over his buddy’s position, where he had a better line of sight on two insurgents shooting at them from the rooftop next door.

Just as one of the insurgents fell, Gutierrez was hit.

“I knew something was wrong, but you don’t really have time to sit there and think about things,” Gutierrez told Air Force Magazine during a July interview from Hurlburt Field, Fla., where he is stationed now. “You just do what you need to do. You return fire and eliminate the threat.”

He did return fire until the pain in his side and arms overwhelmed him. Gutierrez fell to the ground gasping for air, realizing for the first time that he had been shot. “I know I’m wounded [and] I’m trying to think of how severe it is,” he said.

“Time has virtually stopped. ... I’m on my hands and knees ... trying to talk, but every time I tried to talk, I had blood coming out of my mouth and out of my nose, so I knew that I had been wounded pretty bad.” Gutierrez was an experienced air commando and he had seen similar wounds before. He knew he was probably going to die, but he was determined not to let his guys down.

He needed to get back on the radio, so he called for the medic. Gutierrez had no idea where the bullet entered his body.
Although he was suffering from a sucking chest wound, he tried to shout commands to his comrades to cover the door and attempted to connect with the aircraft overhead to tell them he had been shot. But as the medic stripped off his gear, Gutierrez was quickly losing his breath, making that impossible. The round had entered through his upper shoulder, traveled down his scapula, pierced his lung, and then exited out his back. “The whole trajectory of it and the way it came through just ripped apart everything all the way down,” he said. Gutierrez would later acknowledge just how lucky he was, because the bullet took a “weird” turn and narrowly missed his heart.

No Time For the Pain

High above, the pilots assumed Gutierrez had been injured when they couldn’t get him on the radio. They weren’t sure how bad it was so they continued to relay insurgent locations and requested permission to strike. “I couldn’t talk. I could hear it, but it was so unfortunate [because] I couldn’t talk,” he said. The enemy was no more than 50 feet away, and air support was debating whether the aircraft should fire a Hellfire missile.

“I had to get back on the net, call it off, abort the pass,” recalled Gutierrez. The sheer power of the Hellfire would probably have killed them all, he said.

But he still couldn’t breathe. The medic held up a needle—“a good seven inches long,” Gutierrez recalled—and told him his lung had collapsed. He needed to jam the needle into Gutierrez’s chest to relieve the pressure in his chest cavity so his lungs could inflate. It was going to hurt, but “GZ” just nodded. He wanted to get it over with so he could get back to his job. He didn’t have time to focus on pain.

Gutierrez said he was “in the middle of the fight and we are starting to take heavy grenades. … An RPG has gone off on the side of the wall, and he gives me the needle decompression.”

Seconds later, he was back on the radio. He called off the Hellfire strike and requested that the F-16s conduct a show of force.

The deafening roar of the jet fighters as they passed by partially caused the buildings to crumble, yet the insurgents kept firing. Gutierrez requested another flyby, this time with flares. The insurgents didn’t back down, and now the F-16s were running low on fuel.

By the time Capt. Ethan Sabin, an A-10 pilot based at Kandahar Airfield, arrived the situation was grim. Gutierrez was
wounded and Sabin said he “could hear the severity of the situation in his voice.” However, Sabin said Gutierrez’ words remained crystal clear.

“He saved the lives of all of his men,” Sabin said. “As dire as the situation was, had he not been there to talk me on to the target and provide controls for strikes, the team would have likely suffered more casualties.”

Lt. Col. Parks Hughes, at the time Gutierrez’s commander, called his performance on the battlefield that day “extraordinary,” but said “his actions were completely consistent with his character as warrior and an airman.”

When Sabin arrived, only the Predator and one F-16 remained on the scene; the other fighter had run out of fuel and had flown back. Sabin sent his wingman to fetch the tanker, which was roughly 170 miles away. He didn’t want to leave the guys stranded and no one knew how long the battle would last. It was critical for aircraft to get back into the fight as quickly as possible.

Sabin descended below the Predator’s altitude and asked the F-16 pilot to mark the target with the laser on his targeting pod. This enabled him to “instantly get eyes and sensors on the target,” said Sabin, who now serves as the chief of weapons and tactics with the 354th Fighter Squadron from Davis-Monthan AFB, Ariz.

Down below, Gutierrez and his team leader, both suffering from gunshot wounds, discussed their options. The shows of force had not worked, and the insurgents had them covered on three sides. They needed a gun run, even if it was “danger close.”

Gutierrez requested the first strafing shortly after the Hogs arrived, while the medics were still packing his side with combat gauze and trying to stitch up his wounds. Sabin said he had some reservations about strafing less than 65 feet from friendly forces, but his attack proved to be “spot on.” The attack was so close, Gutierrez’s right eardrum burst and his left eardrum was severely damaged from the noise.

“Perhaps [what is] most impressive was the exceptionally high degree of technical proficiency with which he directed the air strikes, despite such dire circumstances and great physical pain,” said Hughes, the former commander of the 21st STS. “Ultimately, his actions helped to suppress the enemy force and enabled his team to escape the kill zone with no additional casualties.” In fact, despite the intensity of the close-quarters battle, there were no US fatalities in the engagement.

The shooting halted for a short time, then picked back up again. Gutierrez called in another strafing run.

“It came through, was on target, also danger close,” he said. Time was running out. Buildings were catching fire and the soldiers were standing inside a ticking time bomb. The target building was filled with a “high amount of ammonium nitrate,” a highly flammable fertilizer used to make improvised explosive devices, he said.

**Bleeding Out**

“We decided that we were combat air effective,” and the high-value target was dead, so “we were going to use one more pass as a cover for us to exit,” Gutierrez said. “I put my kit back on, put my helmet back on, ... [and] gave instructions to the A-10 pilot. He fully obliged [and] came back through. As [he] struck, we pushed out and left the compound.”

Determined not to be a burden on his team, Gutierrez got to his feet, with the medic holding his bag and supporting his shoulder.

“Since my ears were out, my balance was completely off. I couldn’t really stand up straight,” he said. “I kind of would veer off everywhere.” Gutierrez called in a medical evacuation for himself, the captain, and two other wounded troops, but he was initially denied. It was too dangerous; they had to leave the area, he was told.

Sporadic gunfire followed them as they stumbled away from the village. After struggling for about two miles, Gutierrez’s lung collapsed for a second time. The medic did another needle decompression by the side of a four-way intersection as the A-10s continued to provide close air support and ISR assets fed them vital information from above. When he got his breath back, Gutierrez requested an immediate medevac.

The troops found a muddy, square vegetation field, roughly 300 feet by 300 feet, which had just enough room for one helicopter to land. They secured the site and waited for the medevac, a joint Spanish and Italian team from Herat Airfield, to arrive.

Wet and weak from the loss of blood, Gutierrez waited for an hour-and-a-half. His uniform became soaked and stuck to his arm. At first he thought it was sweat from the difficult trek to the landing zone, or maybe muddy water from the canal he stumbled in as they pushed out.

He had no idea he had lost five-and-a-half pints of blood.

“You just go. I don’t have time to be a hindrance,” he said. “If I’m dead, I’m just dead weight. Everybody has their own push, their own internal fortitude, and I don’t have time to let anyone down.” When the medevac bird finally arrived, Gutierrez asked the pilot to follow the rest of the team as they hiked back to their vehicles, where an International Security Assistance Force convoy was waiting to escort them back. Then he passed out.

Over the next day-and-a-half he would be treated at Herat Airfield, at the Craig Joint Theater Hospital at Bagram Airfield—both in Afghanistan—then Landstuhl Regional Medical Center in Germany, before finally arriving at Walter Reed Army Medical Center in Washington, D.C.

It took him about 19 months to recover. Today Gutierrez is back on duty and now serves as an instructor at the Air Force Special Operations Training Center at Hurlburt. He is about 98 percent recovered, although he still has limited movement in his arm. That’s “just the nature of the beast,” said Gutierrez. “I probably won’t get it back, but it’s fine. I’m fully up. I’m fully deployable. I’m good to go.”

And, if a bullet wound, a collapsed lung, and busted eardrums didn’t make him quit, a minor loss of mobility won’t keep him from deploying again.

“Oh, I assure you I will,” said Gutierrez with the same dogged determination that helped save his life and the lives of his team members two years ago.