

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

UNITED STATES OF AMERICA,)
)
Plaintiff,)
)
vs.)
)
LEONARD GRUPPO,)
)
Defendant.)

Case No. 21-cr-00391 (BAH)

EXHIBIT 1, MILITARY SERVICE NARRATIVE and DECORATIONS



1st Gulf War: Mr. Gruppo was a Special Forces Medical Sergeant on a 12 man team with a Special Forces Group. His team was assigned to an Egyptian Armored Division, as liaison with General Schwarzkopf and to provide various support to

the Egyptians for combat operations. When the ground war was launched, he and 3 of his team, traveled in an armored personnel carrier just behind the division commander's vehicle and just in front of the first tank, in the very front of the center column of the 3-columned division movement, helping to guide the division toward their three designated targets. Just before sunrise, they left their defilade positions where they encamped through the night, at the Saudi-Kuwait border. They soon reached the first target and found it was already destroyed. Later in the day, his team discovered the second target assigned the division was also destroyed before they arrived. They continued onward passing all the gruesome signs of war you might imagine, destroyed buildings, burned out vehicles, dead bodies, and the eerie dense smoke of oil field fires that blotted out the sun as if the end of the world had come, until nearing their 3rd target, the Kuwait International Airport, where a large contingent of Iraqi tanks were dug in. They arrived just at sunset and as luck would have it, the column on their left had just edged in front of his team and so was closest to the airport as they approached. They were fired upon by the Iraqi's as they approached, and a violent tank battle was joined. They called for close air support to assist the Egyptian's while thinking it may be better if the tank behind us, was instead in front of us. However, there was not time to ponder that for long as the main guns of the tanks blazed back and forth. The battle was over in 20 minutes, before the air support arrived. The valiant Egyptians destroyed 21 Iraqi tanks and the rest surrendered. They suffered no loses. They were front and center during the battle for the Kuwaiti Airport and developed a great appreciation for the battle prowess of our Egyptian allies.

Iraq: Mr. Gruppo was notified of his attachment to the 82nd Airborne Division just after Christmas in 2006, reporting on very short notice after New Year's Day, 2007 to cover for a physician assistant with one of the Airborne Infantry Regiments who had become ill. The deployment of this regiment was the tip of the spear for the "surge" strategy approved by President Bush. The gist of the strategy was to push fighting units forward into the problematic areas of the cities to root out insurgents from the huge bases that had been established over the preceding years. The 82nd Airborne Division was chosen to lead this effort. Shortly after Mr. Gruppo's arriving in Baghdad, orders came down to subordinate units prompting a meeting of the medical officers to determine the best way to support the strategy. Of all the

medical officers only two had emergency medicine training and experience, Mr. Gruppo, and the senior physician. Mr. Gruppo volunteered to be with the forward most unit since his special forces background and emergency medicine expertise would be most useful there and was the most qualified for that mission. The senior physician would oversee all medical operations for the regiment including the regimental aid station. The others agreed and so in short order Mr. Gruppo reported to the subordinate unit commander and prepared to push forward. An intermediate base was established for the battalion headquarters and support units and then company D was designated to establish a Combat Outpost (COP) on the edge of Sadr City, a hot bed of insurgent activity. Before they moved out, a call came that a severely wounded soldier was being brought to our current location. He was shot in the head by a sniper, piercing his Kevlar helmet, but was still breathing. I met the evacuation vehicle as it entered the compound, and we quickly brought the wounded soldier into the aid station. An IV line was established, I ordered paralyzing drugs administered and intubated him to protect his airway. Measures were rapidly undertaken to prevent his brain from swelling, among other things, and a MEDEVAC helicopter was called. I bagged the patient, breathing for him, while we took him to the chopper. I did not have time to don my helmet or body armor, risking sniper fire. The MEDEVAC crew took over and flew him to the Combat Support Hospital. He unfortunately died later. A day or two later, they convoyed through the night to a gymnasium of sorts and established the COP. We named the COP after that soldier. There, Mr. Gruppo quickly established an aid station that would have been the envy of any emergency department. We had four trauma beds with all the equipment and medications to save life and limb except blood for transfusions. This inspired the infantry soldiers there to risk themselves knowing they'd have a good chance of being saved should they be grievously wounded. Mr. Gruppo taught and drilled the medics assigned to him and ran 12-hour shifts to cover 24-hour combat operations. Their first casualty was the mayor of Sadr City who survived an assassination attempt while going to meet US officials. He was peppered with shrapnel but still conscious and after a thorough examination did not appear to have sustained any life-threatening injuries. He was evacuated him through US channels due to his valuable assistance to our efforts. When not treating casualties or practicing doing so, they spent a considerable amount of time fortifying the area of the COP to minimize exposure to sniper fire and explosive ordnance. As time went on, the insurgents regularly tested their

defenses with grenades, rockets, and mortar fire. One day, a guard at our entrance fired a warning shot at someone's car that seemed they were trying to rush the gate. The bullet ricocheted off the engine block entering the driver's face just under his jaw blowing off half of his face. The ensuing massive blood loss was life threatening and he was quickly brought to Gruppo. We went to work to save him and brought him back from the dead for a time but could not sustain his life since we had no blood to give him. Eventually, efforts were stopped and attempts were made to notify his family. Some time later, the rooftop guard was attacked by rocket fire. He was rushed to our aid station and was found to be blinded by the attack. He was stabilized and called in a MEDEVAC helicopter to evacuate him to the combat support hospital. He later recovered his eyesight and rejoined the fight at our COP. In the meantime, multiple patrols were sent out to find the attackers. I went to the roof with the company First Sergeant to look out for follow-on attacks and counter any sniper fire. We didn't lose any of our company while I was there. Eventually I returned state side to finish my work establishing the first ever clinical, professional doctorate in emergency medicine for physician assistants in the world. The first class graduated in the December 2007.

Korea:

While Gruppo was stationed near the Demilitarized Zone (DMZ) in the Republic of Korea (ROK), he was tasked to support a dangerous recovery mission of downed pilots who had died after smashing into the side of a mountain during heavy fog. He set up a trauma station a short distance above the crash site and was prepared to save life and limb should the engineers be injured during the recovery. Fortunately, none were hurt and the best he did was kill a poisonous viper that wandered into camp. There were no known poisonous snakes in that area, so this turned out to be a valuable find. Another time, he was called to attend to an injured soldier who was pinned under the tread of a giant tank-towing armored vehicle called an M-88. I flew there in our MEDEVAC helicopter and arrived within minutes after the injury occurred. The treads lay across his pelvis and legs, completely flattening him from the waist down. He was incredible, still conscious, and conversant. I ordered someone to get his wife on the phone immediately and they were able to connect a call state side and said goodbye to her. Simultaneously, two IV lines were established. Shortly after that call, the M-

88 was lifted off him and he quickly lost consciousness. We applied MAST trousers realizing that this controversial temporizing measure would likely prove futile but there was nothing else to try. We flew him to the local Army hospital, and he was immediately taken to surgery but died from his injuries.

Awards and Decorations

2019, 2018 Top Performer Award, Schumacher Clinical Partners

2000 U.S. Army PA of the Year

2000 Recipient of the Surgeon General's Recognition Award for Outstanding Army PA

Legion of Merit

Bronze Star Medal

Meritorious Service Medal with five Oak Leaf Clusters

Joint Services Commendation Medal with one Oak Leaf Cluster

Army Commendation Medal with five Oak Leaf Clusters

Army Achievement Medal with one Oak Leaf Cluster

Joint Meritorious Unit Award

Valorous Unit Award

Army Good Conduct Medal, second award

National Defense Service Medal

South West Asia Service Ribbon

Noncommissioned Officer Professional Development Ribbon, second award

Overseas Service Ribbon

Army Service Ribbon

Saudi/Kuwait Liberation Medal

Kuwait/Kuwait Liberation Medal

Special Forces Tab

Combat Medic Badge

Parachute Badge

Air Assault Badge

SCUBA Diver Badge

Foreign Parachute Wings: Qatar, Jordan and Kenya

Resolution, Commonwealth of Pennsylvania, House of Representatives in
appreciation of service
during Operation Desert Storm, 1991

U.S. Congressman Don Ritter Outstanding Citizen Award, 1982