



**UNITED STATES AIR FORCE
BOARD FOR CORRECTION OF MILITARY RECORDS**

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2024-01298

COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

He be awarded the Purple Heart Medal.

APPLICANT'S CONTENTIONS

His injury occurred while conducting offensive operations as part of USAF Task Force 1041 Tactical Control (TACON) to 1 Infantry Division. At the time of injury evaluation by the unit assigned Independent Duty Medical Technician (IDMT) did not occur following blast exposure unless there was visual evidence of injury. Traumatic Brain Injury (TBI) from Improvised Explosive Device (IED) blast exposure was documented upon assignment to a United States Air Force (USAF) installation with a TBI clinic at Joint Base Elmendorf-Richardson, Alaska. Prior medical evaluation was concerned with symptom treatment and was unable/unwilling to diagnose his injury. Air Force Central Command (AFCENT) denied the request for award due to lack of medical documentation at the time of the event. As such, he requests a review based on current criteria and with the understanding of the focus of medical community in early phase of Operation IRAQI FREEDOM.

The applicant goes onto state the Purple Heart was not awarded for TBI until 2013, and his diagnosis was part of his initial treatment for a TBI at a USAF TBI clinic in 2014. AFMAN 36-2806, *Military Awards* specifies a service member is entitled to a Purple Heart if they are wounded "as a result of an act of the enemy or opposing force" as long as the wound requires treatment and "treatment of the wound is documented in the Service member's medical or health record." Regarding a mild TBI, AFMAN 36-2806 considers "referral to a neurologist" and "rehabilitation" as examples of "medical treatment...that meet the standard for treatment necessary for the award of the Purple Heart." In this regard, he has been referred to a neurologist and undergone rehab.

In support of his appeal, the applicant provides documents from his military personnel record showing he was deployed in support of Operation IRAQI FREEDOM from 5 Sep 04 to 7 Mar 05 and copies of medical records that begin on or about 18 Aug 14 confirming a history of TBI.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is an Air Force lieutenant colonel (O-5).

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Controlled by: SAF/MRB

Limited Dissemination Control: N/A
POC: SAF.MRBC.Workflow@us.af.mil

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On 18 Jul 05, the applicant was awarded the Air Force Commendation Medal (AFCOM) with Valor for act of courage from 5 Sep 04 to 5 Mar 05 as Fire Team Leader during Operation IRAQI FREEDOM. According to excerpts from the citation, the applicant was deployed to Kirkuk Air Base, Iraq and “through his vigilant watch, he ensured accurate reporting for over 30 rocket and mortar attacks.” In addition, while forward deployed to Balad “he conducted over 45 offensive combat patrols designed to capture and kill Anti Iraqi Forces. While providing security at an objective rally point, <the applicant> expertly directed his team when they were engaged with direct enemy fire.” Furthermore, the applicant cleared Iraqi polling sites for the Iraqi election and “on Election Day, he provided security at a traffic control point. Despite mortar attacks, <the applicant> maintained control of his team and ensured the success of the first democratic election.”

On 6 Feb 09, the applicant was issued the Air Force Combat Action Medal (AFCAM) for active participation in combat, having been under direct and hostile fire or physically engaging hostile forces with direct and lethal fire, in connection with military operations on 16 Jan 05.

On 7 Mar 22, according to a “Disapproval of the Purple Heart (PH)” memorandum, provided by the applicant, AFCENT/A1 denied his request for the Purple Heart for the incident that occurred on 16 Jan 05 at or near Abu Hishma, Iraq. AFCENT indicated the applicant did not meet criteria, stating there is no medical documentation in ALTHA, JLV, or TMDS of the incident at the time of the event. Medical documentation provided was seven or more years post event and did not definitively associate his symptoms to the specific event. In addition, they state that there is a long history of other medical conditions that contribute to headache history and there is no mention of headaches in any medical notes until 14 Aug 21.

On 5 Nov 24, the AFPC Recognition Team sent the applicant a letter requesting he provide two or more eyewitness statements attesting to the circumstances surrounding the applicant’s injury or wound, a signed memorandum from the applicant requesting the Purple Heart and explaining how the injuries occurred, and a completed DECOR6, signed by the applicant’s squadron commander or equivalent.

For more information, see the excerpt of the applicant’s record at Exhibit B and the advisory at Exhibit C.

APPLICABLE AUTHORITY/GUIDANCE

Air Force Manual (AFMAN) 36-2806, *Awards and Memorialization Program*, dated 10 Jun 19:

Paragraph A2.10, The medal is awarded to any Service member who is killed or wounded as a result of enemy action. The wounds received must have required treatment by a medical officer. The Purple Heart differs from other decorations in that a member is entitled to the decoration upon the awarding authority determining that the specified award criteria have been met.

A2.10.1.3.1. Examples of enemy-related injuries which clearly justify the award of the Purple Heart include injuries caused by: enemy bullet, shrapnel injuries that require wound closure or have retain foreign bodies, fractures, perforated eardrum, inhalation injuries or burns due to smoke, fumes or chemical agents introduced or caused by the enemy, second and third degree burns, moderate or penetrating traumatic brain injuries and concussions resulting in a loss of consciousness.

[REDACTED]

A2.10.1.3.1.1. When considering award of the Purple Heart for a mild traumatic brain injury or concussion that did not result in the loss of consciousness, ensure the diagnosed mild traumatic brain injury resulted in a disposition of “not fit for full duty” by a medical officer for a period of greater than 48 hours based on persistent signs, symptoms, or findings of functional impairment resulting from the concussive event.

A2.10.1.3.1.2. The following nonexclusive list provides examples of medical treatment for mild traumatic brain injury or concussion that meet the standard of treatment necessary for award of the Purple Heart:

A2.10.1.3.1.2.1. Referral to neurologist or neuropsychologist to treat the diagnosed mild traumatic brain injury or concussion.

A2.10.1.3.1.2.2. Rehabilitation (such as occupational therapy, physical therapy, and so forth) to treat the mild traumatic brain injury or concussion.

A2.10.1.3.1.2.3. Restriction from full duty for a period of greater than 48 hours due to persistent signs, symptoms, or physical finding of impaired brain function due to the mild traumatic brain injury or concussion.

A2.10.1.3.1.3. Combat theater and unit command policies, or medical protocols, mandating rest periods, light duty, or “down time” and/or the administration of pain medication (e.g., acetaminophen, aspirin, or ibuprofen) in the absence of persistent symptoms of impairment following concussive incidents do not constitute qualifying treatment for a concussive injury.

A2.10.1.3.1.4. Treatment of the mild traumatic brain injury or concussive injury is documented in the service member’s medical and/or health record.

AIR FORCE EVALUATION

AFPC/DPSTTC recommends denying the application. After a thorough review of the applicant’s official military personnel record and provided documentation, award of the Purple Heart is unable to be verified. On 7 Mar 22, AFCENT denied the applicant’s request for the Purple Heart stating the criteria for the award was not met: “There is no medical documentation in ALTHA, JLV, or TMDS of the incident at the time of the event. Medical documentation provided was seven or more years post event and did not definitively associate your symptoms to the specific event. You have a long history of other medical conditions that contribute to headache history. There is no mention of headaches in any medical notes until 14 Aug 21.”

In accordance with DAFMAN 36-2806, paragraph A2.10.1.2. A wound for which the Purple Heart is made is of such severity that it required treatment, not merely examination, by a medical officer. Treatment of the wound is documented in the service member’s medical or health record. The Purple Heart may be approved for wounds treated by a medical professional other than a medical officer provided a medical officer includes a statement in the service member’s medical record that the extent of the wounds was such that they would have required treatment by a medical officer if one had been available to treat them.

In addition, correspondence was sent to the applicant on 5 Nov 24, requesting additional documentation for a complete recommendation for the Purple Heart. Unfortunately, as of the date of this memo, a response has not been received from the applicant and therefore AFPC is unable

[REDACTED]

to administratively correct due to insufficient documentation in accordance with DAFMAN 36-2806, Table 2.1, which states eyewitness statements (2 or more) attesting to the circumstances surrounding the nominee's injury or wound. Statements are written in the eyewitnesses' words (not on a prepared form), signed and notarized, and contains a complete description of the nominee's actions and the contact information for the eyewitnesses. Nominees may not submit a statement supporting their own recommendation.

The complete advisory opinion is at Exhibit C.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 17 Mar 25 for comment (Exhibit D), but has received no response.

FINDINGS AND CONCLUSION

1. The application was timely filed.
2. The applicant exhausted all available non-judicial relief before applying to the Board.
3. After reviewing all Exhibits, the Board concludes the applicant is not the victim of an error or injustice. The Board concurs with the rationale and recommendation of AFPC/DPSTTC and finds a preponderance of the evidence does not substantiate the applicant's contentions. While the Board is grateful for the applicant's service, it does not appear that any new evidence has been provided that would justify overturning the decision that was made by AFCENT/A1 on 7 Mar 22. The Board notes the applicant's long history of TBI; however, the medical records provided begin in 2014, which is nine years after the incident. Furthermore, the applicant has not provided any evidence, such as witness statements, that directly links his TBI to the incident that occurred while deployed in 2005. Therefore, the Board recommends against correcting the applicant's records.

RECOMMENDATION

The Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the Board will reconsider the application only upon receipt of relevant evidence not already presented.

CERTIFICATION

The following quorum of the Board, as defined in Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2024-01298 in Executive Session on 8 and 18 April 2025:

[REDACTED], Panel Chair
[REDACTED], Panel Member
[REDACTED], Panel Member

All members voted against correcting the record. The panel considered the following:

Exhibit A: Application, DD Form 149, w/atchs, dated 4 Apr 24.

Exhibit B: Documentary evidence, including relevant excerpts from official records.

[REDACTED]

Exhibit C: Advisory Opinion, AFPC/DPSTTC, w/atchs, dated 11 Mar 25.
Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 17 Mar 25.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by DAFI 36-2603, paragraph 4.12.9.

4/18/2025

X [REDACTED]

[REDACTED]
Board Operations Manager, AFBCMR

Signed by: GRIFFIN.MICHELLE.YVETTE.1047556798

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