

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 29 September 2023

DOCKET NUMBER: AR20220012008

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)
- 2 Self-Authored Memoranda, 29 September 2022
- Orders: GO-334-0001, Headquarters U.S. Army Cyber Center of Excellence and Fort Gordon, 29 November 2016
- Applicant Original Combat Medical Badge Packet, 12 May 2017
- MAJ C_____ Combat Medical Badge Packet, 12 May 2017
- MAJ M_____ Combat Medical Badge Packet, 12 May 2017
- Lieutenant Colonel (LTC) F_____ Combat Medical Badge Packet, 13 May 2017
- Memorandum, U.S. Army Human Resources Command (AHRC), 14 January 2019
- 3 DA Forms 2823 (Sworn Statement), 6 February, 8 February, 8 February 2019
- Officer Record Brief, 29 September 2022
- Major (MAJ) H_____ Combat Medical Badge Board Packet, 29 September 2020

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, U.S. Code, section 1552(b); however, the Army Board for Correction of Military Records (ABCMR) conducted a substantive review of this case and determined it is in the interest of justice to excuse the applicant's failure to timely file.

2. The applicant states, in effect:

a. He is requesting reconsideration of his eligibility for the award of Combat Medical Badge. He provided medical care while attached to ground combat forces while he was

engaged by hostile forces on 26 April 2017; he was personally present and under fire while providing care.

b. The initial Combat Medical Badge request was disapproved on the basis that the narrative and eyewitness statements did not clearly elucidate the incident and participants' eligibility for the award in accordance with Army Regulation 600-8-22 (Military Awards) paragraph 8-7c (4) (a) [erroneously referenced in the decision memo as 8-7b (4) (a)]. He acknowledges that the original documents as submitted failed to include critical information about the nature of medical duties performed. This occurred because the statements and narrative were initially prepared for submission as a Combat Action Badge recommendation but was subsequently redesignated by local command for the Combat Medical Badge as this award is more appropriate for the nature of actions performed.

c. The request was delayed in large part due to administrative delays imposed by the routing process. He enclosed a sample of the volumes of electronic correspondence his team members have undertaken over the course of three plus years to attempt to ascertain the status of this submission, and later the appropriate course for remediation of records. Throughout the process no information on decisions or on potential recourse were provided to his team members by AHRC, Special Operations Command-Africa or other administrative units without significant prompting. A prior request by one of his team members (now LTC H_____) was submitted 29 September 2020 and was retroactively approved for the Combat Medical Badge. His submission refers to the same incident.

3. At the time of the incident, the applicant was serving in the Regular Army in the rank/grade of MAJ/O-4 in area of concentration 61M (Orthopedic Surgeon).

4. Headquarters U.S. Army Cyber Center of Excellence and Fort Gordon, Orders: GO-334-0001, 29 November 2016, deployed the applicant in a temporary change of station status as shown:

- attached to – Special Operations Command-Africa
- purpose – deployment in support of Operation Enduring Freedom-Horn of Africa, Camp Lemonier, Djibouti
- number of days – not to exceed 153 days
- will proceed on or about – 1 January 2017

5. The applicant provides a/an:

a. Statements from his original submission to AHRC, dated 1 May 2017, in which LTC F_____ and MAJ C_____ both state the applicant was engaged by an IED on 27 April 2017. He was present supporting a special operations team as a medical officer

with the Expeditionary Resuscitative Surgical Team. The explosion resulted in 5 killed in action and 4 personnel wounded.

b. DA Form 4187 (Personnel Action), 18 June 2017, in which his commander recommended approval of the Combat Medical Badge for being engaged by the enemy on 26 April 2017, during Operation Enduring Freedom - the Horn of Africa. The applicant was within 125 meters from the impact of a complex remote-controlled improvised explosive device (IED) attack on a convoy. While providing medical support in support of a special operations team, the convoy came under attack secondary to the IED strike.

6. A memorandum from AHRC, Chief, Soldier Programs and Services Division, dated 14 January 2019, disapproved his request for award of the Combat Medical Badge. In the memorandum to the applicant, the Chief stated, "the incident on 26 April 2017 does not meet the criteria for award of the Combat Medical Badge in accordance with Army Regulation 600-8-22 [Military Awards], paragraph 8-7b (4)(a). The narrative and eyewitness statements provided do not indicate that [applicant] performed medical duties while his unit was actively engaged in active ground combat."

7. The applicant also provides a/an:

a. DA Form 2823 dated 6 February 2019, from MAJ H_____ who provides a supplement to his prior statement regarding the actions performed in combat on 26 April 2017. He states the applicant assisted with intraosseous access placement, administration of freeze-dried plasma, and airway management at the point of injury; repeatedly assisted with splinting of complex fractures during en-route care (as an orthopedist – his expertise in this area was invaluable); assisted with medication preparation and administration; packaged casualties for aeromedical evacuation. His duties were performed both at the point of injury (scene of the initial engagement by the enemy) and subsequently throughout a 6-hour ground casualty evacuation (CASEVAC) bridging from afternoon to night.

b. DA Form 2823 dated 8 February 2019, from MAJ C_____ who provides a supplement to his prior statement regarding the actions performed in combat on 26 April 2017. He states the applicant provided resuscitative point of injury care including orthopedic assessment and IV access; trauma evaluation for multiple critically injured patients; exposed positioning in the vehicle bed during CASEVAC; and preparation and packaging of casualties for both ground and air transport.

8. His Official Military Personnel File does not show he was awarded the Combat Action Badge or Combat Medical Badge.

9. 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.

10. 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. After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was warranted. The Board carefully considered the applicant's contentions, the military record, and regulatory guidance. The Board considered the eyewitness sworn statements attesting to the applicant being present and performing medical duties while under fire. Based on the sworn statements, the Board agreed that the applicant met the burden of proving an error or injustice by a preponderance of the evidence and that a recommendation for relief was warranted.

2. The applicant's request for a personal appearance 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 before the Board is not necessary to serve the interest of equity and justice in this case.


BOARD VOTE:

Mbr 1 Mbr 2 Mbr 3

█	█	█	GRANT FULL RELIEF
:	:	:	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 to show 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. Title 10, U.S. Code, section 1552(b), provides that applications for correction of military records must be filed within 3 years after discovery of the alleged error or injustice. This provision of law also allows the ABCMR to excuse an applicant's failure to timely file within the 3-year statute of limitations if the ABCMR determines it would be in the interest of justice to do so.
2. Army Regulation 600-8-22 states, in part, 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.
 - a. 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.
 - b. 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.
3. 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//