

IN THE CASE OF: ██

BOARD DATE: 31 January 2024

DOCKET NUMBER: AR20230004467

APPLICANT REQUESTS:

- award of a second Purple Heart for injury to his left eardrum
- a personal appearance before the Board

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

- DD Form 149 (Application for Correction of Military Record)
- Memorandum from Legal Assistance Attorney, First Lieutenant (1LT) ABS
- U.S. Army Human Resources Command (HRC) Denial Memorandum
- Orders BL-355-0005, dated 20 December 2012
- Personal Account Statement, dated 30 July 2022
- Two Witness Statements
- MILPER Message #22-215 (Purple Heart for Perforated Eardrum)
- DD Form 2796 (Post Deployment Health Assessment (PDHA))
- DD Form 2900 (Post Deployment Health Re-Assessment (PDHRA))
- DD Form 2216E (Hearing Conservation Data)
- Medical Records (205 pages)

FACTS:

1. The applicant states he believes he meets the requirements of MILPER Message 22-215 for award of an additional Purple Heart and would like to appeal the decision made by HRC.

a. His request for the Purple Heart was denied by HRC due to, “the two critical factors commanders must consider when determining eligibility for the Purple Heart are the degree to which the hostile force caused the wound and whether the wound was so severe it required treatment by a medical officer.” He was also informed the Standard Form (SF) 600, dated 28 June 2013, he submitted did not reflect diagnosis of or treatment for perforated eardrum and his post-deployment medical documentation or diagnoses cannot be utilized as the primary justification for award of the Purple Heart. He believes that is an error as the SF 600 shows he was seen due to numerous problems post-blast to include joint pain, localized in the wrist and a tympanic

membrane perforation of the left ear. The medical provider did not thoroughly document his medical concerns and issues, as supported by the witness statements he attached from the improvised explosive device (IED) attacks.

b. The applicant further noted he documented the complaint of his rupture following the deployment on the PDHA and PDHRA questionnaires, but he could not identify the exact dates. There is no doubt the injury had to be in conjunction with the June blasts as the two IED blasts were the only ones during his deployment. In reference to the ear drum rupture not requiring medical treatment, besides post injury self-care and time, there was nothing that could be done to remedy the situation during the deployment, which is why follow-up evaluations from an ENT were required and a subsequent surgery was performed to repair the damaged ear. His ear has still not fully recovered, and he will deal with the lasting damage for the remainder of his life which is why he has not given up on the pursuit of the award of the Purple Heart for his injury. Medical support was limited at a forward operating base (FOB) and it was not properly documented from the start. Additionally, his chief complaint was not accurately captured in the provider notes and he asks the Board to consider the full extent of his injuries.

3. The applicant provides:

a. A memorandum from 1LT ABS, which states the denial of the applicant's Purple Heart was based on the opinion that the SF 600 did not reflect diagnosis or treatment for a perforated eardrum and that post-deployment record could not be used to support the justification for the Purple Heart. The applicant was involved in 14 IED attacks during his deployments, two of which were specifically within 24 hours of one another in June 2013. She believes the applicant met the requirements for the Purple Heart. On 14 February 2014, the applicant had surgery on his ear at the Minneapolis VA and the physician noted in the significant findings that there was about 65% anterior inferior perforation. His injury was of such a severity that it required treatment.

(1) Although the date the injury was incurred is unclear, [the applicant's] medical records meticulously document his encounters with IED attacks which caused his injury.

(2) AR 600-8-22 (Military Awards), paragraph 2-8c states "To qualify for award of the Purple Heart the wound must have been of such severity that it required treatment, not merely examination, by a medical officer."

(3) Neither AR 600-8-22 nor DoDI 1348.33 specifies a timeline for the treatment to have occurred. AR 600-8-22, paragraph 2-8k(3)(b) and (c) require a wound or injury to be treated by a medical official and the record of medical treatment to be made in a manner which conformed to the requirements set forth in paragraph 2-8c.

b. A memorandum from HRC dated 18 January 2023, which notified the applicant that his request for award of the Purple Heart was denied. After a thorough review of the information provided the forwarded recommendation for the Purple Heart did not meet the statutory guidance outlined in MILPER Message 22-215, paragraph 6. "The two critical factors commanders must consider when determining eligibility for the Purple Heart are the degree to which the hostile force caused the wound, and whether the wound was so severe it required treatment by a medical officer." The forwarded Standard Form 600 dated 28 June 2013 did not reflect diagnosis of or treatment for perforated eardrum; further, post-deployment medical documentation or diagnoses could be utilized as the primary justification for award of the Purple Heart. If he believed the determination was unjust, he had the right to appeal to the ABCMR.

c. Orders BL-355-0005, dated 20 December 2012, to be referenced in the applicant's service record.

d. A personal account statement, dated 30 July 2022, which states while conducting a dismounted route clearing patrol on 23 June 2013 in Zurmat, Afghanistan, an IED detonated within 10 meters instantly killing Sergeant (SGT) [REDACTED] and a lieutenant standing nearby that received severe shrapnel wounds. He and FS maneuvered over to the lieutenant and began to render first aid until the medics arrived and then he assisted in the preparation of the medical evacuation clearing zone by scanning for additional IEDs with his metal detector. As the adrenaline and shock began to wear off, he noticed pain in his left ear and a reduction in his hearing acuity. Due to the focus on continuing his mission and recognizing he was still able to perform his tasks, he did not want to address the injury until the mission was complete and everyone had returned safely back to the FOB. He received medical evaluation immediately upon arrival due to his proximity to the blasts and the fact that he was not in his vehicle at the time. Medical personnel determined that his left ear drum has been perforated by the explosion. Due to the damage sustained to his left eardrum, he required multiple follow-up surgeries to repair his damaged eardrum upon return from deployment.

e. Two witness statements written in July 2022, which state, in pertinent part:

(1) Sergeant First Class (SFC) [REDACTED], Deputy Station Commander, indicated during a dismounted patrol in Zurmat, Afghanistan they were approximately 8 meters away when an IED detonated near the applicant. It knocked him, the applicant, and his team down. SGT [REDACTED] was killed in action (KIA) and 1LT [REDACTED] received substantial injuries from fragmentation. He and the applicant quickly maneuvered to provide casualty care to the injured while waiting for additional medical personnel to arrive. The applicant cleared the landing zone and they both assisted in transferring the casualty. Once the adrenaline wore off, he was able to perform a more thorough head to toe assessment of the applicant. He conducted a relative afferent pupil defect test, military acute concussion evaluation, checked for any tenderness, rigidity, distention's, pulsating

masses, etc. He discovered the applicant was bleeding considerably from his left ear which was a clear indicated of a perforated ear drum. Upon returning the FOB, he directed the applicant and his team receive additional medical evaluation and the provider made the disposition that his left ear drum was perforated from the blast.

(2) Staff Sergeant [REDACTED] noted he writes his letter in support of the applicant's request for the Purple Heart after the IED blast exposure in Zurmat, Afghanistan on 23 June 2013, which claimed the life of SGT [REDACTED]. During the event, he was inside his vehicle looking outside of his window and saw the applicant and several team members on the floor after the dust settled. He then heard yelling and saw the applicant and [SFC [REDACTED]] rush back to their feet to help a screaming and wounded 1LT. He dismounted his vehicle after the site was cleared to assist in rendering aid and distinctly remembers [SFC [REDACTED]] sitting down with the applicant to perform an evaluation. During that time, he was tasked with evaluating other Soldiers involved in the blast. They discussed their observations and noticed multiple Soldiers with concussions, perforated ear drums, small lacerations, and abrasions. Upon their return, all Soldiers involved in the blast were referred to the medical treatment facility. During the after action review, as the disposition of Soldiers was outlined, the applicant was noted as having a left perforated ear drum.

f. MILPER Message 22-215 (Purple Heart for Perforated Eardrum) announces Purple Heart eligibility for perforated eardrum wounds for personnel who served during qualifying periods established for this award.

g. A DD Form 2796, dated 17 September 2013, shows the applicant arrived in Afghanistan on 24 December 2012 and departed theater on 12 September 2013. The applicant checked he had been exposed to a blast or explosion of less than 25 meters approximately two times and marked "other injury." The SF 600 attached the DD Form 2796 lists in HCP #4, "LT eardrum ruptured from IED blast in April with history of previous LT eardrum rupture."

h. A DD Form 2900, dated 14 January 2014, shows the applicant marked "bothered a little" for trouble hearing and the SF 600 noted "ear problems."

i. A DD Form 2216E provides audiometric data from 16 July 2007 as a reference and 17 September 2013.

j. The applicant's medical records (205 pages) include the SF 600, dated 28 June 2013, referenced in his statement in addition to his Department of Veterans Affairs Medical Records.

4. A review of the applicant's service record shows:

- a. He enlisted in the U.S. Army Reserve (USAR) on 11 January 2007.
- b. He entered active duty on 10 July 2007. He was honorably released from active-duty training on 26 October 2007. His DD Form 214 (Certificate of Release or Discharge from Active Duty) shows he completed 3 months and 17 days of active service. He was awarded military occupational specialty (MOS) 21B (Combat Engineer).
- c. He entered active duty on 20 August 2010.
- d. Orders MC-278-0267, dated 5 October 2010, deployed the applicant in a Temporary Change of Station (TCS) status in support of Operation Enduring Freedom (OEF) to Afghanistan with a report date of 11 October 2010 for a period not to exceed 349 days.
- e. Permanent Orders 006-005, dated 9 January 2011, awarded the applicant the Purple Heart for wounds received as a result of hostile action on 21 November 2010.
- f. He was honorably released from active duty on 2 October 2011. His DD Form 214 shows he completed 1 year, 1 month, and 13 days of active service. It also shows he served in Afghanistan from 13 October 2010 to 17 August 2011. The applicant's Purple Heart is listed in Block 13 (Decorations, Medals, Badges, Citations and Campaign Ribbons Awarded or Authorized).
- g. He entered active duty on 21 October 2012.
- h. Orders BL-355-0005, dated 20 December 2012, deployed the applicant in a TCS status in support of OEF to Afghanistan with a report date of 21 December 2012 for a period not to exceed 339 days.
- i. He was honorably released from active duty on 26 November 2013. His DD Form 214 shows he completed 1 year, 1 month, and 6 days of active service. It also shows he served in Afghanistan from 22 December 2012 to 17 September 2013.
- j. The service record includes the applicant's medical evaluations for the purposes of commissioning and consideration for warrant officer flight school which indicated he was generally in good health. The applicant indicated the surgery repaired the left ear drum and the hearing has "come back close to normal." The applicant was marked qualified for flying duty.
  - DD Form 2807-1 (Report of Medical History), dated 28 May 2014
  - DD Form 2808 (Report of Medical Examination), dated 29 May 2014

k. Orders D-07-514447, dated 28 July 2015, honorably discharged the applicant from the USAR with an effective date of 19 July 2015.

l. He enlisted in the Regular Army on 20 July 2015.

m. He was honorably discharged on 1 September 2015. His DD Form 214 shows he completed 1 month and 12 days of active service. He was assigned separation code KGM and the narrative reason for separation listed as "Accept Commission or Warrant in the Army."

n. On 2 September 2015, he was appointed as a Reserve warrant officer and executed an oath of office on the same day.

o. He served a third deployment in Afghanistan from 30 May 2018 to 20 February 2019.

5. By regulation (AR 15-185), 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.

6. MILPER Message 22-215, issued 8 June 2022, states the Army is encouraging Soldiers and Veterans who were previously denied the Purple Heart for perforated eardrum injuries to resubmit documentation for reconsideration. Commanders will consider two critical factors when considering eligibility for the Purple Heart for perforated eardrum. The two critical factors are the degree to which the enemy or hostile force caused the wound and whether the wound was so severe that it required treatment by a medical officer. Additional requirements are listed in the references.

#### 7. MEDICAL REVIEW:

a. The Army Review Boards Agency (ARBA) Medical Advisor reviewed the supporting documents, the Record of Proceedings (ROP), and the applicant's available records in the Interactive Personnel Electronic Records Management System (iPERMS), the Health Artifacts Image Management Solutions (HAIMS), and the VA's Joint Legacy Viewer (JLV). The applicant requests Purple Heart award for eardrum perforation. In his 30Jul2022 personal narrative of the 23Jun2013 IED blast event in Zurmat, Afghanistan, the applicant stated as the adrenaline and shock began to wear off, he noticed pain in the left ear and a reduction in hearing acuity. He indicated that he sought care upon return to FOB Gardez.

b. The ABCMR ROP summarized the applicant's record. Of note, he was a member of the Reserves. His MOS 68W10 Health Care Specialist. He was deployed in

Afghanistan 20180530 to 20190220; 20121021 to 20131126; and 20100820 to 20111002.

c. Pertinent medical records and related.

- 21Nov2010 Emergency Department Clinical Record (in theatre). The applicant had a blast exposure about 10 feet away. Loss of consciousness (LOC) up to 5 seconds was possible. He had decreased left ear hearing, a ruptured TM (tympanic membrane or eardrum), ringing in his ear (tinnitus), a mild headache, dizziness, nausea, and balance problems. It was the second blast of the day.
- 22Nov2010 Clinical Continuation Sheet (in-theatre). Some notes indicate brief LOC, others say no LOC. Glasgow Coma Scale 15 (normal). Left TM was perforated. He was given an antibiotic.
- 22Nov2010 Inpatient Record showed the applicant was admitted for 1 day after 40 lb IED blast exposure on 21Nov2010. There was no loss of consciousness (LOC) but he did have altered level of consciousness. There was no posttraumatic amnesia. He was admitted for neurologic observation due to residual dizziness, headache, and nausea. He was also noted to have a ruptured TM in the emergency room. Diagnosis: Grade II Concussion. He was admitted early morning hours on 22Nov2010, and discharged the same day.
- 24Nov2010 Concussion Recovery Care Center (in-theatre). Left ear exam: The provider observed hemorrhage of the TM and perforation of the superior TM (position on a clock face was between 12 o'clock and 3 o'clock). Tinnitus continued. He was placed on profile from 30Nov2010 to 04Dec2010.
- 30Nov2010 Camp Leatherneck. TM showed signs of healing on the periphery.
- 23Feb2011 Emergency Department Minor Injuries Clinical Record (in-theatre). He was seen for 3<sup>rd</sup> blast in the past 3 days. No LOC or altered consciousness but he had ringing in both ears. GCS was 15/15. The exam showed left TM perforation from the previous blast.
- 20May2011 Navy Role III Multinational Medical Unit Kandahar, Afghanistan Neurology Clinic Note. history of several blast exposures. He had "a total of 9 blast exposures, 1 dismounted and 8 mounted (1 RG-31, 7 MAXXPRO)". The first exposure was 21Nov2010 dismounted approximately 5 feet from the blast. He was wearing PPE. He suffered a ruptured left TM. He was confused and dazed after the blast and carried the diagnosis of a grade II concussion. In February the patient was exposed to several blasts in one day. He reported continued tinnitus in the left ear (which limits sleep). The ear exam still showed ruptured TM. He was determined to be Fit.

- 17Aug2012 VAMC Audiology Note. Hearing test showed Left Mild Conductive Hearing Loss and normal right ear hearing. The otoscopic exam showed (continued) left TM perforation.
- 07Sept2012 VAMC ENT Surgery Clinic Note. The staff surgeon documented that there was small (about 10%) remaining perforation of the left TM that was failing to close. The applicant underwent surgery to repair it.
- 10May2013 FOB Gardez. The applicant was deployed again (after the ear surgery). He reported wearing noise cancelling hearing protection. He also reported intermittent drainage from his left ear. He often had to place cotton balls in his ear during missions. The exam showed the Left TM perforation status post tympanoplasty after a blast injury 2 years prior. No discharge was present during this exam. He was scheduled to redeploy in about 3 months. He was encouraged to follow up with his PCM for another ENT consult at that time. In the meantime, he was given instruction to keep water from getting in his ear.
- 25Jun2013 FOB Gardez. There were no acute complaints, and he denied any new injury associated with two recent IEDs (one on 23Jun2013). Hearing loss, sensitivity to sound (hyperacusis) and dizziness were denied. He also denied headaches, memory and concentration issues. TM perforation was not mentioned.
- 26Jun2013 1-506 BAS. The visit was essentially a screening exam for residuals of TBI status post blast injury. The applicant denied physical injury. During the review of systems, the applicant denied earache. He also denied headaches. The provider indicated physical examination of the ear revealed the perforated left TM from a previous deployment. No new injuries were noted.
- 01Jul2013 FOB Gardez. The applicant was seen for left ear tinnitus and left wrist pain. He complained of ringing in the ear related to IED explosion 7 days prior. The applicant reported being about 10 meters away from the blast. He stated the ear pain was gone but ringing in the ear persisted. The left ear exam revealed an absent TM with erythema (redness) present. No discharge was noted.
- 17Sep2013 Post Deployment Health Assessment (PDHA, DD Form 2796). He reported 2 IED blasts with 1 within a vehicle RG311 dismantled blast within 10 meters (1 friendly KIA). He did not experience LOC, memory loss of event before or after the injury, and there were no symptoms of altered consciousness (seeing stars, disorientation, impaired functioning, etc.). He endorsed that trouble hearing, noises in his head or ears (such as ringing, buzzing, crickets, humming, tone, etc), headaches, trouble sleeping, trouble concentrating, memory problems bothered him a lot. Balance problems and easy irritability bothered him a little. He wasn't bothered at all by fainting spells or dizziness. The associated Standard Form (SF) documented headache from a blast in April with history of previous left eardrum rupture.



- 29Nov2013 Otolaryngology Resident Note VAMC. This was an evaluation of the recurrent left TM perforation status post repair on 07Sep2012. He had been healing well following surgery at the first post-op visit. The applicant stated he subsequently sustained another blast back in May 2013. He was seen by PA who noted perforation again. The applicant reported thinking the TM was intact prior to blast, but since blast he thinks that he started having drainage again.
- 14Jan2014 Post Deployment Health Re-assessment (PDHRA, DD Form 2900). Of note, the applicant endorsed tinnitus bothered him a lot. Dizziness, and trouble hearing bothered him a little. He was not bothered at all by fainting spells or balance problems. He endorsed being injured during the deployment. On Standard Form 600, the applicant endorsed ear problems. The health care provider documented he was referred for hearing problems among others.
- 28Mar2014 Audiology Clinic Note VAMC. Summary: There was a significant improvement in hearing following the left tympanoplasty. Speech recognition improved from 92% (compared to 17Aug2012 testing) to 100%.
- 02Jul2014 Ear Conditions DBQ. Diagnoses Tympanic Membrane Perforation, Post Operative. The initial perforation was repaired by myringoplasty 07Sep2012. During his last tour, by ENT notes, in approximately May 2013, he sustained another blast and started having drainage again from the left ear. He was seen in ENT clinic at VAMC 29Nov2013 where a recurrent left sided traumatic TM perforation was confirmed. The veteran had the second perforation repaired 14Feb2014 by canal tympanoplasty.

d. Summary

- The applicant was seen by the same in-theatre provider on 10May2013 (significant because it was prior to the June 2013 blast), and on 25Jun2013, 26Jun2013 and 01Jul2013. The in-theatre provider wrote the left TM perforation was from a previous deployment (November 2010), about which he was especially knowledgeable since he had examined the ear both before and after the 23Jun2013 blast event. The provider did not indicate that there was blood or other discharge in the ear canal, or that the ear exam was painful or there were other signs of acute injury to the ear/eardrum during the exam on 25/26Jun2013. Redness was noted a week later, during the 01Jul2013 visit. Based on records that were available for review, the timing of the recurrent perforation is unknown. It is known that left TM perforation had recurred prior to the June 2013 blast; therefore, evidence does not support the Purple Heart award for the 23Jun2013 IED blast incident. The applicant was seen 2 days after the 23Jun2013 blast event. There was no indication from the present documentation that urgent medical issues had unavoidably gone unaddressed prior to that time.

- To qualify for award of the Purple Heart award, the wound must have been of such severity that it required treatment, not merely examination, by a medical officer (AR 600–8–22, 5 March 2019). The ARBA Medical Reviewer made the following observations: The applicant initially sustained traumatic left TM perforation due to blast injury on 21Nov2010. Medical records document the blast event as well as the left TM trauma on the day of the incident. Nausea, dizziness, and balance issues which could have been associated with either the TM rupture or the TBI itself, resolved within the first 24 hours. Hearing loss took longer to recover however mild left ear conductive hearing loss persisted. Left ear tinnitus also persisted. The known natural history of ruptured TMs is in most instances, they do not require treatment, they heal on their own within several weeks. In this case, the applicant's left TM perforation initially sustained on 21Nov2010 due to documented blast injury, did ultimately require surgical repair. It is noted that the first repair took place almost 2 years after the blast incident.

#### BOARD DISCUSSION:

1. After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted. The Board carefully considered the applicant's record of service, documents submitted in support of the petition and executed a comprehensive and standard review based on law, policy and regulation. Upon review of the applicant's petition, available military records, medical review and Human Resources Command memorandum, the Board concurred with the advising official finding notation in the applicant's record from the in-theatre provider who wrote the left TM perforation was from a previous deployment (November 2010). Evidence in the record as annotated by the in-theatre provider who did not indicate that there was blood or other discharge in the ear canal, or that the ear exam was painful or there were other signs of acute injury to the ear/eardrum during the exam on 25/26Jun2013. The Board determined based on the opine, the applicant did not meet the regulatory guidance for award of the Purple Heart (2ndAward). Based on the preponderance of evidence, the Board found reversal of the previous HRC decision is without merit and denied relief.
2. 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.

BOARD VOTE:

<u>Mbr 1</u>	<u>Mbr 2</u>	<u>Mbr 3</u>	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
█	█	█	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined the overall merits of this case are insufficient as a basis for correction of the records of the individual concerned.

2/6/2024

X █

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CHAIRPERSON  
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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 (AR) 15-185 (ABCMR) prescribes the policies and procedures for correction of military records by the Secretary of the Army, acting through the ABCMR. The ABCMR begins its consideration of each case with the presumption of administrative regularity, which is that what the Army did was correct.

a. The ABCMR is not an investigative body and decides cases based on the evidence that is presented in the military records provided and the independent evidence submitted with the application. The applicant has the burden of proving an error or injustice by a preponderance of the evidence.

b. 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.

2. AR 600-8-22 (Military Awards) prescribes Army policy, criteria, and administrative instructions concerning individual and unit military awards. The Purple Heart is awarded for a wound sustained while in action against an enemy or as a result of hostile action. Substantiating evidence must be provided to verify that the wound was the result of hostile action, the wound must have required treatment by medical personnel, and the medical treatment must have been made a matter of official record.

3. Military Personnel (MILPER) Message Number 22-215, dated 8 June 2022, was issued to announce Purple Heart eligibility for perforated eardrum wounds for personnel who served during qualifying period established for this award. Current Army policy prohibits the award of the Purple Heart for perforated eardrum (ruptured tympanic membrane).

a. Effective immediately, the U.S. Army will recognize a perforated eardrum (ruptured tympanic membrane) as a qualifying injury for award of the Purple heart, provided all below-listed requirements are met and that applications include the following documentation pertaining to the wound and inflicting force:

- (1) A written request from the veteran
- (2) Chain of command endorsements for currently serving Soldiers
- (3) Deployment orders or documentation corroborating deployment
- (4) Officer Record Brief, Enlisted Record Brief, Personnel Qualification Record, or other substantiating personnel qualification records
- (5) One-page narrative describing the qualifying incident and the conditions under which the member was wounded or injured.
- (6) Statements from at least two individuals, other than the proposed recipient, who were personally present, observed the incident, and have direct knowledge of the event. Alternatively, other official documentation may be used to corroborate the narrative.
- (7) Casualty Report (if available).
- (8) Chronological Record of Medical Care or Clinical Record, or equivalent military medical documentation.

(9) Official discharge documents

(10) Morning, Unit, and/or Situation Reports

b. Commanders will consider two critical factors when considering eligibility for the Purple Heart for perforated eardrum. The two critical factors are the degree to which the enemy or hostile force caused the wound and whether the wound was so severe that it required treatment by a medical officer.

c. The Army is encouraging Soldiers and veterans who were previously denied the Purple Heart for perforated eardrum injuries to resubmit documentation for reconsideration.

//NOTHING FOLLOWS//