ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 4 April 2025

DOCKET NUMBER: AR20240010182

APPLICANT REQUESTS: award of the Purple Heart, and an appearance before the Board via video or telephone.

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

- DD Form 149 (Application for Correction of Military Record), with self-authored statements (2)
- Army Service Records (8 pages), dated 15 November 2010 to 2 April 2013
- Department of Veterans Affairs (VA) Rating Decision, dated 28 October 2020
- statements of support (2)
- letter, U.S. Army Human Resources Command (AHRC), Awards and Decorations Branch, dated 20 February 2024
- memorandum for record, Lieutenant Colonel (LTC) R.D.C., dated 22 April 2024
- Medical documents (12 pages), dated 28 January 2011 to 17 January 2025

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:

a. He sustained a traumatic brain injury (TBI) after being hit by an Improvised Explosive Device (IED) during a patrol mission while in Afghanistan in January 2011. For the past 15 years, he has endured severe migraines and memory loss as a result of his injury. The ongoing medical issues have significantly impacted his life and the lives of his family members. Receiving the Purple Heart would validate his struggles and provide a sense of closure.

b. He exhausted all means of rectifying the situation through other channels. AHRC denied his request, as it appears his medical records do not reflect the true extent of his injuries. The VA does not recognize his condition as a result of military service. His TBI

test showed his performance was “borderline impaired,” failing to meet the criteria. He recently obtained a written statement from his former commander, who served with him on the mission, attesting to the fact that he lost consciousness during the IED blast.

c. In an additional statement, the applicant states that on 27 January 2011, an IED detonated directly under his vehicle. He was slammed inside the vehicle and hit his head on the ceiling, prior to passing out. The next thing he remembered was feeling extreme knee pain and seeing another Soldier who appeared to be screaming, but the applicant could not hear anything. He exited the vehicle. He was disoriented and saw flashing lights. His vision was blurry, and he could not see straight. He began to pull security and was vomiting while in the prone position. He was placed in another vehicle by his platoon leader. He did not receive medical attention due to the severity of another Soldier’s injuries. He was not treated until the following morning. At which time, he was diagnosed with a concussion, placed on a 72-hour hold, and confined to his bunk.

3. The applicant enlisted in the Regular Army on 23 March 2010. He served in Afghanistan from 30 December 2010 to 9 December 2011.

4. Orders 067-002, issued by Task Force Duke, 3rd Brigade Combat Team, 1st Infantry Division, on 8 March 2011, awarded him the Combat Infantryman Badge for being engaged by or engaging the enemy on 27 January 2011.

5. He was honorably released from active duty and transferred to the Individual Ready Reserve on 2 April 2013. His DD Form 214 (Certificate of Release or Discharge from Active Duty) shows he was awarded or authorized the:

- Army Commendation Medal
- National Defense Service Medal
- Afghanistan Campaign Medal with two campaign stars
- Global War on Terrorism Service Medal
- Army Service Ribbon
- Overseas Service Ribbon
- North Atlantic Treaty Organization Medal
- Combat Infantryman Badge
- Parachutist Badge

6. The applicant was honorably discharged from the U.S. Army Reserve on 16 January 2018.

7. A memorandum, from AHRC, Awards and Decorations Branch, dated 20 February 2024, shows the applicant's request for award of the Purple Heart was denied. AHRC noted the applicant’s Standard Form (SF) 600 (Chronological Record of Medical Care), dated 28 January 2011, stated he was treated for concussion without loss of

consciousness and was released without limitations. When considering award of the Purple Heart for concussion or TBI that did not result in the loss of consciousness, medical documentation must show the diagnosed injury resulted in restriction from full duty for a period of greater than 48 hours.

8. The applicant provides:

a. In two sworn statements, dated 28 January 2011, the authors attest to the IED blast which took place on 27 January 2011.

b. The applicant's VA Rating, dated 28 October 2020, shows the applicant has a service connected disability rating for post-traumatic headaches and post-traumatic stress disorder (PTSD). His claim for service connected TBI was denied.

c. In two undated statements of support, the authors attest to the events which took place on 27 January 2011.

d. In a memorandum for record, dated 22 April 2024, from LTC R.D.C., he states he was the commander at the time of the engagement and can confirm the applicant briefly lost consciousness immediately following the IED attack. He further states, the medic on scene began treating the most severely wounded and did not notice or correctly annotate that the applicant lost consciousness.

e. 12 pages of medical documentation, from a troop medical clinic, the VA, and a civilian healthcare provider, show the applicant experienced head trauma from an explosion on 27 January 2011. He continues to experience headaches, irritability, and PTSD.

9. MEDICAL REVIEW:

a. The applicant is applying to the ABCMR requesting to be awarded a Purple Heart as a result of a minor traumatic brain injury (TBI) during his deployment to Afghanistan. The specific facts and circumstances of the case can be found in the ABCMR Record of Proceedings (ROP). Pertinent to this advisory are the following: 1) The applicant enlisted in Regular Army on 23 March 2010. He served in Afghanistan from 30 December 2010-9 December 2011; 2) The applicant was awarded the Combat Infantryman Badge on 27 January 2011; 3) The applicant was honorably released from active duty and transferred to the Individual Ready Reserve on 2 April 2013.

b. The Army Review Board Agency (ARBA) Medical Advisor reviewed the supporting documents and the applicant's available military service records. The Armed Forces Health Longitudinal Technology Application (AHLTA), the VA's Joint Legacy Viewer (JLV), military, VA, and civilian hardcopy medical documentation provided by the

applicant were also examined. In addition, sworn statements made by individuals, who stated they were deployed with the applicant were also reviewed.

c. The applicant is requesting a Purple Heart award for a minor TBI incurred during his deployment. There is sufficient evidence the applicant was exposed to an IED and active combat on 27 January 2011 while deployed to Afghanistan. The applicant was reported to have not only been exposed to a blast of an IED, but he also hit his head on the ceiling of his vehicle. The applicant reports losing consciousness briefly after the blast and hitting his head. However, likely due to the immediacy of other injuries and the combat environment, his injury was not identified as a priority by the medical assets with him at the time. This was confirmed by statements made by others, who were there at that time. The applicant was also identified by those with him following this blast as experiencing the immediate symptoms of a concussion. The applicant was seen by military medical providers on 28 January 2011. It was reported the applicant had not lost consciousness, but he was confirmed to have been exposed to an explosion and trauma to his head. He was reported to have a lower than normal level of concentration and demonstrating irritability and headache. The medical record noted the applicant was returned to duty without limitations. However, the applicant provided a statement from the medic there at the time, who reported the applicant was ordered to 72 hours of bed rest and dark spaces. He also reported the applicant continued to have a headaches and slight ringing in his ears.

d. A review of JLV provided evidence the applicant was treated at the VA and by civilian providers after his discharge for post concussive headaches. He underwent a Compensation and Pension Evaluation and was diagnosed with service-connected post-concussive headaches.

e. Based on the available information, it is the opinion of the Agency Medical Advisor that the applicant was clearly exposed to an IED blast and head trauma during his combat deployment to Afghanistan. Due to the severity of other service-member injuries and the dangerousness of the situation, the exact details of the applicant's symptoms of a minor TBI may not have been properly documented at the time. However, currently there is additional evidence beyond self-report the applicant briefly lost consciousness, was experiencing the symptoms of a minor TBI or a concussion, and he was recommended for the appropriate 48 hour or more recovery following the injury. In addition, there is evidence the applicant continues to experience symptoms associated with a post-concussive injury. Thus, there is sufficient evidence the applicant meets the criteria for a Purple Heart for a minor TBI occurred in combat.

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 record of service, documents submitted in support of the petition and executed a comprehensive review based on law, policy, and regulation. The Board determined to be awarded the Purple Heart, the regulatory guidance requires all elements of the award criteria to be met; there must be proof a wound was incurred as a result of enemy action, that the wound required treatment by medical personnel, and that the medical personnel made such treatment a matter of official record.

2. The Board concluded there was sufficient evidence the applicant meets the criteria for award of the Purple Heart.

3. 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:

Mbr 1	Mbr 2	Mbr 3	
:XXX	:XXX	:XXX	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 relief. As a result, the Board recommends that all Department of Army records of the individual concerned be corrected by awarding him the Purple Heart for minor TBI received in combat on 27 January 2011, while serving in Afghanistan, and adding the medal to his DD Form 214 for the period ending 2 April 2013.

X //SIGNED//

CHAIRPERSON

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 Army Board for Correction of Military Records (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 15-185 (ABCMR), paragraph 2-11 states applicants do not have the right to a hearing before the ABCMR. The Director of the ABCMR may grant a formal hearing whenever justice requires.

3. Army Regulation 600-8-22 (Military Awards) prescribes Army policy, criteria, and administrative instructions concerning individual and unit military awards.

a. 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 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.

b. A wound is defined as an injury to any part of the body from an outside force or agent sustained under one or more of the conditions listed above. A physical lesion is

not required. However, the wound for which the award is made must have required treatment, not merely examination, by a medical officer. Additionally, treatment of the wound will be documented in the Service member's medical and/or health record. Award of the Purple Heart may be made 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.

c. When contemplating an award of the Purple Heart, the key issue that commanders must take into consideration is the degree to which the enemy caused the injury. The fact that the proposed recipient was participating in direct or indirect combat operations is a necessary prerequisite but is not the sole justification for award.

d. Examples of enemy-related injuries that clearly justify award of the Purple Heart include concussion injuries caused as a result of enemy-generated explosions resulting in a mild (m) mTBI or concussion severe enough to cause either loss of consciousness (LOC) or restriction from full duty due to persistent signs, symptoms, or clinical finding, or impaired brain function for a period greater than 48 hours from the time of the concussive incident.

e. Examples of injuries or wounds that do not justify award of the Purple Heart include PTSDs, hearing loss and tinnitus, mTBI or concussions that do not result in LOC or restriction from full duty for a period greater than 48 hours due to persistent signs, symptoms, or physical finding of impaired brain function.

f. When recommending and considering award of the Purple Heart for a mTBI or concussion, the chain of command will ensure that both diagnostic and treatment factors are present and documented in the Soldier's medical record by a medical officer.

//NOTHING FOLLOWS//