

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 21 August 2025

DOCKET NUMBER: AR20250001219

APPLICANT REQUESTS: reconsideration of the previous Army Board for Correction of Military Records (ABCMR) decision promulgated in Docket Number AR20230014334 on 2 July 2024. Specifically, she requests entitlement to the Purple Heart.

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

- DD Form 149 (Application for Correction of Military Record)
- Letter, WW, 27 October 2021
- Memorandum, U.S. Army Cadet Command, 10 December 2023
- 6 Pages of SF 600 (Chronological Record of Medical Care)
- ABCMR Record of Proceedings AR20230014334, 2 July 2024

FACTS:

1. Incorporated herein by reference are military records which were summarized in the previous consideration of the applicant's case by the Army Board for Correction of Military Records (ABCMR) in Docket Number AR20230014334 on 2 July 2024.

2. The applicant provides new evidence or argument which warrants consideration by the Board. She states, in effect, that she is highlighting parts of medical records she believes were not read in her previous application. The documentation shows light duty after direct enemy action.

3. The applicant enlisted in the Regular Army on 14 December 2006. She served in military occupational specialty 31B (Military Police). Evidence shows she served in Iraq from 18 May 2007 to 2 August 2008. On 21 July 2012, she was honorably released from active duty upon the completion of her required active service. The DD Form 214 (Certificate of Release or Discharge from Active Duty) she received shows she was awarded or authorized the:

- Iraq Campaign Medal with 3 campaign stars
- Army Commendation Medal with V Device
- Army Commendation Medal (3rd Award)
- Army Good Conduct Medal

- National Defense Service Medal
- Global War on Terrorism Service Medal
- Noncommissioned Officer Professional Development Ribbon
- Army Service Ribbon
- Overseas Service Ribbon (2nd Award)
- Combat Action Badge
- Parachutist Badge
- Driver and Mechanic Badge with Driver-W Clasp

4. On 23 May 2023, the Chief, Awards and Decorations Branch, U.S. Army Human Resources Command (HRC), acknowledged they were unable to authorize her request for entitlement to the Purple Heart noting military medical documentation from immediately after or close to the incident reflecting a diagnosis of and treatment for a qualifying wound must be provided. In this regard, they acknowledged receipt of the forwarded SF 600 dated 26 December 2007, reflecting her medical examination following her involvement in an Explosive Formed Projectile (EFP) attack on the same date; she was evaluated for headache and symptoms of possible mild concussion and instructed to follow up with medical providers if symptoms worsened. In order to justify an award of the Purple Heart for concussion or mild Traumatic Brain Injury (mTBI) that did not result in loss of consciousness (LOC), servicemembers must be restricted from 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. Without significant documentation to the contrary, it appeared the event did not meet the strict criteria for award of the Purple Heart.

5. On 2 July 2024, the ABCMR denied her application to the Board for entitlement to the Purple Heart in Docket Number AR20230014334, stating, "after reviewing the application, all supporting documents, and the evidence found the military record, the Board found that relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered. The applicant was involved in an EFP incident in August 2007, and after the explosion helped pull a Soldier from the burning vehicle. She self-medicated with Motrin and Tylenol, was examined by the medics and released to return to duty."

a. 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. Additionally, when based on a TBI, the regulation stipulates the TBI, or concussion must have been severe enough to cause a LOC; or restriction from full duty due to persistent signs, symptoms, or clinical findings; or impaired brain functions for a period greater than 48 hours from the time of the concussive incident.

b. The Board noted that the applicant stated later during the deployment, she began having migraines and noticed some memory loss. After returning to Fort Bragg, she was treated for a while by the Neurology and TBI clinics at Womack Army Medical Center, including cognitive therapy. Additionally, she provides multiple statements that described the incident itself, and in their description the authors revealed that the applicant was returned to duty. The Board agreed with HRC's determination that without significant documentation confirming the applicant was restricted from fully 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, the criteria for award of the Purple Heart was not met.

6. The applicant provides new evidence in the form of a/an:

a. Letter from her former squad leader dated 27 October 2021, who states, in effect, the applicant and her team had 2 improvised explosive devices (IEDs) detonate directly on their vehicle on 8 and 11 August causing her to become unconscious. She complained of headaches and blacking out but due to only having a platoon medic and no medical facility with doctors, she self-medicated with Motrin and Tylenol to accomplish the mission. On 26 December 2008, she and her team were struck with 6 EFPs. The statement does not say what occurred to the applicant; however, he claims she was treated by the platoon medic and self-medicated for her headaches and lapses in memory.

b. Memorandum from the Command Deputy Surgeon, U.S. Army Cadet Command, dated 10 December 2023, who states, in effect, the applicant was evaluated and treated by an Army Physician Assistant on 11 August 2007, and diagnosed with a headache and injury from a terrorist explosion blast. Noted an abnormal mental status exam and headaches. She was given limited duty for 72 hours and upon return from theater, she had persistent post-concussive symptoms until her expiration term of service. The author claims diagnosis of concussion and TBI were not regularly occurring diagnoses in 2007. Medical providers were not encouraged to document the injury as a concussion as readily as they do today. As a Physician Assistant, any Soldier who presented to him with a persistent headache after a blast injury which rendered them unconscious (much less 2 incidents in 3 days) would be diagnosed with concussion and placed on at least 7 days of duty restrictions. He opines, failure to do so in today's Army would likely result in administrative action on the providers credentials. In 2007, the Army was more "Mission first" "People always" and the many units did not have the manning capabilities to allow someone with a "headache" to be on limited duty for several days.

c. Several pages of SF 600 which the applicant claims were unread or not previously acknowledged by the Board. Of note are highlighted entries noting:

- Direct IED blast at 0200, 11 August 2007

- Mental status was abnormal A & O X 3
- Injury from a terrorist explosion blast – Tylenol, 12 August 2007
- Neuro exam, light duty x 3 days
- Scored 27/30 on Military Acute Concussion Evaluation (MACE)
- TBI Neuropsychological screening evaluation 28 June 2011

7. Army Regulation 600-8-22 contains the regulatory guidance pertaining to entitlement to the Purple Heart and 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.

BOARD DISCUSSION:

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 evidence of record shows the applicant enlisted in the Army on 14 December 2006 as a military police and served in Iraq from 18 May 2007 through 2 August 2008. The applicant provides a SF 600 dated 12 August 2007 (date of injury 11 August 2007) showing she was seen for recent onset of headaches which were sharp and stabbing and her mental status was abnormal, and she was prescribed acetaminophen with light duty for 3 days. The Board was convinced by the treatment plan outlined in the SF 600 provided by the applicant. The Board determined the applicant met the criteria for award of the Purple Heart and warranted reversal of the decision rendered in ABCMR Docket Number AR20230014334.

BOARD VOTE:

<u>Mbr 1</u>	<u>Mbr 2</u>	<u>Mbr 3</u>	
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 amendment of the ABCMR's decision in Docket Number AR20230014334 on 2 July 2024. As a result, the Board recommends that all Department of the Army records of the individual concerned be corrected by amending the applicant's DD Form 214 ending on 21 July 2012 to show she was awarded the Purple Heart for injuries sustained in action on 11 August 2007.

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. 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 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.

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 mTBI or concussion severe enough to cause either 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 clearly do not justify award of the Purple Heart include post-traumatic stress disorders, hearing loss and tinnitus, mTBI or concussions that do not either 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. 2. Army Directive 2011-07 (Awarding the Purple Heart), dated 18 March 2011, provides clarifying guidance to ensure the uniform application of advancements in medical knowledge and treatment protocols when considering recommendations for award of the Purple Heart for concussions (including mTBI and concussive injuries that do not result in a LOC). The directive also revised Army Regulation 600-8-22 to reflect the clarifying guidance.

a. Approval of the Purple Heart requires the following factors among others outlined in Department of Defense Manual 1348.33 (Manual of Military Decorations and Awards), Volume 3, paragraph 5c: wound, injury or death must have been the result of an enemy or hostile act, international terrorist attack, or friendly fire; and the wound for which the award is made must have required treatment, not merely examination, by a medical officer. Additionally, treatment of the wound shall be documented in the Soldier's medical record.

b. 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 Soldier'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. A medical officer is defined as a physician with officer rank. The following are medical officers: an officer of the Medical Corps of the Army, an officer of the Medical

Corps of the Navy, or an officer in the Air Force designated as a medical officer in accordance with Title 10, United States Code, Section 101.

d. A medical professional is defined as a civilian physician or a physician extender. Physician extenders include nurse practitioners, physician assistants and other medical professionals qualified to provide independent treatment (for example, independent duty corpsmen and Special Forces medics). Basic corpsmen and medics (such as combat medics) are not physician extenders.

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

f. The following nonexclusive list provides examples of signs, symptoms or medical conditions documented by a medical officer or medical professional that meet the standard for award of the Purple Heart:

(1) Diagnosis of concussion or mTBI;

(2) Any period of loss or a decreased level of consciousness;

(3) Any loss of memory of events immediately before or after the injury;

(4) Neurological deficits (weakness, loss of balance, change in vision, praxis (that is, difficulty with coordinating movements), headaches, nausea, difficulty with understanding or expressing words, sensitivity to light, etc.) that may or may not be transient; and

(5) Intracranial lesion (positive computerized axial tomography (CT) or magnetic resonance imaging (MRI) scan).

g. The following nonexclusive list provides examples of medical treatment for concussion that meet the standard of treatment necessary for award of the Purple Heart:

(1) Limitation of duty following the incident (limited duty, quarters, etc.);

(2) Pain medication, such as acetaminophen, aspirin, ibuprofen, etc., to treat the injury;

(3) Referral to a neurologist or neuropsychologist to treat the injury; and

(4) Rehabilitation (such as occupational therapy, physical therapy, etc.) to treat the injury.

h. Combat theater and unit command policies mandating rest periods or downtime following incidents do not constitute qualifying treatment for concussion injuries. To qualify as medical treatment, a medical officer or medical professional must have directed the rest period for the individual after diagnosis of an injury.

3. The MACE is a standardized mental status examination that is used to evaluate mTBI, or concussion, in theater. This screening tool was developed to evaluate a person with a suspected concussion and is used to identify symptoms of a mTBI. Future MACE scores can be used to determine if the patient's cognitive function has improved or worsened over time. To be most effective, all service members experiencing concussion, or mTBI, should have the MACE administered within the first 24 hours of the event in order to make certain that proper care is administered in a timely fashion. The MACE, in combination with a medical exam, can be used to help determine if it is safe for a service member to return to duty.

4. Army Regulation 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 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//