
PURPLE HEART MEDAL- REVISED CRITERIA FOR MILD TRAUMATIC BRAIN INJURY AND UPDATED COORDINATING INSTRUCTIONS

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MSGID/GENADMIN/CMC WASHINGTON DC MRA MM//

SUBJ/PURPLE HEART MEDAL-REVISED CRITERIA FOR MILD TRAUMATIC BRAIN
INJURY AND UPDATED COORDINATING INSTRUCTIONS//

REF/A/MSGID:DOC/SECNAV/22AUG2006//

REF/B/MSGID:DOC/CMC MMMA/291900ZMAR2005//

REF/C/MSGID:DOC/CMC MMMA/191538ZAPR2007//

REF/D/MSGID:DOC/CENTCOM/132238ZJUL2010//

REF/E/MSGID:DOC/MARCENT/270255ZOCT10//

REF/F/MSGID:DOC/CMC/01MAR2011//

NARR/REF (A) IS SECNAVINST 1650.1H, NAVY AND MARINE CORPS AWARDS
MANUAL. REF (B) IS CMC MSG PROVIDING COORDINATING INSTRUCTIONS FOR
PURPLE HEART APPROVAL AUTHORITY DELEGATED TO COMUSMARCENT. REF (C)
IS CMC MSG DELEGATING WARTIME AWARDING AUTHORITY TO COMMARFORSOC.
REF (D) IS CENTCOM FRAGO 09-1656 OUTLINING REQUIRED OBSERVATION
PERIODS FOR CONCUSSIVE EVENTS MANDATED BY SECDEF. REF (E) IS
COMUSMARCENT MOD 1 TO FRAGO 28 TO OPORD 08-001 THAT PROVIDES
GUIDANCE TO MARINE FORCES ON REQUIRED ACTIONS FOR CONCUSSIVE
EVENTS. REF (F) IS MCO 3040.4, MARINE CORPS CASUALTY ASSISTANCE
PROGRAM//

POC/E. HIMLER/LTCOL/HQMC MMMA/-/TEL: 703-784-9206/-//

GENTEXT/REMARKS/1. THIS MARADMIN ANNOUNCES A REVISION TO THE PURPLE HEART (PH) CRITERIA FOR MILD TRAUMATIC BRAIN INJURIES (MTBI), PROVIDES CLARIFICATION ON PH ELIGIBILITY REQUIREMENTS FOR ALL TYPES OF WOUNDS/INJURIES, AND PROVIDES UPDATED COORDINATING INSTRUCTIONS FOR AWARDING THE PH. EXCEPT FOR THE REVISED CRITERIA FOR MTBI CONTAINED HEREIN, PH ELIGIBILITY CRITERIA HAS REMAINED LARGELY UNCHANGED SINCE IT WAS AUTHORIZED BY EXECUTIVE ORDER IN 1942. THIS MARADMIN PROVIDES CLARIFICATION TO ENSURE CONSISTENT APPLICATION OF SECRETARY OF THE NAVY (SECNAV) AND COMMANDANT OF THE MARINE CORPS (CMC) POLICY ON THE PH. GUIDANCE HEREIN PERTAINS TO PH ELIGIBILITY FOR BOTH MARINES AND SAILORS ASSIGNED TO MARINE COMMANDS; ACCORDINGLY, THE TERM MARINE/MARINES REPRESENTS BOTH.

2. ELIGIBILITY REQUIREMENTS. THE TWO KEY ELIGIBILITY REQUIREMENTS FOR THE PH CONTAINED IN ARTICLE 230.9 OF REF (A) ARE THAT THE WOUND/INJURY (1) WAS THE DIRECT OR INDIRECT RESULT OF ENEMY ACTION, AND (2) REQUIRED TREATMENT BY A MEDICAL OFFICER AT THE TIME OF THE INJURY. THE FOLLOWING CLARIFIES THESE TWO REQUIREMENTS FOR MARINE COMMANDS.

A. A WOUND IS DEFINED AS AN INJURY TO ANY PART OF THE BODY FROM AN OUTSIDE FORCE OR AGENT. WOUNDS/INJURIES ARE THE DIRECT RESULT OF ENEMY ACTION WHEN THE PHYSICAL EFFECTS OF THE ENEMY WEAPON ON THE MARINE ARE THE IMMEDIATE CAUSE OF THE WOUND/INJURY (E.G., A MARINE IS STRUCK BY PROJECTILES, FRAGMENTATION, OR BLAST FROM AN ENEMY WEAPON OR IMPROVISED EXPLOSIVE DEVICE). WOUNDS/INJURIES ARE THE INDIRECT RESULT OF ENEMY ACTION WHEN THE MARINE IS INJURED BY A SUBSEQUENT ACTION THAT IS SOLELY THE RESULT OF THE EFFECTS OF THE ENEMY WEAPON (E.G., ENEMY AUTOMATIC WEAPONS FIRE BLOWS OUT THE TIRES ON A VEHICLE CAUSING IT TO OVERTURN OR A MARINE IS BLOWN OFF THE ROOF OF A BUILDING BY A NEAR MISS OF A ROCKET PROPELLED GRENADE). ACCIDENTS ON THE BATTLEFIELD THAT ARE NOT CAUSED EITHER DIRECTLY OR INDIRECTLY BY THE EFFECTS OF AN ENEMY WEAPON DO NOT MEET THE ELIGIBILITY REQUIREMENTS FOR THE PH EVEN IF THEY OCCUR DURING AN ENGAGEMENT WITH THE ENEMY (E.G., A VEHICLE MOVING TO A NEW FIRING POSITION OVERTURNS IN A DITCH OR A MARINE FALLS WHILE RUNNING FOR COVER FROM A SNIPER). IN THE COMBAT THEATER, THE COMMANDER MAKES THE DETERMINATION AS TO WHETHER WEAPONS FIRED BY UNKNOWN INDIVIDUALS WERE LIKELY FIRED BY ENEMY COMBATANTS AND, THEREFORE, WARRANT THE PH. OUTSIDE THE COMBAT THEATER, WOUNDS/INJURIES CAUSED BY CRIMINALS OR CIVILIANS WHO ARE NOT DETERMINED TO BE TERRORISTS DO NOT QUALIFY FOR AWARD OF THE PH.

B. A MEDICAL OFFICER IS A PHYSICIAN WITH OFFICER RANK. THE REQUIREMENT THAT A WOUND/INJURY MUST HAVE REQUIRED TREATMENT BY A MEDICAL

OFFICER, EVEN IF ONE WAS UNAVAILABLE TO PROVIDE THE TREATMENT, SERVES TO ESTABLISH A THRESHOLD OF SEVERITY OF WOUNDS/INJURIES THAT QUALIFY FOR THE PH. IT ENSURES THE PH IS NOT AWARDED FOR VERY MINOR WOUNDS/INJURIES REQUIRING ONLY A MINIMAL LEVEL OF TREATMENT THAT CAN ADEQUATELY BE PROVIDED BY A CORPSMAN OR A FELLOW MARINE.

(1) PHYSICIAN EXTENDERS ARE MEDICAL PERSONNEL WITH ENHANCED QUALIFICATIONS WHO FREQUENTLY ARE REQUIRED TO PERFORM THEIR DUTIES IN AN INDEPENDENT MANNER UNDER THE DISTRIBUTIVE SUPERVISION OF A MEDICAL OFFICER LOCATED AT ANOTHER MEDICAL FACILITY. PHYSICIAN EXTENDERS INCLUDE PHYSICIAN ASSISTANTS (PA), NURSE PRACTITIONERS (NP), INDEPENDENT DUTY CORPSMEN (IDC), AND SPECIAL AMPHIBIOUS RECONNAISSANCE CORPSMEN (SARC). THERE ARE FREQUENT OCCASIONS ON THE MODERN BATTLEFIELD WHERE WOUNDS THAT WOULD NORMALLY REQUIRE TREATMENT BY A MEDICAL OFFICER MUST BE TREATED BY PHYSICIAN EXTENDERS AT FORWARD DEPLOYED LOCATIONS WHEN EVACUATION TO A FACILITY WITH A MEDICAL OFFICER IS NOT TACTICALLY FEASIBLE. IN SUCH SITUATIONS, A PH MAY BE APPROVED WHEN THE PH APPROVAL AUTHORITY DETERMINES THAT THE SPECIFIC NATURE OF THE WOUND/INJURY WOULD HAVE NORMALLY REQUIRED TREATMENT BY A MEDICAL OFFICER HAD ONE BEEN AVAILABLE. THIS DETERMINATION CAN BE MADE BASED ON EITHER INFORMATION FROM THE UNIT'S SUPERVISING MEDICAL OFFICER PROVIDED IN THE INITIAL OR SUPPLEMENTAL PERSONNEL CASUALTY REPORT (PCR), OR ADVISEMENT FROM THE SURGEON ON THE STAFF OF THE PH APPROVAL AUTHORITY AFTER REVIEW OF THE INFORMATION CONTAINED IN THE PCR.

(2) EVALUATION BY A MEDICAL OFFICER SOLELY TO DETERMINE THE EXTENT OF AN INJURY DOES NOT ESTABLISH A REQUIREMENT FOR TREATMENT BY A MEDICAL OFFICER IF THE INJURY IS DETERMINED TO BE AT A LEVEL THAT COULD HAVE BEEN ADEQUATELY TREATED BY A CORPSMAN (E.G., A MEDICAL OFFICER EXAMINES X-RAYS OF A MARINE WITH A POSSIBLE BROKEN ARM AND RETURNS THE MARINE TO DUTY). SIMILARLY, A DECISION BY A MEDICAL OFFICER TO TREAT A MINOR WOUND THAT A CORPSMAN COULD HAVE ADEQUATELY TREATED DOES NOT MEAN THE WOUND REQUIRED TREATMENT BY A MEDICAL OFFICER.

C. FOR WOUNDS/INJURIES WHERE THE REQUIREMENTS IN PARAGRAPHS 2A AND 2B HAVE BEEN MET, THE FOLLOWING TYPES OF WOUNDS/INJURIES ARE CONSISTENT WITH THE SECNAV'S AND THE CMC'S POLICY AND HAVE HISTORICALLY WARRANTED AWARD OF THE PH.

- (1) FRAGMENTATION WOUNDS.
- (2) LACERATIONS.
- (3) FRACTURES.
- (4) GUNSHOT WOUNDS.

(5) PERFORATED EARDRUM.

(6) MILD TRAUMATIC BRAIN INJURIES (MTBI)/CONCUSSIONS SEVERE ENOUGH TO CAUSE EITHER LOSS OF CONSCIOUSNESS (LOC) OR DISPOSITION BY A MEDICAL OFFICER OF "NOT FIT FOR FULL DUTY" DUE TO PERSISTENT SIGNS, SYMPTOMS, OR FINDINGS OF FUNCTIONAL IMPAIRMENT FOR A PERIOD GREATER THAN 48 HOURS FROM THE TIME OF THE CONCUSSIVE INCIDENT. (THIS IS A REVISION TO PREVIOUS CRITERIA IN REF (B) AND IS RETROACTIVE TO 11 SEP 2001. SEE ADDITIONAL INFORMATION IN PARAGRAPH 3 AND PARAGRAPH 8. THE 48 HOUR PERIOD DOES NOT INCLUDE ASSIGNMENT TO ADMINISTRATIVE LIGHT DUTY SOLELY FOR A MANDATORY PERIOD OF OBSERVATION/SCREENING.)

(7) MODERATE OR SEVERE/PENETRATING TRAUMATIC BRAIN INJURIES (TBI) (SEE ADDITIONAL INFORMATION IN PARAGRAPH 3).

(8) SMOKE INHALATION SEVERE ENOUGH TO CAUSE 1ST TO 3RD DEGREE BURNS TO THE RESPIRATORY TRACT.

(9) CORNEAL ABRASIONS.

(10) EFFECTS OF CHEMICAL, BIOLOGICAL, OR NUCLEAR WEAPONS (TO INCLUDE CHLORINE GAS USED BY THE ENEMY IN CONJUNCTION WITH AN IED).

(11) 2ND AND 3RD DEGREE BURNS. MARINES RECEIVING THE ABOVE WOUNDS/INJURIES AS A RESULT OF FRIENDLY FIRE ARE ONLY ELIGIBLE FOR THE PH IF THEY WERE ACTIVELY ENGAGING THE ENEMY AT THE TIME OF THE INJURY. (NOTE: ONLY ONE AWARD OF THE PH IS AUTHORIZED FOR MORE THAN ONE QUALIFYING WOUND OR INJURY RECEIVED AT THE SAME INSTANT FROM THE SAME MISSILE, FORCE, EXPLOSION OR AGENT.)

D. THE FOLLOWING TYPES OF WOUNDS/INJURIES ARE NOT CONSISTENT WITH SECNAV POLICY AND HAVE HISTORICALLY NOT WARRANTED THE PH.

(1) COLD AND HEAT RELATED INJURIES (E.G., FROSTBITE AND HEATSTROKE).

(2) HEARING LOSS AND TINNITUS (I.E., RINGING IN THE EARS).

(3) MTBI/CONCUSSIONS THAT DO NOT EITHER CAUSE LOC OR DISPOSITION BY A MEDICAL OFFICER OF "NOT FIT FOR FULL DUTY" FOR A PERIOD GREATER THAN 48 HOURS FROM THE TIME OF THE CONCUSSIVE INCIDENT DUE TO PERSISTENT SIGNS, SYMPTOMS, OR FINDINGS OF FUNCTIONAL IMPAIRMENT. (THIS IS A REVISION TO PREVIOUS CRITERIA IN REF (B). SEE PARAGRAPH 3 FOR ADDITIONAL INFORMATION.)

(4) POST TRAUMATIC STRESS DISORDER (PTSD) OR COMBAT STRESS INJURIES. (SEE PARAGRAPH 4 FOR ADDITIONAL INFORMATION.)

(5) DISEASE (UNLESS CAUSED BY ENEMY BIOLOGICAL AGENTS).

(6) ABRASIONS (UNLESS OF A SEVERITY TO BE INCAPACITATING).

(7) BRUISES (UNLESS CAUSED BY DIRECT IMPACT OF ENEMY WEAPON AND OF A SEVERITY TO REQUIRE TREATMENT BY A MEDICAL OFFICER).

(8) FIRST DEGREE BURNS.

(9) SOFT TISSUE INJURIES (E.G., LIGAMENT/TENDON/MUSCLE STRAINS OR SPRAINS).

(10) ANY WOUNDS/INJURIES RECEIVED AS A RESULT OF FRIENDLY FIRE WHEN THE MARINE WAS NOT ENGAGING THE ENEMY AT THE TIME OF THE INJURY.

3. TRAUMATIC BRAIN INJURIES (TBI). TBI ARE CLASSIFIED INTO THREE CATEGORIES BASED ON SEVERITY OF THE INJURY. IN DECREASING LEVELS OF SEVERITY, THESE CATEGORIES ARE: SEVERE/PENETRATING TBI; MODERATE TBI; AND MTBI. WHILE MTBI AND CONCUSSION ARE FREQUENTLY USED INTERCHANGEABLY, THEY ARE NOT SYNONYMOUS. MTBI IS THE PHYSICAL INJURY TO THE BRAIN FROM A BLOW OR BLAST, USUALLY IN THE FORM OF INFLAMMATION OF BRAIN TISSUE. A CONCUSSION IS THE IMPAIRMENT TO THE BRAIN FUNCTION (E.G., ALTERATION OF CONSCIOUSNESS, POST-TRAUMATIC AMNESIA, OR LOC) RESULTING FROM THE INFLAMMATION INJURY.

A. DIAGNOSIS OF EITHER SEVERE/PENETRATING TBI OR MODERATE TBI REQUIRES TREATMENT BY A MEDICAL OFFICER AND, THEREFORE, WILL QUALIFY FOR THE PH PROVIDING THE REQUIREMENTS IN PARAGRAPH 2A ARE MET.

B. THERE ARE VARYING SEVERITY LEVELS OF MTBI/CONCUSSIONS WHICH CAN PRODUCE SYMPTOMS OF IMPAIRED BRAIN FUNCTION RANGING FROM "SEEING STARS" AND DISORIENTATION, TO POST-CONCUSSIVE AMNESIA AND LOC. ONLY THE MORE SEVERE INSTANCES OF MTBI/CONCUSSION WILL REQUIRE TREATMENT BY A MEDICAL OFFICER, EVEN THOUGH A MEDICAL OFFICER MAY BE REQUIRED TO EVALUATE THE MARINE BASED ON DISPLAYED SYMPTOMS OF IMPAIRED BRAIN FUNCTION. BECAUSE THERE IS STILL NO CURRENT METHOD TO MEASURE THE ACTUAL SEVERITY OF THE INFLAMMATION OF THE BRAIN TISSUE FROM A CONCUSSIVE BLAST OR BLOW, MILITARY NEUROLOGISTS RECOMMEND USING THE SYMPTOMS OF IMPAIRED BRAIN FUNCTION CAUSED BY THE INFLAMMATION OF THE BRAIN TISSUE AS A PROXY FOR ESTIMATING THE SEVERITY OF THE ACTUAL MTBI.

(1) SINCE THE START OF THE GLOBAL WAR ON TERRORISM (GWOT), THE MARINE CORPS PREVIOUSLY AWARDED THE PH ONLY FOR INSTANCES OF MTBI/CONCUSSION WHERE THE MARINE INITIALLY SUFFERED AN OBSERVED LOC OF ANY DURATION, CONSIDERED A GRADE III MTBI/CONCUSSION UNDER THE AMERICAN ACADEMY OF NEUROLOGY (AAN) GRADING SCALE. BASED ON THE EXTENT OF MEDICAL RESEARCH DURING EARLIER YEARS OF GWOT, THE REQUIREMENT FOR AN OBSERVED LOC REPRESENTED A MINIMUM LEVEL OF OBSERVABLE INITIAL SYMPTOMS OF IMPAIRED BRAIN FUNCTION BELIEVED TO REQUIRE TREATMENT BY A MEDICAL OFFICER. A LESS SEVERE MTBI/CONCUSSION WITHOUT OBSERVED LOC WAS NOT CONSIDERED TO REQUIRE TREATMENT BY A MEDICAL OFFICER.

(2) RECENT RESEARCH INTO MTBI EFFECTS AND TREATMENT HAS LED TO A MORE

CLEAR UNDERSTANDING OF THE RELATIONSHIP BETWEEN THE SEVERITY OF AN MTBI AND THE TIME REQUIRED FOR BRAIN TISSUE TO RECOVER FROM THE INFLAMMATION AND RETURN TO ITS NORMAL STATE. THE MOST MILD FORMS OF MTBI MAY RESULT IN LESS SEVERE INFLAMMATION LASTING ONLY MINUTES, HOURS OR DAYS WITH NO LASTING DAMAGE TO BRAIN TISSUE OR IMPAIRED BRAIN FUNCTION. HOWEVER, IN THE MORE SEVERE CASES OF MTBI, THE LEVEL OF INFLAMMATION MAY RESULT IN IRREVERSIBLE DAMAGE TO BRAIN TISSUE WITH LONG TERM IMPAIRMENTS TO BRAIN FUNCTION. RESEARCH ALSO INDICATES THAT MANY SERVICE MEMBERS SUFFERING MTBI/CONCUSSIONS WITHOUT ANY LOC CAN HAVE SYMPTOMS OF IMPAIRED BRAIN FUNCTION THAT LAST SIGNIFICANTLY LONGER THAN THOSE RESULTING FROM AN MTBI/CONCUSSION WITH LOC. FOR THESE REASONS, MILITARY NEUROLOGISTS NOW RECOMMEND DURATION OF BRAIN FUNCTION IMPAIRMENT AS A MORE ACCURATE MEASUREMENT OF THE DEGREE OF BRAIN INJURY VICE THE CURRENT CRITERIA OF LOC THAT RELIES SOLELY ON THE SEVERITY OF INITIAL BRAIN FUNCTION IMPAIRMENT.

C. FOR THE REASONS CITED IN THE PRECEDING PARAGRAPH, THE PH CRITERIA FOR MTBI/CONCUSSIONS HAS BEEN REVISED. FOR CONCUSSIVE EVENTS CAUSED BY ENEMY ACTION THAT OCCUR ON OR AFTER THE START OF GWOT (11 SEP 2001), AWARD OF THE PH IS AUTHORIZED WHEN (1) THE MARINE SUFFERS A LOC OF ANY DURATION AS A RESULT OF A DIAGNOSED MTBI/CONCUSSION, OR (2) WHEN THE PERSISTENT SIGNS, SYMPTOMS, OR FINDINGS OF FUNCTIONAL IMPAIRMENT FROM A DIAGNOSED MTBI/CONCUSSION RESULT IN A MEDICAL OFFICER DISPOSITION OF "NOT FIT FOR FULL DUTY" FOR A PERIOD GREATER THAN 48 HOURS. THESE EXPANDED CRITERIA APPLY REGARDLESS OF THE GRADE ASSIGNED TO THE DIAGNOSED MTBI/CONCUSSION. MARINES WHOSE MEDICAL RECORDS CONTAIN DOCUMENTATION THAT THEY WERE PREVIOUSLY DIAGNOSED BY A MEDICAL OFFICER WITH A GRADE II MTBI/CONCUSSION (WITHOUT LOC) THAT MET THESE REVISED CRITERIA SINCE THE START OF GWOT WHO WERE NOT APPROVED FOR A PH MAY SUBMIT A RECLAMA TO CMC (MMMA) AS OUTLINED IN PARAGRAPH 8.B. OF THIS MARADMIN.

(1) THE GREATER THAN 48 HOUR DISPOSITION OF "NOT FIT FOR FULL DUTY" DOES NOT INCLUDE ASSIGNMENT TO ADMINISTRATIVE LIGHT DUTY BY A MEDICAL PROVIDER OR MEDICAL OFFICER IN THE ABSENCE OF PERSISTENT SIGNS, SYMPTOMS, OR FINDINGS OF FUNCTIONAL IMPAIRMENT FOR THE SOLE REASON OF COMPLIANCE WITH ADMINISTRATIVE SCREENING PROTOCOLS FOR CONCUSSIVE EVENTS.

(2) MILITARY NEUROLOGISTS AGREE THAT SYMPTOMS OF BRAIN FUNCTION IMPAIRMENT WILL MANIFEST WITHIN THE FIRST FEW DAYS OF AN MTBI/CONCUSSION. THEREFORE, THE MEDICAL OFFICER DISPOSITION OF

MTBI/CONCUSSION WITH EITHER LOC OR 48 HOUR RESTRICTION FROM RETURN TO FULL DUTY MUST BE MADE WITHIN SEVEN (7) DAYS OF THE CONCUSSIVE EVENT. A MEDICAL OFFICER OR CIVILIAN PHYSICIAN DIAGNOSIS WEEKS OR MONTHS AFTER A CONCUSSIVE INCIDENT, CITING ADDITIONAL OR MORE SEVERE SYMPTOMS OF BRAIN IMPAIRMENT THAN WERE DIAGNOSED DURING THE INITIAL SEVEN (7) DAY PERIOD FOLLOWING THE CONCUSSIVE EVENT, WILL NOT WARRANT AWARD OF THE PH. THIS RESTRICTION IS NECESSARY TO ENSURE THE PH IS NOT AWARDED FOR SYMPTOMS OF POST TRAUMATIC STRESS DISORDER (PTSD) THAT ARE SIMILAR TO MTBI/CONCUSSION, OR FOR A SUBSEQUENT CONCUSSIVE INJURY THAT WAS NOT THE RESULT OF ENEMY ACTION.

(3) REFS (D) AND (E) ESTABLISHED MANDATORY PERIODS OF OBSERVATION BY MEDICAL PERSONNEL FOR ANY MARINES INVOLVED IN SPECIFIED CONCUSSIVE EVENTS TO ENSURE THAT ALL MARINES WHO EXPERIENCE MTBI/CONCUSSIONS RECEIVE PROPER TREATMENT. PARAGRAPH 5 OF THIS MARADMIN ESTABLISHES ADDITIONAL PCR REPORTING REQUIREMENTS FOR MTBI/CONCUSSION THAT WILL ENSURE THAT SUFFICIENT MEDICAL INFORMATION FROM THE MANDATORY SCREENING OF FUTURE INCIDENTS OF MTBI/CONCUSSION WILL BE AVAILABLE FOR THE DELEGATED PH AWARDING AUTHORITIES TO DETERMINE PH ELIGIBILITY UNDER THE REVISED CRITERIA CONTAINED IN PARAGRAPH 3C OF THIS MARADMIN.

4. POST TRAUMATIC STRESS DISORDER (PTSD). THE MARINE CORPS COMBAT OPERATIONAL STRESS CONTINUUM (COSC) MODEL RECOGNIZES THAT PTSD IS THE RESULT OF A PROLONGED SEVERE COMBAT STRESS INJURY. PTSD IS FREQUENTLY EXPERIENCED BY MARINES OF ALL RANKS AND CAN BE JUST AS DEBILITATING AS FRAGMENTATION OR GUNSHOT WOUNDS. THE CMC STRONGLY ENCOURAGES ALL MARINES WHO BELIEVE THEY ARE SUFFERING FROM COMBAT STRESS INJURIES OR PTSD TO REQUEST HELP FROM ALL AVAILABLE RESOURCES, TO INCLUDE MEDICAL TREATMENT, SO THAT THEY CAN RETURN TO THEIR FULL LEVEL OF READINESS. HOWEVER, PTSD AND OTHER COMBAT STRESS INJURIES DO NOT MEET THE PH ELIGIBILITY REQUIREMENT THAT THE INJURY MUST BE THE DIRECT OR INDIRECT RESULT OF ENEMY ACTION. THIS POSITION WAS REAFFIRMED BY THE SECRETARY OF DEFENSE IN NOV 2008. THE PH HAS HISTORICALLY BEEN AWARDED FOR THOSE WOUNDS/INJURIES WHERE THE INTENDED EFFECT OF THE ENEMY'S WEAPONS WAS TO KILL OR PHYSICALLY INJURE, AND WHERE DEATH OR PHYSICAL INJURY WAS THE EXPECTED OUTCOME FOR ALL UNPROTECTED PERSONNEL EXPOSED TO SUCH ACTION. PTSD AND COMBAT STRESS INJURIES ARE NOT DIRECTLY CAUSED BY THE ENEMY'S INTENTIONAL USE OF AN OUTSIDE FORCE OR AGENT. TWO MARINES EXPERIENCING THE SAME TRAUMATIC EVENT MAY HAVE SIGNIFICANTLY DIFFERENT ABILITIES TO COPE WITH THE RELATED COMBAT STRESS, SIMILAR TO HOW TWO MARINES EXPOSED TO THE SAME CLIMATE EXTREMES MAY HAVE

DIFFERENT THRESHOLDS FOR HEAT OR COLD INJURIES.

5. PERSONNEL CASUALTY REPORTS (PCR). IN ORDER FOR THE DELEGATED PH APPROVAL AUTHORITY TO MAKE A CORRECT AND TIMELY DECISION ON PH ELIGIBILITY, COMMANDERS MUST ENSURE THAT THE PCR CONTAINS SUFFICIENT INFORMATION FOR THE PH APPROVAL AUTHORITY TO DETERMINE IF THE WOUND/INJURY MET THE REQUIREMENTS FOR THE PH CONTAINED IN PARAGRAPHS 2A AND 2B.

A. THE COMMANDING OFFICER MUST ENSURE THAT THE "REMARKS" SECTION OF THE PCR INCLUDES A COMMAND RECOMMENDATION AS TO WHETHER THE MARINE'S WOUND/INJURY MEETS THE PH CRITERIA THAT IT WAS A DIRECT OR INDIRECT RESULT OF ENEMY ACTION AS OUTLINED IN PARAGRAPH 2A. (NOTE: ENTRIES IN THE PCR INDICATING THE "TYPE" OF CASUALTY AS "HOSTILE" OR THE "CATEGORY" OF CASUALTY AS "KIA" OR "WIA" DO NOT NECESSARILY MEET THE PH CRITERIA THAT THE WOUND OR INJURY WAS THE DIRECT OR INDIRECT RESULT OF ENEMY ACTION. REF (F) DEFINES "HOSTILE CASUALTY" IN LESS RESTRICTIVE TERMS THAN THE CRITERIA FOR THE PH STATED IN PARAGRAPH 2A, AND ALLOWS WOUNDS OR INJURIES SUSTAINED IN ACCIDENTS DURING A COMBAT ACTION, OR GOING TO OR FROM A COMBAT ACTION, TO BE LISTED AS "HOSTILE" AND EITHER "KIA" OR "WIA.")

B. THE COMMANDING OFFICER MUST ENSURE THE PCR CONTAINS VERIFICATION FROM THE MEDICAL OFFICER WHO EVALUATED OR TREATED THE MARINE'S WOUND/INJURY AS TO WHETHER THE WOUND/INJURY REQUIRED TREATMENT BY A MEDICAL OFFICER. A SUFFICIENTLY DETAILED DESCRIPTION OF THE WOUND/INJURY AND TREATMENT REQUIRED MUST BE PROVIDED TO SUPPORT THE OPINION OF THE MEDICAL OFFICER. PHRASES SUCH AS "TREATED BY COMPETENT MEDICAL AUTHORITY" DO NOT PROVIDE SUFFICIENT INFORMATION TO MAKE A DETERMINATION AS TO WHETHER THE WOUND/INJURY WAS OF A LEVEL OF SEVERITY TO REQUIRE TREATMENT BY A MEDICAL OFFICER, REGARDLESS OF WHETHER A MEDICAL OFFICER WAS AVAILABLE TO PROVIDE THE TREATMENT. MORE SERIOUS WOUNDS/INJURIES MAY REQUIRE MINIMAL DETAILS TO ESTABLISH THE REQUIREMENT FOR TREATMENT BY A MEDICAL OFFICER (E.G., 3D DEGREE BURNS, GUNSHOT WOUNDS, OR FRACTURES); OTHERS OF LESSER SEVERITY MAY REQUIRE A MORE DETAILED DESCRIPTION FOR THE APPROVAL AUTHORITY TO DETERMINE IF TREATMENT BY A MEDICAL OFFICER WAS REQUIRED (E.G., A FRAGMENTATION WOUND FROM A GRENADE OR A LACERATION FROM FLYING GLASS COULD POSSIBLY BE MINOR AND APPROPRIATE FOR TREATMENT BY A CORPSMAN, OR IT COULD BE MORE SERIOUS AND REQUIRE MEDICAL OFFICER TREATMENT). IN THE CASE OF MTBI/CONCUSSION, DOCUMENTATION OF A MEDICAL OFFICER DISPOSITION OF "NOT FIT FOR FULL DUTY" FOR A PERIOD GREATER THAN 48 HOURS IS SUFFICIENT INDICATION OF A REQUIREMENT FOR

TREATMENT BY A MEDICAL OFFICER. INFORMATION NOT AVAILABLE OR CONFIRMED IN TIME FOR THE INITIAL PCR SHOULD BE SUBMITTED IN EITHER A SUPPLEMENTAL OR FINAL PCR AS SOON AS POSSIBLE. WHEN SUBMITTING SUPPLEMENTAL PCRS SOLELY TO CLARIFY PH ELIGIBILITY WHEN THERE IS NO CHANGE IN THE MARINE'S CATEGORY, BEGIN THE "REMARKS" SECTION WITH "THIS SUPPLEMENTAL PCR IS SUBMITTED SOLELY TO PROVIDE ADDITIONAL INFORMATION ON PURPLE HEART ELIGIBILITY." THIS WILL ASSIST THE CASUALTY BRANCH (MRPC) IN RECOGNIZING THAT THE PCR DOES NOT REQUIRE ADDITIONAL NOTIFICATION OF THE NEXT OF KIN. (NOTE: UNDER NO CIRCUMSTANCES SHOULD THE COMMAND DELAY SUBMISSION OF THE INITIAL PCR SOLELY TO WAIT FOR MORE DETAILED INFORMATION ON WHETHER THE WOUND/INJURY QUALIFIES FOR AWARD OF THE PH.)

C. THE PCR SHOULD INCLUDE CONFIRMATION BY A MEDICAL OFFICER OF THE TREATMENT REQUIRED BY THE WOUND/INJURY IN THOSE CASES WHERE A PHYSICIAN EXTENDER PROVIDED TREATMENT FOR A WOUND/INJURY THAT WOULD NORMALLY HAVE REQUIRED TREATMENT BY A MEDICAL OFFICER, HAD A MEDICAL OFFICER BEEN AVAILABLE, AS DESCRIBED IN PARAGRAPH 2B(1).

D. WHEN AN INITIAL PCR IS GENERATED FOR MTBI/CONCUSSION WHERE THE MARINE SUFFERED A LOC, IDENTIFICATION OF THE LOC IN THE INITIAL PCR WILL BE SUFFICIENT FOR THE PH AUTHORITY TO MAKE A PH DETERMINATION. HOWEVER, IN INSTANCES WHERE A MARINE IS DIAGNOSED BY THE MEDICAL OFFICER IN AN INITIAL PCR WITH AN MTBI/CONCUSSION WITHOUT LOC, THE MARINE MUST UNDERGO A MANDATORY OBSERVATION PERIOD OF AT LEAST 24 HOURS, AND POSSIBLY UP TO SEVEN (7) DAYS. SUFFICIENT INFORMATION TO SUPPORT A PH DECISION MAY NOT BE AVAILABLE UNTIL THAT PERIOD OF MANDATORY OBSERVATION HAS BEEN COMPLETED SO THAT A MEDICAL OFFICER CAN DETERMINE IF ANY PERSISTENT SIGNS, SYMPTOMS, OR FINDINGS OF FUNCTIONAL IMPAIRMENT RESTRICTED THE MARINE FROM BEING FOUND "FIT FOR FULL DUTY" FOR GREATER THAN 48 HOURS. IN SUCH INSTANCES, THE INITIAL PCR SHOULD STATE THAT THE "MARINE SUFFERED AN MTBI/CONCUSSION; ADDITIONAL INFORMATION ON PH ELIGIBILITY TO BE PROVIDED AFTER INITIAL PERIOD OF OBSERVATION BY MEDICAL STAFF." AFTER COMPLETION OF THE MANDATORY PERIOD OF OBSERVATION, THE SUPPLEMENTAL OR FINAL PCR SHOULD STATE, IF APPLICABLE, THE DURATION OF ANY PERSISTENT SIGNS, SYMPTOMS, OR FINDINGS FROM THE CONCUSSIVE INCIDENT THAT RESULTED IN A DISPOSITION BY A MEDICAL OFFICER OF "NOT FIT FOR FULL DUTY" FOR A PERIOD GREATER THAN 48 HOURS. THIS WILL ALLOW THE DELEGATED PH APPROVAL AUTHORITY TO ACCURATELY DETERMINE IF THE MTBI/CONCUSSION MEETS THE EXPANDED CRITERIA FOR AWARD OF THE PH CONTAINED IN PARAGRAPH 3. (NOTE: A PCR IS NOT REQUIRED FOR A MARINE WHO IS PLACED UNDER THE

MANDATORY 24-HOUR PERIOD OF OBSERVATION REQUIRED BY REFS (D) AND (E) FOR MARINES SUBJECT TO CERTAIN CONCUSSIVE EVENTS UNLESS THE MARINE IS ACTUALLY DIAGNOSED BY A MEDICAL OFFICER AS HAVING SUFFERED AN MTBI/CONCUSSION, OR SOME OTHER WOUND OR INJURY FROM THE CONCUSSIVE EVENT. ASSIGNMENT TO LIMITED DUTY SOLELY FOR THE MANDATORY SCREENING PERIOD DOES NOT REQUIRE A PCR.)

6. DECEASED MARINES. FOR ALL DEATHS IN THE COMBAT THEATER, THE PH APPROVAL AUTHORITY SHOULD INFORM CMC (MMMA) OF THE DECISION TO APPROVE THE PH WITHIN 48 HOURS OF THE MARINE'S DEATH. (NOTE: THIS REQUIREMENT ALSO APPLIES TO APPROVAL OF THE COMBAT ACTION RIBBON.) THIS INFORMATION IS REQUIRED SO THAT CMC (MMMA) CAN ENTER A COMPLETE LIST OF THE DECEASED MARINE'S AWARDS INTO THE DEFENSE CASUALTY INFORMATION PROCESSING SYSTEM (DCIPS) FOR USE BY THE MARINE LIAISON AT DOVER AIR FORCE BASE TO PREPARE THE UNIFORM FOR THE REMAINS AND TO RESPOND TO REQUESTS FROM THE MARINE'S PRIMARY NEXT OF KIN REGARDING AUTHORIZED AWARDS. THE PH APPROVAL AUTHORITY WILL ALSO PROVIDE THE APPROVED PH CERTIFICATE AND PH MEDAL TO THE CASUALTY ASSISTANCE CALLS OFFICER (CACO) FOR PRESENTATION TO THE FAMILY, NORMALLY AT GRAVESIDE, AND WILL ALSO INFORM CMC (MRPC) OF THESE ACTIONS. IN CASES OF MARINES WHO DIED IN THE COMBAT THEATER UNDER CIRCUMSTANCES THAT DID NOT MEET THE REQUIREMENTS FOR THE PH, THE PH APPROVAL AUTHORITY WILL COORDINATE WITH THE CMC (MRPC) TO ENSURE THE CACO IS INFORMED OF THE PH DECISION AS QUICKLY AS POSSIBLE SO THAT THE FAMILY MEMBERS CAN BE INFORMED.

7. COMMUNICATING PH DECISIONS FOR WOUNDED/INJURED MARINES. IT IS IMPORTANT THAT THE DETERMINATION OF PH ELIGIBILITY IS COMMUNICATED TO BOTH THE PARENT COMMAND AND THE INDIVIDUAL MARINE AS SOON AS POSSIBLE AFTER THE PH APPROVAL AUTHORITY'S DECISION, BOTH FOR APPROVAL AND DISAPPROVAL OF THE PH.

A. FOR MARINES APPROVED FOR THE PH, THE PH APPROVAL AUTHORITIES WILL PREPARE THE PH CERTIFICATES AND FORWARD THEM, ALONG WITH THE PH MEDAL, TO THE DESIGNATED REMAIN BEHIND ELEMENT FROM THE MARINE'S PARENT UNIT FOR APPROPRIATE PRESENTATION UPON THE MARINE'S REDEPLOYMENT OR MEDICAL EVACUATION TO A CONUS MEDICAL FACILITY. THEY WILL ALSO PROVIDE CMC (MMMA) ROSTERS OF ALL APPROVED PH AWARDS WHICH ARE ADDED TO THE PH DATABASE MAINTAINED ON THE CMC (MMMA) WEBPAGE AT [HTTPS:WWW.MANPOWER.USMC.MIL/PLS/APEX/F?](https://www.manpower.usmc.mil/pls/apex/f)

P151:2:4130130075897916. CMC (MMMA) WILL ALSO REPORT APPROVED PH AWARDS ON THE UNIT DIARY WHERE THEY WILL BE VISIBLE TO THE MARINE VIA "MARINE ON LINE" AND TO THE PARENT AND CURRENT COMMAND IN THE MARINE

CORPS TOTAL FORCE SYSTEM.

B. FOR MARINES INJURED UNDER CIRCUMSTANCES THAT THE PH APPROVAL AUTHORITY DETERMINES DO NOT MEET THE REQUIREMENTS FOR THE PH, IT IS Equally important that the Marines are informed of the decision in a timely manner. In the case of Marines remaining with their unit in the combat theater, the PH approval authorities will notify the parent command of those cases where the PH was not approved. For Marines evacuated from the combat theater, the PH approval authority will notify the parent command and will also coordinate with the wounded warrior regiment/battalions and marine liaison detachments at medical treatment facilities to ensure that Marines are informed of the PH decision. The PH approval authority will also provide CMC (MMMA) rosters of all PCRS which were reviewed for PH eligibility which will also be visible on CMC (MMMA)'s PH database at <https://www.manpower.usmc.mil/pls/apex/f?p151:2:4130130075897916>

8. RECLAMAS OF PREVIOUS PH DECISIONS. ACTIVE DUTY, RESERVE, AND VETERAN MARINES WOUNDED OR INJURED WHILE PARTICIPATING IN COMBAT OPERATIONS UNDER CIRCUMSTANCES WHERE THE PH WAS NOT APPROVED MAY REQUEST RECONSIDERATION IF NEW AND RELEVANT INFORMATION IS PROVIDED THAT WAS NOT ORIGINALLY CONSIDERED. (NOTE: SEE PARAGRAPH 8B BELOW FOR SPECIAL INSTRUCTIONS FOR RECLAMAS BASED ON THE REVISED CRITERIA FOR MTBI/CONCUSSION.)

A. RECLAMAS FOR WOUNDS/INJURIES OTHER THAN MTBI/CONCUSSION. THE MARINE OR COMMAND MUST SUBMIT A LETTER TO THE APPROPRIATE PH APPROVAL AUTHORITY VIA THE MARINE'S OPERATIONAL CHAIN OF COMMAND AT THE TIME THE WOUND OR INJURY OCCURRED. REQUESTS SHOULD CONTAIN ALL RELEVANT DOCUMENTATION ORIGINALLY CONSIDERED BY THE APPROVAL AUTHORITY. THIS WOULD NORMALLY INCLUDE THE PCR AND CERTIFIED TRUE COPIES OF PERTINENT PAGES OF THE MARINE'S MEDICAL RECORD DESCRIBING BOTH THE WOUND OR INJURY AND THE TREATMENT REQUIRED AND PROVIDED. COPIES OF ANY NEW AND RELEVANT INFORMATION THE MARINE OR COMMAND BELIEVES SUPPORTS THE PH MUST BE INCLUDED. IF THERE IS NO NEW AND RELEVANT DOCUMENTATION FROM MEDICAL RECORDS, THE MARINE OR COMMAND MUST INCLUDE AT LEAST TWO (2) NOTARIZED STATEMENTS FROM EYEWITNESSES WHO WERE PRESENT AT THE TIME OF THE WOUND OR INJURY AND HAVE PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE INJURY OCCURRED. ALTHOUGH NOT REQUIRED WHEN NEW AND RELEVANT DOCUMENTATION FROM MEDICAL RECORDS IS PROVIDED, EYEWITNESS STATEMENTS MAY ALSO BE SUBMITTED, ALONG WITH PHOTOGRAPHS OF THE INJURY, IF AVAILABLE. THE REQUEST MUST BE ENDORSED BY EACH COMMANDER

IN THE ORIGINAL OPERATIONAL CHAIN OF COMMAND UP TO THE BATTALION/SQUADRON COMMANDER PRIOR TO FORWARDING TO THE APPROPRIATE PH APPROVAL AUTHORITY. SUBMIT RECLAMAS TO ONE OF THE FOLLOWING COMMANDS.

(1) FOR MARINES WOUNDED OR INJURED FROM THE START OF GWOT TO PRESENT, AND THOSE ASSIGNED TO COMMANDER, U.S. MARINE CORPS SPECIAL OPERATIONS COMMAND (COMUSMARSOC) UP TO 19 APRIL 2007, SUBMIT TO: U.S. MARINE CORPS FORCES CENTRAL COMMAND

ATTN: ADJUTANT

7115 SOUTH BOUNDARY BOULEVARD

MACDILL AFB

TAMPA, FL 33621

EMAIL: COMUSMARCENTAWARDSOMB@MARCENT.USMC.MIL

PHONE: 813-827-7031/7049 OR DSN 651-7031/7049

(2) FOR MARINES WOUNDED OR INJURED WHILE ASSIGNED TO COMUSMARSOC BEGINNING 19 APRIL 2007 TO PRESENT, SUBMIT TO:

U.S. MARINE CORPS FORCES SPECIAL OPERATIONS COMMAND

ATTN: ADJUTANT

BUILDING H11FN, FLOOR 1

CAMP LEJEUNE, NC 28542

PHONE: 910-440-0954/DSN 484-0954

B. SPECIAL INSTRUCTIONS FOR RECLAMAS BASED ON RETROACTIVE REVISED PH CRITERIA FOR MTBI/CONCUSSIONS. ALL PH RECLAMAS BASED ON DOCUMENTATION IN THE MEDICAL RECORD THAT THE MARINE MET THE REVISED PH CRITERIA FOR MTBI/CONCUSSIONS IN PARAGRAPH 3C MUST BE SENT TO CMC (MMMA) FOR ADJUDICATION (ADDRESS IN PARAGRAPH 8B(4) AND(5) BELOW). RECLAMAS MUST BE ENDORSED BY EACH LEVEL OF THE ORIGINAL CHAIN OF COMMAND AT THE TIME THE WOUND OR INJURY OCCURRED UP TO THE BATTALION/SQUADRON COMMANDER. TO ENSURE FAIR AND CONSISTENT ADJUDICATION OF RECLAMAS FOR MTBI/CONCUSSIONS UNDER THE RETROACTIVE CRITERIA OUTLINED IN PARAGRAPH 3C, SPECIAL ATTENTION SHOULD BE GIVEN TO THE NECESSARY INFORMATION TO APPROVE AN AWARD OF THE PH.

(1) WHEN PROVIDING A CERTIFIED TRUE COPY FROM THE MARINE'S MEDICAL RECORD OF A MEDICAL OFFICER'S DISPOSITION THAT THE MARINE WAS "NOT FIT FOR FULL DUTY" FOR A PERIOD GREATER THAN 48 HOURS, THAT DISPOSITION MUST HAVE BEEN DOCUMENTED IN THE MARINE'S MEDICAL RECORD WITHIN THE FIRST SEVEN (7) DAYS FOLLOWING THE CONCUSSIVE INCIDENT IN ORDER TO DISTINGUISH IMPAIRMENT CAUSED BY THE MTBI/CONCUSSION FROM SYMPTOMS OF PTSD. ASSIGNMENT TO ADMINISTRATIVE LIMITED DUTY SOLELY TO COMPLY

WITH MANDATORY OBSERVATION PERIODS, IN THE ABSENCE OF PERSISTENT SIGNS, SYMPTOMS, OR FINDINGS OF IMPAIRMENT, WILL NOT MEET THE NEW CRITERIA.

(2) INCLUDE AN EMAIL ADDRESS WHERE THE MARINE CAN BE CONTACTED BY CMC (MMMA) TO ACKNOWLEDGE RECEIPT AND, IF NECESSARY, REQUEST ANY ADDITIONAL INFORMATION.

(3) THE SUBJECT LINE SHOULD READ "RECLAMA BASED ON REVISED PURPLE HEART CRITERIA FOR MTBI/CONCUSSION" TO EXPEDITE CMC (MMMA) ROUTING AND PROCESSING.

(4) MAIL COMPLETE RECLAMA REQUESTS BASED ON REVISED CRITERIA FOR PH FOR MTBI/CONCUSSION TO:

COMMANDANT OF THE MARINE CORPS (MMMA)
HEADQUARTERS, U.S. MARINE CORPS
3280 RUSSELL ROAD
QUANTICO, VA 22134-5103

(5) COMPLETE RECLAMA REQUESTS MAY ALSO BE SCANNED AND EMAILED TO CMC (MMMA) AT THE FOLLOWING EMAIL ADDRESS: HQMC.MANPOWER.PH MTBI RECLAMA@USMC.MIL.

(6) UPDATES TO THE RECLAMA PROCESS AFTER RELEASE OF THIS MARADMIN WILL BE POSTED ON THE CMC (MMMA) WEBPAGE AT [HTTPS:WWW.MANPOWER.USMC.MIL/PORTAL/PAGE/PORTAL/M RA HOME/MM/MA](https://www.manpower.usmc.mil/portal/page/portal/m_ra_home/mm/ma) UNDER THE HEADER OF "PROCESS FOR RECLAMA BASED ON REVISED PURPLE HEART CRITERIA FOR MTBI/CONCUSSION."

(7) BECAUSE OF THE ANTICIPATED VOLUME OF RECLAMAS BASED ON REVISED PH CRITERIA FOR MTBI/CONCUSSIONS, REQUEST MARINES AND/OR COMMANDS SUBMIT THEIR QUESTIONS ON THE PROCESS OUTLINED ABOVE VIA EMAIL AT THE ADDRESS LISTED IN PARAGRAPH 8B(6) ABOVE. CMC (MMMA) PERSONNEL WILL MAKE EVERY EFFORT TO RESPOND TO ALL QUESTIONS IN A TIMELY MANNER.

C. VETERAN MARINES CAN OBTAIN COPIES OF THEIR MEDICAL RECORDS BY WRITING TO THE VETERANS ADMINISTRATION AT:

DEPARTMENT OF VETERAN AFFAIRS
RECORDS MANAGEMENT CENTER
P.O. BOX 5020
ST. LOUIS, MO 63115-8950.

D. MARINES SEEKING TO LOCATE ACTIVE DUTY, RESERVE, OR RETIRED MARINES FOR THE PURPOSE OF OBTAINING COMMAND ENDORSEMENTS MAY CONTACT THE CMC (MMSB) WORLD WIDE LOCATOR FOR ASSISTANCE EITHER BY EMAIL TO SMB.MANPOWER.MMSB@USMC.MIL; BY CALLING 1-800-268-3710; OR BY LETTER TO:

HEADQUARTERS, U.S. MARINE CORPS (MMSB-17)

2008 ELLIOTT RD (SUITE 201)

QUANTICO, VA 22134-5030

9. THIS MARADMIN IS APPLICABLE TO THE TOTAL FORCE MARINE CORPS.

10. RELEASE AUTHORIZED BY MAJGEN A. SALINAS, DIRECTOR, MANPOWER
MANAGEMENT DIVISION.//