

Appendix 2B
Purple Heart

2B.1. Introduction

a. Authorization: E.O. 11016, as amended, subject to the provisions of 10 U.S.C. §1129, §1129a, and §1131, and Public Law 104-106.

b. Effective Dates:

(1) On or after 6 April 1917: Basic criteria are effective.

(2) On or after 7 December 1941: Certain wounds from friendly fire can qualify.

(3) On or after 28 March 1973: Certain wounds resulting from Terrorist Attacks and Peacekeeping operations can qualify.

(4) On or after 17 May 1998: Civilians are no longer eligible.

(5) On or after 11 September 2001: Certain Mild Traumatic Brain Injuries (MTBI) that do not result in loss of consciousness may qualify.

c. Criteria

(1) Awarded to members of the Armed Forces of the United States who, while serving under competent authority in any capacity with an Armed Force of the United States were wounded, killed, or died of wounds received under any of the following circumstances:

(a) In action against an enemy of the United States;
or

(b) In any action with an opposing armed force of a foreign country in which the Armed Forces of the United States are or have been engaged; or

(c) While serving with friendly foreign forces engaged in an armed conflict against an opposing armed force, in which the U.S. is not a belligerent party; or

(d) As the result of an act of any such enemy or opposing armed force; or

(e) As the result of an act of any hostile foreign force; or

(f) While being taken captive or while being held as a Prisoner of War (POW).

1. For purposes of award of the PH, a person is considered a POW if the person is eligible for the [POW Medal](#) pursuant to 10 U.S.C. §1128 and reference (d).

2. A POW is limited to one PH for wounds inflicted by the enemy during the entire period of captivity.

3. If the POW dies while in captivity, it will be presumed the death resulted from enemy action, and the PH will be presented to the next-of-kin, unless there is clear and convincing evidence to the contrary.

4. A second PH can be awarded to a POW if there is evidence the person was wounded by enemy action while being taken into captivity. For example, if a pilot was wounded while being shot down, and then later tortured while a POW, the person would be entitled to two PHs.

(g) On or after 28 March 1973, as a result of international terrorist attack against the United States or a foreign nation friendly to the U.S., recognized as such an attack for purposes of award of the PH by SECNAV, or jointly by the Secretaries of the Military Departments concerned if members from more than one Military Department are killed or wounded in the attack. SECNAV retains all authority to award the PH under these circumstances;

(h) On or after 11 September 2001, in an attack that was motivated or inspired by a foreign terrorist organization, pursuant to 10 U.S.C. §1129a. SECNAV is the sole authority for award of the PH under these circumstances;

(i) On or after 28 March 1973, as a result of military operations while serving outside the territory of the United States, as part of a peacekeeping force; or

(j) On or after 7 December 1941, by friendly weapon fire while directly engaged in armed conflict other than as the result of an act of an enemy of the United States, an opposing armed force, or a hostile foreign force.

(2) For award of the PH there exist both circumstantial and severity thresholds that must both be met. First, the wound must have resulted from enemy action. Second, the wound must have been of such severity that it necessitated treatment, not merely examination, by a medical officer. If the wound does not meet both of these standards, the PH may not be awarded.

2B.2. Amplifying Guidance

a. Clarification of: *"the wound resulted from enemy action."*

(1) Reference (e) defines "wound" as an injury to any part of the body from an outside force or agent.

(2) When considering a nomination for the PH, the key issue that commanders must take into consideration is the degree to which the enemy caused the injury. The fact that the intended recipient was deployed to a combat zone to participate in a combat operation is not in itself sufficient to establish the injury resulted from enemy action. There are many types of injuries that could be sustained in a combat zone that do not qualify for the PH.

(3) If the wounds or injuries resulted from the actions of individuals who were unknown or unidentified, the Service Member's CO shall make the determination whether the unknown individuals were enemy combatants.

(4) Outside of a combat zone, wounds caused by the action of unknown individuals, or as a result of criminal actions, will not be presumed to have resulted from enemy action, and will not qualify for award of the PH. The singular exception would be if the incident was deemed an international terrorist attack in accordance with paragraphs 2B.1.c.(1)(i) and

(h) above. SECNAV is the sole authority for approving the PH under this exception.

b. Clarification of: *"the wound necessitated treatment by a medical officer at time of injury."*

(1) Reference (e) defines "medical officer" as a physician with officer rank.

(2) Medical officers are distinct from other personnel who may be involved in the treatment of wounds, such as physician extenders or basic corpsmen or medics. Physician extenders are physician assistants, nurse practitioners, independent duty corpsmen, special forces medics, and special amphibious reconnaissance corpsmen. Basic corpsmen and medics are neither medical officers nor physician extenders.

(3) Sometimes a wound severe enough to necessitate treatment by a medical officer must be treated by a physician extender, corpsman, or medic at a forward deployed location because evacuation to a facility with a medical officer is not feasible.

(a) The commander with PH approval authority may award the PH if he or she determines the wound would have normally necessitated treatment by a medical officer had one been available.

(b) This determination can be made based upon the information provided in Personnel Casualty Reports (PCR) or review of the Service Member's medical record by the supervising medical officer, or upon the advice of the commander's staff surgeon after review of the medical documentation available. Pursuant to reference (e), there must be a written statement from a medical officer substantiating the determination.

(4) Evaluation by a medical officer solely to determine the extent of an injury does not meet the PH threshold if it is determined the injury could have been adequately treated by a physician extender or a corpsman/medic. Likewise, a decision by a medical officer to treat a minor wound that a corpsman could have adequately treated does not justify award of the PH.

c. Friendly Fire Incidents. Navy and Marine Corps personnel receiving the wounds as a result of friendly fire may be eligible for the PH if they were actively engaging the enemy at the time of the injury.

d. Multiple Wounds. One PH will be awarded for wounds received at the same instant or from the same missile, force, explosion, or agent. For example, if a person received fragmentation wounds to multiple parts of the body from an enemy mortar round, that would qualify for one PH. However, if a person received a gunshot wound at the outset of an engagement and later received fragmentation wounds or a subsequent gunshot wound during the same engagement, that would qualify for two PH.

e. Foreign Military. The PH may not be awarded to foreign personnel.

2B.3. Examples of Qualifying and Non-Qualifying Injuries

a. Qualifying Injuries. Enemy-related injuries that are consistent with historical DON standards for award of the PH:

(1) Injury caused by an enemy bullet, shrapnel, or other projectile created by enemy action (e.g., fragmentation, gunshot wounds, lacerations);

(2) Injury caused by enemy-placed mine or Improvised Explosive Device (IED);

(3) Injury caused by enemy-released chemical, biological, or nuclear agent;

(4) Injury caused by a vehicle or aircraft crash resulting from enemy fire;

(5) Perforated eardrum;

(6) Second and third degree burns;

(7) Smoke inhalation severe enough to cause first to third degree burns to the respiratory tract;

(8) Corneal abrasions;

(9) Moderate or severe/penetrating Traumatic Brain Injuries (TBI). See additional information in [paragraph 2B.4](#) of this Appendix; or

(10) MTBI or concussion severe enough to cause either Loss of Consciousness (LOC) or restriction from full duty for a period 48 hours or more due to persistent signs, symptoms, or clinical finding, or impaired brain function. See additional information in [paragraph 2B.4](#) of this Appendix for further guidance on MTBI.

b. Non-Qualifying Injuries. Injuries that are not consistent with DON standards for award of the PH:

(1) Post-Traumatic Stress Disorder (PTSD) or combat stress injuries;

(2) MTBI that neither resulted in LOC nor restriction from full duty for a period greater than 48 hours due to persistent signs, symptoms, or clinical findings of impaired brain function;

(3) Injuries suffered due to an accident that is not caused by the effects of enemy weapons, even if the accident occurs in a combat zone;

(4) Cold and heat related injuries;

(5) Hearing loss and tinnitus;

(6) Disease, unless the result of an enemy or terrorist nuclear, biological, or chemical attack;

(7) Abrasions, unless of a severity to be incapacitating;

(8) Bruises, unless the result of enemy action and severe enough to require treatment by a medical officer;

(9) Soft tissue injuries (e.g., ligament/tendon/muscle strains or sprains);

(10) First degree burns; or

(11) Any injury received resulting from friendly fire when the individual was not in the midst of a combat engagement at the time of the injury.

2B.4. TBI

a. TBI are classified into three categories: severe/penetrating, moderate, and mild.

(1) A severe/penetrating TBI or a moderate TBI inherently requires treatment by a medical officer and therefore will qualify for the PH if the wound resulted from enemy action.

(2) MTBI and concussion are frequently used interchangeably. MTBI is a medical term defining the physical injury to the brain from a blow or blast. Concussion is a layman's term describing impairment to brain function resulting from the injury (e.g., alteration of consciousness, LOC, or post-traumatic amnesia).

b. When MTBI May Qualify for the PH

(1) Varying levels of MTBI can produce signs, symptoms, and clinical findings of impaired brain function ranging from "seeing stars" and disorientation to post-concussive amnesia and LOC. Only the more severe instances of MTBI necessitate treatment by a medical officer, and therefore qualify for award of the PH. Although a medical officer may have to evaluate the Sailor/Marine based on displayed signs, symptoms, or findings of impaired brain function, such evaluation does not in itself mean the injury necessitated treatment by a medical officer.

(2) Historically, only those MTBI that resulted in LOC qualified for the PH. Recent research into MTBI effects and treatment has led to a clearer understanding of the relationship between the severity of an MTBI and the time required for brain tissue to recover and return to its normal state. Although there is currently no method to directly measure the severity of MTBI, the duration of the signs, symptoms or clinical findings of impaired brain function serve as a proxy for estimating MTBI severity.

(a) The mildest forms of MTBI may result in less severe cognitive impairment lasting minutes or hours, with no lasting damage to brain tissue or impaired brain function.

(b) In more severe cases of MTBI, the level of injury may result in irreversible damage to brain tissue with long term impairment of brain function.

(c) Research indicates that an MTBI without any accompanying LOC can result in signs, symptoms, or clinical findings of impaired brain function that last longer than those resulting from an MTBI with LOC. For these reasons, military neurologists now consider the duration of brain function impairment to be a more accurate measurement of the degree of brain injury than whether or not a LOC occurred.

(3) For MTBI that occurred on or after 11 September 2011, the injury will be considered severe enough to have necessitated treatment by a medical officer, and therefore qualified for the PH, if:

(a) The Service Member suffered a LOC of any duration; or

(b) The persistent signs, symptoms, or findings of functional impairment result in a medical officer disposition of "NOT FIT FOR FULL DUTY" for a period greater than 48 hours. This 48-hour restriction from return to full duty does not include assignment to administrative light duty solely to comply with screening protocols for concussive events.

(4) The signs, symptoms, or findings of brain function impairment must have manifested within the initial seven (7) day period following the concussive event. Diagnosis of MTBI by a medical officer or civilian physician weeks or months after a concussive incident will not justify award of the PH. This limitation ensures in part that the PH is not awarded for symptoms of PTSD or for a subsequent concussive injury that was not the result of enemy action.

2B.5. Administrative Procedures

a. Active Duty. Commanders at all levels must ensure that PCRs are submitted in accordance with MARADMIN 245-11, MCO

3040.4 Marine Corps Casualty Assistance Program, or MILPERSMAN 1770 Casualties and Survivor Benefits, and contain sufficient information for the PH approving authority to determine if the wound met the requirements for the PH. They must also ensure the PCR contains verification from a medical officer where the wound required treatment by a medical officer, or would have required treatment by a medical officer if one had been available. A sufficiently detailed description of the wound 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 PH award determination.

b. Retroactive Awards. The updated standards for award of the PH for MTBI are retroactive to 11 September 2001. Personnel who sustained an MTBI on or after 11 September 2001 that was the result of enemy action, but who were not awarded the PH for that MTBI, may request reconsideration. See [Chapter 8](#) and [Appendix 8B](#) for further guidance.

c. Presentation. The PH will be presented by a commissioned officer or other appropriate DoD official in a suitable and dignified ceremony. Living recipients are only presented the medal on the first award. In accordance with E.O. 11016, a PH medal set will be provided to the next of kin of any person entitled to posthumous award of the PH regardless whether a previous award has been made.

d. Award Elements

(1) PH Medal Set (includes ribbon and medal).

(2) PH Certificate. See [Exhibit 1](#) for PH certificate format. There is no citation for the PH.

e. Subsequent Awards. Each subsequent award is denoted by a 5/16-inch gold. A 5/16-inch silver star is worn in place of five (5) gold stars.

f. Authorized Devices. 5/16-inch stars (gold or silver) to denote subsequent awards.