MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2011-07 (Awarding of the Purple Heart)

1. Our Soldiers have been engaged in combat for nearly a decade, fighting with great valor and distinction. They have served selflessly and sacrificed, and many have received both visible and non-visible injuries. Soldiers who receive non-visible injuries, often characterized as concussions resulting from explosive blasts, may not be receiving the recognition they have earned. This directive aligns Army policy for award of the Purple Heart with DoD policy and 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.

2. Pursuant to DoD Manual 1348.33, Volume 3 (Manual of Military Decorations and Awards: DoD-Wide Performance and Valor Awards; Foreign Awards; Military Awards to Foreign Personnel and U.S. Public Health Service Officers; and Miscellaneous Information), dated 23 November 2010, AR 600-8-22 (Military Awards) is changed to incorporate the following. Specific changes are at enclosure 1.

   a. Approval of the Purple Heart requires the following factors among others outlined in DoD Manual 1348.33, Volume 3, paragraph 5.c: 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.
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3. Authority to approve or disapprove award of the Purple Heart is as follows.

   a. Approval authority for the Purple Heart will be in accordance with the delegation of authority to approve awards issued by the Assistant Secretary of the Army (Manpower and Reserve Affairs) when a Soldier receives a qualifying wound or injury while serving in a command with delegated approval authority for wartime awards for that Soldier’s unit.

   b. Authority to approve or disapprove recommendations for the award for Soldiers who did not receive a Purple Heart while serving in a unit with approval authority for wartime awards is the Commander, U.S. Army Human Resources Command and may be further delegated in writing no lower than the Branch Chief, Awards and Decorations Branch, Human Resources Command.

   c. Although a Soldier may be deployed, award of the Purple Heart for injuries incurred in a previous deployment must be processed through the Soldier’s current chain of command to the Commander, Human Resources Command for approval, notwithstanding the guidance in paragraph 3.a.

   d. The first general officer in the chain of command of the Soldier recommended for award of the Purple Heart for injuries received during a previous deployment may disapprove the recommendation, notwithstanding the guidance in paragraph 3.b.

4. Purple Heart for Concussions. When recommending and considering award of the Purple Heart for concussion injuries, the chain of command will ensure that the criteria in paragraph 2.a are met and that both diagnostic and treatment factors are present and documented in the Soldier’s medical record by a medical officer in accordance with paragraph 2.b.

   a. 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 mild traumatic brain injury;

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

b. 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.

c. 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, as indicated in paragraph 4. b(1).

5. Procedures and requirements for processing recommendations for concussion injury Purple Hearts that meet the requirements specified in this Army Directive are at enclosure 2.

6. These changes are effective immediately. The Office of the Army Deputy Chief of Staff, G-1 is the proponent for this policy. The policy in this directive will be incorporated into the next revision of AR 600-8-22.

7. This Army directive is rescinded upon publication of the revision to AR 600-8-22.
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Paragraph 2-8 b is revised to read:

b. The Purple Heart is awarded in the name of the President of the United States and, in accordance with Title 10 United States Code, section 1131, effective 19 May 1998, is limited to members of the Armed Forces of the United States who, while serving under competent authority in any capacity with one of the U.S. Armed Services after 5 April 1917, has been wounded, was killed, or has died or may hereafter die of wounds received under any of the following circumstances—

1. In action against an enemy of the United States.

2. In action with an opposing armed force of a foreign country in which the U.S. Armed Forces are or have been engaged.

3. While serving with friendly foreign forces engaged in an armed conflict against an opposing armed force in which the United States is not a belligerent party.

4. As a result of an act of any such enemy or opposing armed forces.

5. As the result of an act of any hostile foreign force.

6. After 28 March 1973 as a result of an international terrorist attack against the United States or a foreign nation friendly to the United States.

7. 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.

8. Servicemembers who are killed or wounded in action by friendly weapon fire. In accordance with 10 USC 1129 for award of the Purple Heart, the Secretary of the Army will treat a member of the Armed Forces described in (a) below in the same manner as a member who is killed or wounded in action as the result of an act of an enemy of the United States.

(a) A Servicemember described in this subsection is a member who is killed or wounded in action by weapon fire while directly engaged in armed conflict, other than as the result of an act of an enemy of the United States, unless (in the case of a wound) the wound is the result of willful misconduct of the member.

(b) This section applies to members of the Armed Forces who are killed or wounded on or after 7 December 1941. In the case of a member killed or wounded, as described in paragraph 2–8b, on or after 7 December 1941 and before 30 November 1993, the Secretary of the Army will award the Purple Heart under provisions of paragraph 2–8a.
in each case which is known to the Secretary before such date or for which an application is made to the Secretary in such manner as the Secretary requires.

9. A former prisoner of war who was wounded before 25 April 1962 while held as a prisoner of war (or while being taken captive) will be treated in the same manner as a former prisoner of war who is wounded on or after that date while held as a prisoner of war (in accordance with section 521 of Public Law (P.L.) 104-106).

Paragraph 2-8 e is revised to read:

e. 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 shall be documented in the Servicemember’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 Servicemember’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.

Paragraph 2-8 j is revised to read:

j. During wartime the senior Army commander in the combat theater can award the Purple Heart as approval authority when delegated by the Secretary of the Army or the Assistant Secretary of the Army (Manpower and Reserve Affairs). The Secretary or Assistant Secretary may authorize further delegation of approval and disapproval authority. The National Personnel Records Center, 9700 Page Avenue, St. Louis, MO 63132–5100, awards the Purple Heart to any member of the Army who during World War I was awarded a Meritorious Service Citation Certificate signed by the Commander in Chief, American Expeditionary Forces, or who was authorized to wear wound chevrons, upon written application. Approval authority for the Purple Heart for Army personnel wounded or killed as the result of an international terrorist attack is the Secretary of the Army. Authority to approve or disapprove recommendations for the award for Servicemembers who did not receive a Purple Heart while serving in a unit with wartime awards approval authority is the Commander, U.S. Army Human Resources Command (USAHRC) and may be further delegated in writing no lower than the Branch Chief, USAHRC Awards and Decorations Branch. Although a Servicemember may be deployed, award of the Purple Heart for injuries incurred in a previous deployment must be processed through the Servicemember’s current chain of command to the Commander, USAHRC for approval. The first general officer in the chain of command of the Servicemember recommended for award of the Purple Heart for injuries received during a previous deployment may disapprove the recommendation.
(1) Any member of the Army who was awarded the Purple Heart for meritorious achievement or service, as opposed to wounds received in action, between 7 December 1941 and 22 September 1943, may apply for award of an appropriate decoration instead of the Purple Heart.

(2) Any member of the U.S. Army who believes that he or she is eligible for the Purple Heart, but through unusual circumstances no award was made, may submit an application through the member’s chain of command to the Commander, USAHRC (AHRC-PDP-A). If the requestor has separated from the military, the application may be mailed directly to the Commander, USAHRC (AHRC-PDP-A). The application will include the following documentation pertaining to the wound and inflicting force:

- DA Form 4187 (Personnel Action);
- Chain of command endorsement (through the first general officer in the Servicemember’s current chain of command for Servicemembers currently serving);
- Deployment orders;
- Officer Record Brief/Enlisted Records Brief/DA Form 2-1, 2A, 2B, or 2C;
- One-page narrative describing the qualifying incident and the conditions under which the Servicemember was injured or wounded;
- 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;
- Casualty report;
- SF 600 (Chronological Record of Medical Care); and,
- DD Form 214 (Certificate of Release or Discharge From Active Duty) (if applicable).

Paragraph 2-8 k (3) is revised to read:

(3) Each approved award of the Purple Heart must exhibit all of the following factors: wound, injury, or death must have been the result of circumstances described in paragraph 2-8 b: the wound or injury must have required treatment, not merely examination, by a medical officer. Additionally, treatment of the wound shall be documented in the Servicemember’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 Servicemember’s medical record that the extent of the wounds were such that they would have required treatment by a medical officer if one had been available to treat them.
Glossary Section II, Terms, is appended to include:

**DEATH OR WOUNDING BY FRIENDLY FIRE**
Servicemember(s) killed in action or wounded in action mistakenly or accidentally by friendly forces who are directly engaged with the enemy and directing fire at a hostile force or what is thought to be a hostile force.

**HOSTILE ACT**
Hostile Act is defined as:

a. An attack or other use of force by any civilian, paramilitary, or military force or terrorist(s) (with or without national designation) against the United States, U.S. Forces and, in certain circumstances, U.S. nationals, their property, U.S. commercial assets, or other designated non-U.S. Forces, foreign nationals, and their property.

b. Force used directly to prevent or impede the mission and/or duties of U.S. Forces, including the recovery of U.S. personnel and vital U.S. Government property. When a hostile act is in progress, the right exists to use proportional force, including armed force, in self defense by all necessary means available to deter or neutralize the potential attacker or, if necessary, to destroy the threat.

**MEDICAL OFFICER**
A physician with officer rank. 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 section 101 of Title 10, United States Code.

**MEDICAL PROFESSIONAL**
A civilian physician or a physician extender. Physician extenders include nurse practitioners, physician assistants, and other medical professionals qualified to provide independent treatment (e.g., independent duty corpsman and Special Forces medic). Basic corpsmen and medics are not physician extenders.

**PHYSICIAN**
A person possessing a degree in medicine or osteopathy.

**WOUND**
An injury to any part of the body from an outside force or agent.

**WOUNDED IN ACTION**
Battle casualties, other than the individuals killed in action, who incurred a wound in action against the enemy or as a result of enemy action that required the treatment of a physician. The term encompasses all kinds of wounds and other injuries caused by an outsider force or agent, whether there is a piercing of the body, as in a penetrating or perforating wound, or none, as in a contused wound; all fractures, burns, blast concussions, traumatic brain injury, all effects of gases and like chemical and biological warfare agents; and the effect of exposure to radioactive substances. Civilian battle casualties are not classified as wounded in action.
PROCEDURAL GUIDANCE FOR PROCESSING
REQUESTS FOR AWARD OF THE PURPLE HEART

1. Reconsideration Authority

   a. On request from the Soldier or veteran, Army officials shall conduct a one-time reconsideration of requests for previously denied Purple Hearts relating to concussion injuries.

   b. Authority to reconsider Purple Heart recommendations for deployed Soldiers who were wounded on their current deployment rests with the first commanding general or deputy commanding general in the chain of command, in accordance with the applicable delegation of authority to approve awards issued by the Assistant Secretary of the Army (Manpower and Reserve Affairs).

   c. Although a Soldier may be deployed, awards of the Purple Heart for injuries incurred in a previous deployment must be processed through the Soldier’s current chain of command to the Commander, U.S. Army Human Resources Command.

   d. Requests that are not processed in the combat theater must be processed through the current chain of command to the Commander, Human Resources Command.

   e. Veteran inquiries should be routed directly to the Commander, Human Resources Command, Awards and Decorations Branch.

2. Contents Of Reconsideration Request

To demonstrate that the injury meets all the standards prescribed in this Army Directive and AR 600-8-22, and to facilitate the issuance of orders and updating of records as required, the following documents must accompany each request for the Purple Heart:

   a. DA Form 4187 (Personnel Action);

   b. Chain of command endorsement (through the first general officer in the Soldier’s current chain of command for Soldier currently serving);

   c. Deployment orders;

   d. Officer Records Brief/Enlisted Records Brief/DA Form 2-1, 2A, 2B, or 2C;

   e. One-page narrative describing the qualifying incident and the conditions under which the Soldier was injured or wounded;
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f. Individual statements from two people personally present, who observed the incident and have direct knowledge of the event. Alternatively, other official documentation may be used to corroborate the narrative;

g. Casualty report;

h. SF 600 (Chronological Record of Medical Care); and,

i. DD Form 214 (Certificate of Release or Discharge From Active Duty) (if applicable).