



REPORT TO CONGRESS
ON
THE AWARDING OF THE PURPLE HEART FOR TRAUMATIC BRAIN INJURIES

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Personnel and Readiness

The Department submits this report on policy and procedures for awarding the Purple Heart (PH) to Service members who sustain a traumatic brain injury (TBI) due to enemy action to meet the request of the House Armed Services Committee report language that accompanied the National Defense Authorization Act for Fiscal Year 2010 (H. Rpt. 111-166).

House Armed Services Committee Report Language

The Awarding of the Purple Heart for Traumatic Brain Injuries

The committee understands there are provisions in law and policy to award the Purple Heart to members of the armed forces who sustain a traumatic brain injury as a result of enemy action. Although the services have awarded the Purple Heart for these injuries, the committee is concerned there are inconsistencies in the procedures for the determination of the award in the theater of operations. The committee directs the Secretary of Defense to conduct a review of the policies and procedures for determining eligibility and awarding of the Purple Heart to service members who sustain traumatic brain injury due to enemy action. The committee directs the Secretary to report his findings and recommendations to the Senate Committee on Armed Services and the House Committee on Armed Services by March 31, 2010.

Background—Traumatic Brain Injury

The Department of Defense definition of TBI was conveyed in the October 1, 2007 memorandum from the Assistant Secretary of Defense for Health Affairs (ASD(HA)), *Traumatic Brain Injury: Definition and Reporting*.

Definition

To summarize, TBI refers to a traumatically induced structural brain injury and/or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs, immediately following the event:

- Any period of loss of or a decreased level of consciousness;
- Any loss of memory for events immediately before or after an injury;
- Any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.);
- Neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient;
- Intracranial lesion.

Severity

Traumatic brain injuries are classified as either penetrating or closed based on whether the dura mater, a protective layer around the brain has been compromised. Not all individuals exposed to an external force to the head will sustain a TBI. However, for those cases where a closed TBI does result, the medical community has classified the severity into three categories: Concussion/Mild TBI, Moderate TBI, or Severe TBI. Penetrating TBIs are considered its own category. The categories of closed TBI are based upon measures of brain imaging, length of unconsciousness, and post-traumatic amnesia. Acute injury severity is determined at the time of the injury, but this severity level, while having some prognostic value, does not necessarily reflect the patient's ultimate level of functioning.

| Mild TBI | Moderate TBI | Severe TBI |
|---------------------------------|--|---|
| Normal structural brain Imaging | Normal or abnormal brain structural imaging | Normal or abnormal structural brain imaging |
| LOC = 0-30 min* | LOC > 30 min and < 24 hours | LOC > 24 hrs |
| AOC = a moment up to 24 hrs | AOC > 24 hours. Severity based on other criteria | |
| PTA = 0-1 day | PTA > 1 and < 7 days | PTA > 7 days |

LOC – Loss of consciousness

AOC – Alteration of consciousness/mental state

PTA – Post-traumatic amnesia

* An inconsistency currently exists between this published guidance and the published V codes for mild TBI when loss of consciousness is between 30 and 59 minutes. Until this inconsistency is resolved, Services are to report using the criteria published above.

It should be noted that the medical terms mild, moderate, and severe are not assessments of a patient's current level of impairment. Mild TBI, also known as a concussion, has several systems for sub classification; however, all are considered a "Mild TBI." The *Veterans Affairs/Department of Defense Clinical Practice Guideline (CPG) for the Management of Concussion/mild TBI*, published in 2009, built on earlier released CPGs, and is available to physicians. The current theater CPG has different protocols for different medical settings. One protocol is meant for medics/corpsmen to

provide basic assessment and management. Another is geared toward Level II (Battalion Aid Station) or Level II plus (Expeditionary Medical Support) and another is directed at care delivered in a Level III setting (combat support hospital or theater hospital).

PH Award Criteria

PH award criteria are governed by Executive Order (EO) 11016, which, among several criteria, requires that:

- The Service member's injury must have resulted from enemy action and occurred while in action against an enemy of the United States;
- The wound for which the award is made must have required treatment by a medical officer.
 - Joint Publication 1-02, *DOD Dictionary of Military and Associated Terms*, defines "medical officer" as, "A physician with officer rank." Title 10 USC, §101 defines "medical officer" as "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."
 - A technician, corpsman, or person that does not meet the definition of a "medical officer" may provide initial medical assessment and emergent care but, ultimately, treatment by a medical officer is required.

DoD and Service-specific guidance provides further clarification regarding award of the PH to include:

- DoD 1348.33M, *Manual of Military Decorations and Awards*;
- Army Regulation 600-8-22, *Military Awards*;
- Secretary of the Navy Instruction 1650.1, *Navy and Marine Corps Awards Manual*;
- Air Force Instruction 36-2803, *The Air Force Awards and Decorations Program*.

Department of Defense

The DoD guidance on the PH promulgates award criteria contained in EO 11016. Any Service member diagnosed with any of the three categories of TBI may qualify for award of the PH provided award criteria are met. These criteria include a member being diagnosed and

treated for a TBI by a medical officer, and that the TBI must have occurred in action with the enemy or as a result of a specific enemy action.

Department of the Army

The Army will award the PH for concussion/mild TBI provided the concussion meets PH award criteria of (1) resulting from enemy action or occurring in the action with the enemy and (2) requiring treatment by a medical officer. Each concussion injury is individually evaluated against PH award criteria. Evaluation by a medical officer does not constitute treatment. In addition, a wound of such limited severity that a medic can administer treatment without a supervising medical officer (such as providing ibuprofen for a headache) would not constitute medical treatment by a medical officer. The Army has authorized licensed physicians assistants (who are officers in the Army medical corps) to verify that wounds require treatment by a medical officer.

Department of the Navy

For both the Navy and the Marine Corps, the criteria for award of the PH for all wounds and injuries, to include all three categories of TBI, are that (1) the wound or injury was the direct or indirect result of enemy action, and (2) the severity of the wound or injury required treatment by a medical officer at the time of the injury. The requirement for treatment by a medical officer ensures that the PH is not awarded for minor wounds or injuries that only require minimal treatment by a corpsman or a fellow Marine. A medical officer is a commissioned officer; corpsmen are not medical officers. Evaluation by a medical officer, in and of itself, does not constitute treatment. The Navy individually evaluates the treatment provided by the medical officer for concussion/mild TBI to determine if the PH criteria are met.

The Marine Corps recognizes that there are varying levels of severity concussion/mild TBI which can produce a wide range of symptoms, from "seeing stars" to LOC. The Marine Corps authorizes the PH for a concussion/mild TBI of sufficient severity that results in an observed LOC. The standard of an observed LOC (considered a Grade III concussion under the American Academy of Neurology grading scale) was established because it presents a minimum level of observable effects that would require treatment by a medical officer. A less severe concussion/mild TBI with no LOC would not normally be expected to require treatment by a

medical officer. However, in exceptional cases where further medical examination during the initial observation period following a concussive incident without LOC determines that the concussion/mild TBI was sufficiently severe to require treatment by a medical officer, a PH may be awarded. A corpsman or an eyewitness may provide verification of the Marine's or Sailor's LOC to the medical officer.

Department of the Air Force

An Airman diagnosed with any of the three categories of TBI may qualify for award of the PH if appropriate award criteria are met. The member's TBI must have been treated by a medical officer and the TBI must be attributed to a specific enemy action. The term "treatment" is determined by medical providers and follows an evaluation. The medical evaluation does not constitute treatment.

The Air Force awards the PH for concussion/mild TBI provided the concussion meets PH award criteria of (1) resulting from enemy action or occurring in the action with the enemy and (2) requiring treatment by a medical officer. The level of concussion that can qualify for the PH is not specified. Each concussion injury is individually evaluated against PH award criteria. Assuming the concussion was caused by the enemy, the key question becomes "does the Airman require medical treatment and not merely examination?" Medical treatment is necessary to meet PH award criteria.

Summary

All Services within the DoD are committed to ensuring that Service members sustaining a TBI (regardless of severity) receive timely and thorough evaluations and appropriate treatment for their injuries where required. All Services apply the PH criteria in accordance with the establishing EO 11016 and DoD policy. Of note is the similar criterion that each Service uses with the two key requirements: that the Service member's wound was the result of enemy action or occurred in action with the enemy; and that the wound required treatment by a medical officer. Although the Services allow for trained medical technicians to provide initial treatment, screening, and evaluation, all Services require medical officer treatment in order for the award of the PH.

Since the EO authorizes the Secretary concerned to award the PH, internal processing may differ slightly among the Services. However, each Service ensures member who sustain a concussion/mild TBI are awarded the PH if the two basic PH criteria are met. The Department is confident that current Service procedures are compliant with the EO and DoD administrative and medical evaluation guidance.