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MSGID/GENADMIN/SECNAV WASHINGTON DC/-/DEC//

SUBJ/DEPARTMENT OF THE NAVY STANDARDS FOR AWARD OF THE PURPLE HEART (PH)//

REF/A/DOC/POTUS/25APR1962//
REF/B/DOC/DOD/23NOV2010//
REF/C/DOC/SECNAV/22AUG2006//
REF/D/LTR/USDPR/25APR2011//
REF/E/LTR/DEPSECDEF/21JUN2010//
REF/F/GENADMIN/CMC/151135ZAPR11//
REF/G/DOC/CMC/01MAR2011//
REF/H/DOC/CNP/22AUG2002//
NARR/REFERENCE A IS EXECUTIVE ORDER 11016 AUTHORIZING THE PH. REFERENCE B IS DEPARTMENT OF DEFENSE MANUAL (DODM) 1348.33 VOLUME 3, MILITARY DECORATIONS AND AWARDS. REFERENCE C IS SECNAVINST 1650.1H NAVY AND MARINE CORPS AWARDS MANUAL. REFERENCE D IS THE MEMORANDUM FROM UNDER SECRETARY OF DEFENSE PERSONNEL AND READINESS TO MILITARY DEPARTMENT SECRETARIES REGARDING PH FOR MILD TRAUMATIC BRAIN INJURY (MTBI). REFERENCE E IS DIRECTIVE-TYPE MEMORANDUM 09-033, POLICY GUIDANCE FOR MANAGEMENT OF CONCUSSION/MILD TRAUMATIC BRAIN INJURY IN THE DEPLOYED SETTING UPDATED W CH2 ON 22 FEB 2011. REFERENCE F IS MARADMIN 245-11. REFERENCE G IS MCO 3040.4 MARINE CORPS CASUALTY ASSISTANCE PROGRAM. REFERENCE H IS MILPERSMAN 1770 CASUALTIES AND SURVIVOR BENEFITS.//

POC/J. NIERLE/CIV/NDBDM/TEL: 202-685-6397/-//

RMKS/1. THIS ALL NAVY (ALNAV) MESSAGE CLARIFIES AND UPDATES THE DEPARTMENT OF THE NAVY (DON) POLICY FOR AWARD OF THE PH. THE PURPOSE OF THIS ALNAV IS TO ENHANCE CONSISTENCY ACROSS THE DON BY PROVIDING AMPLIFYING GUIDANCE TO ASSIST PH AWARDING AUTHORITIES IN APPLYING THE PH CRITERIA TO INDIVIDUAL CASES. DETAILED GUIDANCE IS INCLUDED CONCERNING AWARD OF THE PH FOR MTBI. THE BASIC ELIGIBILITY AND CRITERIA CONTAINED IN REFERENCES A THROUGH C REMAIN UNCHANGED, AND THIS MESSAGE DOES NOT CANCEL PREVIOUS GUIDANCE PUBLISHED WITHIN DON CONCERNING AWARD OF THE PH FOR WOUNDS OTHER THAN MTBI. THE STANDARDS SET FORTH IN THIS ALNAV ARE EFFECTIVE IMMEDIATELY AND MAY BE RETROACTIVELY APPLIED FOR CERTAIN INSTANCES OF MTBI SUFFERED ON OR AFTER SEPTEMBER 11, 2001. RETROACTIVE AWARDS ARE

ADDRESSED FURTHER IN PARAGRAPH 11 OF THIS ALNAV.

2. PER REFERENCE C, THE PH MAY ONLY BE AWARDED WITHIN THE DON IF BOTH OF THE FOLLOWING CRITERIA ARE MET:

A. THE WOUND WAS THE DIRECT OR INDIRECT RESULT OF ENEMY ACTION, AND

B. THE WOUND REQUIRED TREATMENT BY A MEDICAL OFFICER AT THE TIME OF INJURY.

3. CLARIFICATION OF CRITERION 2A: WOUND WAS THE DIRECT OR INDIRECT RESULT OF ENEMY
ACTION.

A. WOUND IS DEFINED BY REFERENCE B AS AN INJURY TO ANY PART OF THE BODY FROM AN OUTSIDE FORCE OR AGENT.

B. WOUNDS/INJURIES ARE THE DIRECT RESULT OF ENEMY ACTION WHEN THE PHYSICAL EFFECTS OF AN ENEMY WEAPON ON THE SERVICE MEMBER ARE THE IMMEDIATE CAUSE OF THE WOUND/INJURY (E.G., BEING STRUCK BY PROJECTILES, FRAGMENTATION, OR BLAST FROM AN ENEMY WEAPON OR IMPROVISED EXPLOSIVE DEVICE).

C. WOUNDS/INJURIES ARE THE INDIRECT RESULT OF ENEMY ACTION WHEN THE SERVICE MEMBER IS INJURED BY A SUBSEQUENT ACTION THAT IS SOLELY THE RESULT OF THE EFFECTS OF THE ENEMY WEAPON (E.G., AIRCRAFT IS DAMAGED BY ENEMY MISSILE, FORCING THE CREW TO EJECT AND THEY SUSTAIN INJURIES AS A RESULT OF THE EJECTION).

D. ACCIDENTAL INJURIES. INJURIES SUFFERED DUE TO AN ACCIDENT THAT IS NEITHER DIRECTLY NOR INDIRECTLY CAUSED BY THE EFFECTS OF ENEMY WEAPONS DO NOT MEET THE ELIGIBILITY REQUIREMENTS FOR THE PH, EVEN IF THE ACCIDENT OCCURS IN A COMBAT ZONE OR DURING AN ENGAGEMENT WITH THE ENEMY. EXAMPLES OF SUCH ACCIDENTAL WOUNDS/INJURIES THAT WOULD NOT QUALIFY FOR THE PH ARE:

(1) INJURIES SUFFERED DUE TO A MOTOR VEHICLE MISHAP THAT IS NOT CAUSED BY IMPACT
OF AN ENEMY WEAPON TO THE VEHICLE OR DRIVER, EVEN IF THE MISHAP IS DUE TO EVASIVE MANEUVERS.

(2) INJURIES SUSTAINED WHILE SEEKING SHELTER, ESCAPING, OR EVADING.

E. WOUNDS CAUSED BY UNKNOWN/UNIDENTIFIED INDIVIDUALS. WITHIN A COMBAT ZONE, THE WOUNDED SERVICE MEMBER'S COMMANDING OFFICER SHALL MAKE THE DETERMINATION AS TO WHETHER WEAPONS FIRED BY UNKNOWN INDIVIDUALS WERE LIKELY FIRED BY ENEMY COMBATANTS. IF SO, WOUNDS RECEIVED FROM THOSE WEAPONS MAY QUALIFY FOR THE PH. OUTSIDE OF A COMBAT ZONE, WOUNDS/INJURIES CAUSED BY THE ACTIONS OF UNKNOWN INDIVIDUALS, OR AS A RESULT OF CRIMINAL ACTIONS, SHALL NOT BE ASSUMED TO BE CAUSED BY ENEMY ACTION, AND SHALL NOT QUALIFY FOR AWARD OF THE PH UNLESS THE WOUND IS DETERMINED TO BE THE RESULT OF AN INTERNATIONAL TERRORIST ATTACK.

4. CLARIFICATION OF CRITERION 2B: WOUND REQUIRED TREATMENT BY A MEDICAL OFFICER AT

THE TIME OF INJURY.

A. PER REFERENCE B A MEDICAL OFFICER IS A PHYSICIAN WITH OFFICER RANK.

B. MEDICAL OFFICERS ARE DISTINCT FROM CIVILIAN PHYSICIANS AND PHYSICIAN EXTENDERS, A TERM THAT APPLIES TO OTHER PERSONNEL WHO MAY BE INVOLVED IN THE TREATMENT OF WOUNDS, SUCH AS PHYSICIANS ASSISTANTS (PA), NURSE PRACTITIONERS (NP), INDEPENDENT DUTY CORPSMEN (IDC), SPECIAL FORCES MEDICS, AND SPECIAL AMPHIBIOUS RECONNAISSANCE CORPSMEN (SARC). BASIC CORPSMEN AND BASIC MEDICS ARE NOT CLASSIFIED AS PHYSICIAN EXTENDERS.

C. SOMETIMES A WOUND THAT WOULD NORMALLY REQUIRE TREATMENT BY A MEDICAL OFFICER MUST BE TREATED BY A PHYSICIAN EXTENDER OR CORPSMEN/MEDIC AT A FORWARD DEPLOYED LOCATION BECAUSE EVACUATION TO A FACILITY WITH A MEDICAL OFFICER IS NOT TACTICALLY FEASIBLE. IN SUCH SITUATIONS, A PH MAY BE APPROVED IF THE COMMANDER WITH PH APPROVAL AUTHORITY DETERMINES THAT THE WOUND/INJURY WOULD HAVE NORMALLY REQUIRED TREATMENT BY A MEDICAL OFFICER HAD ONE BEEN AVAILABLE. THIS DETERMINATION CAN BE MADE BASED UPON EITHER THE INFORMATION PROVIDED IN PERSONNEL CASUALTY REPORTS OR REVIEW OF THE WOUNDED SERVICE MEMBER'S MEDICAL RECORD BY THE SUPERVISING MEDICAL OFFICER, OR THE ADVICE OF THE COMMANDER'S STAFF SURGEON AFTER REVIEW OF THE MEDICAL DOCUMENTATION AVAILABLE. IN ANY CASE, PER REFERENCE B THERE MUST BE A WRITTEN STATEMENT FROM A MEDICAL OFFICER SUBSTANTIATING THE DETERMINATION.

D. EVALUATION BY A MEDICAL OFFICER SOLELY TO DETERMINE THE EXTENT OF AN INJURY DOES NOT MEET THE PH THRESHOLD OF REQUIRING TREATMENT BY A MEDICAL OFFICER IF THE INJURY IS DETERMINED TO BE AT A LEVEL THAT 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 MEAN THE WOUND REQUIRED TREATMENT BY A MEDICAL OFFICER. AWARD OF THE PH WOULD NOT BE AUTHORIZED IN EITHER OF THESE TWO EXAMPLE SITUATIONS.

5. EXAMPLES OF WOUNDS THAT NORMALLY QUALIFY FOR AWARD OF THE PH. IN CASES IN WHICH THE REQUIREMENTS IN PARAGRAPHS 2A AND 2B HAVE BEEN MET, THE FOLLOWING TYPES OF WOUNDS/INJURIES ARE CONSISTENT WITH DEPARTMENT OF THE NAVY STANDARDS FOR AWARD OF THE PH:

A. FRAGMENTATION WOUNDS.

B. LACERATIONS.

C. FRACTURES.

D. GUNSHOT WOUNDS.

E. PERFORATED EARDRUM.

F. MODERATE OR SEVERE/PENETRATING TRAUMATIC BRAIN INJURIES (TBI) (SEE ADDITIONAL

INFORMATION IN PARAGRAPH 9 BELOW).

G. MTBI/CONCUSSIONS SEVERE ENOUGH TO CAUSE EITHER LOSS OF CONSCIOUSNESS (LOC) OR
RESTRICTION FROM FULL DUTY DUE TO PERSISTENT SIGNS, SYMPTOMS, OR CLINICAL FINDINGS OF IMPAIRED BRAIN FUNCTION FOR A PERIOD GREATER THAN 48 HOURS FROM THE TIME OF THE CONCUSSIVE INCIDENT.

(1) THE 48 HOUR PERIOD DOES NOT INCLUDE ASSIGNMENT TO ADMINISTRATIVE LIGHT DUTY
SOLELY FOR A MANDATORY PERIOD OF OBSERVATION/SCREENING AS REQUIRED BY MEDICAL PROTOCOLS (SUCH AS REFERENCE E) FOR EVALUATION OF INDIVIDUALS WHO MAY HAVE HAD SOME BLAST EXPOSURE, REGARDLESS OF THE PRESENCE OF ANY SIGNS, SYMPTOMS, AND FINDINGS OF IMPAIRED BRAIN FUNCTION.

(2) THE MEDICAL OFFICER DISPOSITION OF MTBI/CONCUSSION WITH EITHER LOC OR MORE
THAN 48 HOUR RESTRICTION FROM RETURN TO FULL DUTY MUST BE MADE WITHIN SEVEN (7) DAYS OF THE CONCUSSIVE EVENT.

(3) SEE ADDITIONAL INFORMATION ON TBI IN PARAGRAPH 9 BELOW.

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

I. CORNEAL ABRASIONS.

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

K. 2ND AND 3RD DEGREE BURNS.

6. FRIENDLY FIRE INCIDENTS. NAVY AND MARINE CORPS PERSONNEL 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.

7. MULTIPLE WOUNDS. IF MULTIPLE WOUNDS ARE RECEIVED AT THE SAME INSTANT OR FROM THE SAME MISSILE, FORCE, EXPLOSION, OR AGENT, ONLY ONE AWARD OF THE PH WILL BE MADE.

8. NON-QUALIFYING WOUNDS. THE FOLLOWING ARE EXAMPLES OF WOUNDS/INJURIES THAT ARE NOT CONSISTENT WITH DEPARTMENT OF THE NAVY STANDARDS FOR AWARD OF THE PH:

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

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

C. MTBI/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

CLINICAL FINDINGS OF IMPAIRED BRAIN FUNCTION.

D. POST TRAUMATIC STRESS DISORDER (PTSD) OR COMBAT STRESS INJURIES.

E. DISEASE (UNLESS THE RESULT OF AN ENEMY OR TERRORIST NUCLEAR, BIOLOGICAL, OR CHEMICAL ATTACK).

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

G. BRUISES (UNLESS CAUSED BY DIRECT IMPACT OF ENEMY WEAPON AND SEVERE ENOUGH TO REQUIRE TREATMENT BY A MEDICAL OFFICER).

H. FIRST DEGREE BURNS.

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

J. ANY WOUNDS/INJURIES RECEIVED AS A RESULT OF FRIENDLY FIRE WHEN THE INDIVIDUAL
WAS NOT ENGAGING THE ENEMY AT THE TIME OF THE INJURY.

9. AWARD OF THE PH FOR TBI.

A. 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.

B. 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 THE LAYMAN TERM DESCRIBING IMPAIRMENT TO BRAIN FUNCTION (E.G., ALTERATION OF CONSCIOUSNESS, LOSS OF CONSCIOUSNESS (LOC), OR POST-TRAUMATIC AMNESIA) RESULTING FROM THE INJURY.

C. DIAGNOSIS OF EITHER A SEVERE/PENETRATING TBI OR A MODERATE TBI NECESSARILY REQUIRES TREATMENT BY A MEDICAL OFFICER AND, THEREFORE, WILL QUALIFY FOR THE PH IF THE WOUND WAS THE DIRECT OR INDIRECT RESULT OF ENEMY ACTION.

D. HOWEVER, THERE ARE VARYING SEVERITY LEVELS OF MTBI/CONCUSSIONS WHICH 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/CONCUSSION WILL REQUIRE TREATMENT BY A MEDICAL OFFICER, AND THEREFORE QUALIFY FOR AWARD OF THE PH. EVEN THOUGH A MEDICAL OFFICER MAY BE REQUIRED TO EVALUATE THE SAILOR/MARINE BASED ON DISPLAYED SIGNS, SYMPTOMS, OR FINDINGS OF IMPAIRED BRAIN FUNCTION, SUCH EVALUATION DOES NOT IN ITSELF MEAN THE WOUND REQUIRED TREATMENT BY A MEDICAL OFFICER.

E. 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 ACTUAL SEVERITY OF A MILD TRAUMATIC BRAIN INJURY, THE DURATION OF THE SIGNS, SYMPTOMS, OR CLINICAL FINDINGS OF IMPAIRED BRAIN FUNCTION SERVE AS A PROXY FOR ESTIMATING MTBI SEVERITY, AND THUS WHETHER THE MTBI MEETS THE PH THRESHOLD OF NECESSITATING TREATMENT BY A MEDICAL OFFICER. THE MOST MILD FORMS OF MTBI MAY RESULT IN LESS SEVERE COGNITIVE IMPAIRMENT LASTING ONLY MINUTES OR HOURS, WITH NO LASTING DAMAGE TO BRAIN TISSUE OR IMPAIRED BRAIN FUNCTION. IN THE MORE SEVERE CASES OF MTBI, THE LEVEL OF INJURY MAY RESULT IN IRREVERSIBLE DAMAGE TO BRAIN TISSUE WITH LONG TERM IMPAIRMENTS OF BRAIN FUNCTION. RESEARCH ALSO INDICATES THAT MANY SERVICE MEMBERS SUFFERING MTBI/CONCUSSIONS WITHOUT ANY LOC CAN HAVE SIGNS, SYMPTOMS, OR CLINICAL FINDINGS OF IMPAIRED BRAIN FUNCTION THAT LAST SIGNIFICANTLY LONGER THAN THOSE RESULTING FROM AN MTBI/CONCUSSION 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.

F. FOR THE REASONS CITED IN THE PRECEDING PARAGRAPHS, DEPT OF THE NAVY HAS UPDATED AND REVISED ITS STANDARDS FOR AWARDING THE PH FOR MTBI. SPECIFICALLY, AN MTBI/CONCUSSION WILL BE CONSIDERED SEVERE ENOUGH TO HAVE REQUIRED TREATMENT BY A MEDICAL OFFICER, AND THEREFORE MAY QUALIFY FOR THE PH:

(1) WHEN THE SERVICE MEMBER 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. THIS 48 HOUR RESTRICTION FROM RETURN TO FULL DUTY DOES NOT INCLUDE ASSIGNMENT TO ADMINISTRATIVE LIGHT DUTY BY A MEDICAL PROVIDER OR MEDICAL OFFICER IN THE ABSENCE OF PERSISTENT SYMPTOMS OF IMPAIRMENT FOR THE SOLE REASON OF COMPLIANCE WITH ADMINISTRATIVE SCREENING PROTOCOLS FOR CONCUSSIVE EVENTS.

G. SIGNS, SYMPTOMS, OR FINDINGS OF BRAIN FUNCTION IMPAIRMENT MANIFEST WITHIN THE
FIRST FEW DAYS AFTER SUFFERING AN MTBI/CONCUSSION. THEREFORE, 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 THOSE OF MTBI/CONCUSSION, OR FOR A SUBSEQUENT CONCUSSIVE INJURY THAT WAS NOT THE RESULT OF ENEMY ACTION.

10. PERSONNEL CASUALTY REPORT (PCR).

A. COMMANDERS AT ALL LEVELS SHALL ENSURE THAT PCRS ARE SUBMITTED IAW REFERENCE F AND G (MARINE CORPS) AND REFERENCE H (NAVY), AND CONTAIN SUFFICIENT INFORMATION FOR THE PH APPROVING AUTHORITY TO DETERMINE IF THE WOUND/INJURY MET THE REQUIREMENTS FOR THE PH CONTAINED IN PARAGRAPH 2 ABOVE.

B. THE COMMANDING OFFICER OF THE WOUNDED/INJURED SERVICE MEMBER MUST ENSURE

THE PCR CONTAINS VERIFICATION FROM A MEDICAL OFFICER THAT THE WOUND/INJURY FOR WHICH THE MEMBER WAS TREATED REQUIRED TREATMENT BY A MEDICAL OFFICER, OR WOULD HAVE REQUIRED TREATMENT BY A MEDICAL OFFICER IF ONE HAD BEEN AVAILABLE PER PARAGRAPH 4 OF THIS ALNAV. 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.

11. RETROACTIVE AWARDS OF THE PH. THE UPDATED STANDARDS FOR AWARD OF THE PH FOR MTBI LISTED IN PARAGRAPHS 4.G AND 9.G OF THIS ALNAV ARE RETROACTIVE TO SEPTEMBER 11,
2001. PERSONNEL WHO SUFFERED A DIAGNOSED MTBI ON OR AFTER SEPTEMBER 11, 2001 THAT WAS THE DIRECT OR INDIRECT RESULT OF ENEMY ACTION, BUT WHO WERE NOT AWARDED THE PH FOR THAT MTBI (OR OTHER WOUND SUFFERED DURING THE SAME ACTION), MAY REQUEST RECONSIDERATION. REFERENCE F CONTAINS DETAILED RECONSIDERATION PROCEDURES FOR MARINES, AND FOR NAVY PERSONNEL WHO WERE SERVING IN MARINE CORPS UNITS AT THE TIME OF THE WOUND/INJURY. ALL OTHER NAVY PERSONNEL MAY REQUEST RECONSIDERATION BY CONTACTING THE OFFICE OF THE CHIEF OF NAVAL OPERATIONS (CODE DNS-35), 2000 NAVY PENTAGON, WASHINGTON, DC 20350-2000.

12. THIS ALNAV IS APPLICABLE TO THE TOTAL FORCE NAVY AND MARINE CORPS.

13. RELEASED BY RAY MABUS, SECRETARY OF THE NAVY.//
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