

RECORD VERSION

STATEMENT BY

CAPTAIN KRISTIAAN C. HUGHES

TO THE

COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON MILITARY PERSONNEL

FIRST SESSION, 109TH CONGRESS

MENTAL HEALTH SERVICES

26 JULY 2005

THIS IS A PERSONAL STATEMENT AND DOES NOT REFLECT OFFICIAL POSITION
OF THE UNITED STATES ARMY

NOT FOR PUBLICATION
UNTIL RELEASED BY THE
COMMITTEE ON ARMED SERVICES

I deployed over to Iraq as a scout platoon leader for 2nd squadron 3rd Armored Cavalry Regiment, on 7 April 2003 as a 1LT. After picking up our equipment and firing our weapons we crossed the border into Iraq. On the 25th of April my troop entered the city of Ar Ramadi to help restore order and begin to rebuild infrastructure. Over the next few weeks we conducted mounted and dismounted patrols, presence patrols, cordon and search missions, tactical control points, and observation missions. On 25 May 2003 we were reassigned to Al Fallujah. There was an increasing concern that the attacks in the city at night were coming from insurgents not living in Fallujah. In an attempt to identify the threat, the troop set tactical control points (TCP) on all avenues into and out of the city after curfew. Just after mid night on the morning of 27 May 2003 a white pickup entered my platoons TCP.

When SPC Walker approached the vehicle the driver opened fire from his window nearly missing him. The Soldiers pulling security on the vehicle opened fire on the pickup, killing the passenger and driver as they tried to exit. As the passenger fell to the ground, he was able to squeeze off one burst from his AK-47 hitting six of my Soldiers, mortally wounding SSG Quinn and my gunner SGT Broomhead. The driver also was able to pull the pin on the grenade he was holding as he was shot and it exploded and wounded another one of my Soldiers.

I began to treat the wounded on the ground as my Platoon Sergeant SFC Randy Salewske called in for helicopter evacuation for our wounded. SSG Quinn had been hit multiple times in the chest and was not breathing when I reached him. SGT Broomhead had been hit in the leg and the bullet had cut his femoral artery. SPC Walker had been shot through the hip and had taken shrapnel in the knee. SPC Boyd had been shot in the thigh. SSG Richard had been hit by shrapnel from the grenade and it had shredded him from his ankles to his neck. SPC Bleything had also been shot through the side, but was able to continue fighting. SSG Quinn, SGT Broomhead and SPC Walker were in critical condition and required immediate help.

After twenty minutes our troop medics arrived on site and were able to help with the CPR and first aid of the wounded. Shortly after, the platoon began to take fire from the surrounding city and I was shot. The round entered the back of my shoulder and traveled through my back until it hit my spine and bounced out. It knocked me off my

feet, but I was able to continue to fight as the platoon leader. During the fire fight we were told the medevacs were on their way so we marked a landing in a field next to our position. During this time the rest of the troop began to collapse on our position to help secure the landing zone and fight off the insurgents. About 40 minutes after the initial fire fight the first helicopter came on station and began to take fire. In an attempt to get in and out quickly it abandoned the designated landing zone and attempted to land on the road to the rear of the platoon. As it descended, its tail rotor hit a Bradley and the black hawk flipped over and split in half. The Bradley commander was slightly wounded and the black hawk crew was mostly unharmed. The second chopper landed in the landing zone and the helicopter crew was evacuated along with SGT Broomhead and SPC Walker. SSG Quinn had been hit again, in the head, during the fire fight and was declared KIA. As the second helicopter took off we requested another medevac, but were told that all flights were grounded due to a sandstorm.

All the wounded were then loaded and transported to the squadron aid station where we were triaged. Since our wounds required a higher level of care than that of the aid station, we were sent to a Jordanian hospital on the east side of Fallujah. There myself and the other wounded were stabilized until we could be moved to the 10th CASH. Just before leaving the Jordanian hospital we were told that SGT Broomhead had died on the helicopter. This was a very difficult thing for me to handle, because we were very close, and I knew his family very well. The next few days remain a kind of morphine blur for me, until I reached the fleet hospital in Rota, Spain. SPC Bleything and I had been transported there instead of Germany.

It was in the fleet hospital where the first of many chaplains and combat stress teams began to work with me. I filled out one of the first post combat surveys that were used to identify whether or not I was at risk for PTSD. At this point I felt upset about the loss of two of my soldiers, but had not really had time to work out what had really happened to me. Additionally, SPC Bleything was not coping very well with the trauma so a lot of my efforts and thoughts were spent on trying to help him at the time. I was unable to move very far so a chaplain and a psychologist visited me at my bed a number of times. I was still heavily medicated so I can not really remember too much of what was said. We stayed at the fleet hospital for a number of days and were sent next to

Andrews Air Force base where I met my flight back home to Ft. Carson a day later. I stayed in the hospital for a few days until I could get off intravenous drugs and was allowed to fly home to Florida. Just before leaving I attended the viewing and the funeral of SGT Broomhead and was able to give my apologies to his wife and mother personally. My mother had flown to Colorado and after the funeral she helped me fly home to Florida.

At home I received home care paid for by the Army at my parent's house. For the next month I was seen twice daily at my house until my wounds closed. This was where I began to notice the first signs of PTSD. I rarely slept for the first month, because my sleep was interrupted by fearsome dreams of the night of the 27th and I began to feel extremely depressed. I felt very guilty that I had survived, but SGT Broomhead and SSG Quinn had not. They had both left children and wives and I had neither. I also began to question whether or not I had done everything I could during that night. After the night of the 27th my platoon was able to get together and grieve about what had happened. They were able to immediately talk about what had happened and how they were feeling with each other. My biggest problem was that I was unable to grieve or talk to anybody who had been through a similar experience.

My doctor in Florida gave me a prescription to help me sleep, but it did not really help. On the fourth of July I had my first sleep walking dream. The fire crackers outside woke me from a nap and I spent a few minutes desperately searching for my weapon. My mother had to scream at me to wake me up.

This was the first true sign that I needed to seek professional help so I returned to Ft. Carson and made an appointment with a psychologist at behavioral health. I also returned because I thought I needed to be around soldiers again. At my appointment the psychologist explained PTSD to me and gave me some tips on how to cope with it. One of his tips was to start working again so I took the Executive Officer position with my rear detachment. I also began to talk with my future wife, Samantha, who related similar feelings of guilt and depression after she had had cancer. As we talked more and I got more help from behavioral health at Evans Army Community Hospital, my life began to stabilize and I started to feel normal again. I had already been warned that the nightmares could continue for sometime and possibly forever, but I started to feel better

during the day and I no longer felt depressed.

My psychologist told me to pay attention for signs of triggers that might make my dreams worse or more frequent. At first I cut out violent movies and talking about the event, but it did little to help. Sometimes at night if Samantha would try to wake me from a bad dream I would lash out at her as if she were part of the dream. I never remembered what had happened but I recognized how big a problem these dreams could be.

Shortly after these aggressive dreams started, I volunteered to return to Iraq. It was important to me to go back and prove to myself that I was not scared. I also desperately wanted to see my platoon. In November, just days after proposing to Samantha I returned to Iraq and immediately set out on a convoy to visit my platoon. Over the next few months I worked as the squadron personnel officer. I was still having bad dreams so I talked to the Combat Stress Team attached to our squadron. I was worried about returning to the U.S. and hurting Samantha in my sleep. I was told that it was best if she never woke me up from my dreams and that if she noticed me having a dream she should leave me alone. I was also told to continue to watch for my triggers and try to avoid them. At the end of March I returned home and Samantha and I got married shortly after.

I continued to have dreams over the next few months, but they became increasingly less frequent, and rarely ever involved Samantha. We moved from Ft. Carson to Ft. Knox and a few months later I had my last episode to date. I began to have a dream and started talking in my sleep. Samantha, not knowing I was dreaming, told me to be quiet and I got really upset. I began to sleep walk around the house, barking orders and yelling. Samantha, who was five months pregnant, locked herself in the bedroom until I had calmed down and woken up. I did not remember any of the dream, and only knew that something had happened. The next day I made an appointment with behavioral health at Ireland Army Hospital and Samantha and I went together. We spoke to a social worker and a psychologist that day. They advised me to talk about everything and not shy away from it. Over the next few months I actively talked about what had happened to me on the night of the 27th. It seemed to make it easier to understand what had happened. I even wrote a paper about PTSD that was published in Armor Magazine.

To date I have not had another episode. Although this does not mean that I am completely healed from PTSD, I am doing very well. I have been asked a lot by people outside the Army how this has affected my career, and if I have been hiding my problems from the Army. Although it is a little embarrassing to admit that I have bad dreams, I have never had a problem with my PTSD affecting my career. I am a four year Captain and already a month into command at this point. If I chose not to let anyone know I had PTSD all my dealings with Behavioral Health would have been completely confidential. As part of my healing though I have spoken about my issues, in an attempt to show those dealing with similar problems in secret that help is out there. The biggest problem that the Army faces with PTSD is that it is a Soldier's choice of whether or not they should seek treatment. In my case my problems mostly manifested my dreams and my sleep, besides a few bags under my eyes in the morning no one would have known. The Army does everything it can do to identify and educate those with PTSD but in the end it is up to the Soldier to seek help.

When I deployed back to the US the second time the Squadron's Soldiers all went through a number of briefings and interviews to help educate us and identify those Soldiers at risk for problems. At home our wives were also receiving similar briefings from the Family Readiness Group. They explained that the all of their husbands would have to transition from the way they were living back to normal life. Additionally it was explained to the husbands that their wives had become very independent over the past year and that life would not be the way they remembered it. Contact numbers and sources of help were offered to both soldier and spouse, and when we actually returned home the squadron had many more chaplains available for those families that needed them. After returning to the States we were again in processed through the local hospital system and those soldiers who wished to see behavioral health were given appointments immediately. If a soldier wanted to attend with his family it was allowed as well. All of the Soldiers and family needs were met by Army.

Identifying PTSD can be a difficult. It can manifest itself shortly after a traumatic event or years later. It can manifest itself in ones sleep or in ones waking behavior. The Army has great systems setup to help soldiers deal with PTSD but the responsibility for treatment relies on the individual soldier.