

Statement of Stefanie E. Pelkey

before the

Committee on Veterans Affairs

House of Representatives

27 July 2005

My name is Stefanie Pelkey and I am a former Captain in the U.S. Army. This testimony is on behalf of my husband, CPT Michael Jon Pelkey, who died on November 5, 2004. Although he was a brave veteran of Operation Iraqi Freedom, he did not die in battle, at least not in Iraq. He died in a battle of his heart and mind. He passed away in our home at Fort Sill, Oklahoma from a gunshot wound to the chest. My Michael was diagnosed with Post Traumatic Stress Disorder (PTSD) only one week before his death by a licensed therapist authorized by Tricare.

The official ruling by the Department of Defense is suicide, however, many people, including myself; believe it was a horrible accident. We also believe that he would not have been sleeping with a loaded pistol if it weren't for the PTSD.

When I met my husband, we were both officers in a Field Artillery unit in Idar-Oberstein, Germany. Michael was working as the assistant Operations Officer for the unit. He was responsible and hard-working. He loved life, traveling, and having fun. He hailed from Wolcott, Connecticut and was one of six siblings. He received his commission from the University of Connecticut. Being a soldier was a childhood dream.

We were married in November 2001 and our journey as a military family began. Michael deployed for Iraq with the 1<sup>st</sup> Armored Division in March 2003, three weeks after our son, Benjamin, was born. He left a happy and proud father. He returned in late July of 2003. It seemed upon his return that our family was complete and we had made it through our first real world deployment.

Aside from his lack of appetite and a brief adjustment period, he seemed so happy to be home.

He noted several concerns on his DD Form 2796, post-deployment health assessment, to include diarrhea, frequent indigestion, ringing in the ears, feeling tired after sleeping, headaches, and strange rashes. He also noted on this form that he had felt that he was in great danger of being killed while in Iraq and he witnessed the killings or dead coalition and civilians during this time. However, the most worrisome notation on this form was the admission of feeling down, depressed, and sometimes hopeless. He also noted that he was constantly on guard, and easily startled after returning from his deployment

A few days after returning to Germany, he reported to his primary care physician on July 28, 2003, as a part of a post-deployment health assessment. He expressed concerns to his primary care physician that he was worried about having serious conflicts with his spouse and close friends. The physician referred him to see a counselor, however, the mental health staff on our post was severely understaffed with only one or two psychiatrists. Michael was unable to get an appointment before we moved from our post in Germany to Fort Sill, Oklahoma only five days later.

There was no time for therapy and doctors' visits, as we were packing our home and taking care of our then six-month-old son. When we got to Fort Sill, we both settled into our assignments. Everything seemed normal for a while. Michael was in the Officers Advanced Course for Field Artillery and I was a Chemical Officer for a Brigade. We settled into our home and about six months later, the symptoms of PTSD started to surface, only, we did not know enough about PTSD to connect the dots.

When my husband returned from Iraq, there were no debriefings for family members, service members, or forced evaluations from Army Mental Health in Germany. As a soldier and wife, I never received any preparation on what to

expect upon my husband's return. If only the military community had reached out to family members in some manner to prepare them for and make them aware of the symptoms of PTSD, my family's tragedy could have been averted. I believe that it is crucial that spouses be informed about the symptoms and make a point in telling them that PTSD can happen long after what psychiatrists call an adjustment period. Spouses are sometimes the only ones who will encourage a soldier to seek help. Most soldiers I know will not willingly seek help at any military mental facility for fear of repercussions from commanders and even jibes from fellow soldiers. My husband worked around many high ranking officers and was most likely embarrassed about seeking help. What would they think of an officer having nightmares, being forgetful, and having to take anti-depressants?

Months after arriving in Oklahoma, there were several instances in which I found a fully loaded 9mm pistol under Michael's pillow or under his side of the bed. I would yell at him and tell him that the baby could find it and get hurt. Then I would find it under the mattress or in his nightstand. I could not seem to get through to him that having this weapon was not necessary and it posed a danger. These episodes alone started to cause marital tension. Finally, after about two months of haggling over the issue of this weapon, Michael finally agreed to put his pistols away. I thought the situation was resolved. As a soldier myself, I could understand that having a weapon after being in a war might be somewhat habitual for him. Little by little, other symptoms started to arise, including forgetfulness. Michael would not even remember to mail a bill or pick-up his own prescriptions. This became a great problem for him. How could a Captain in the US Army forget to mail bills and miss appointments? He was not like this before his deployment. One of the greatest tests PTSD posed to our marriage was that Michael began to suffer from erectile dysfunction, which would cause him to break into tears. He did not understand what was happening. I did not know what was happening.

On other occasions, he would over-react to simple things. One night, we heard something in the garage around 8 pm. It was still fairly light outside and it

could have simply been a child or an animal. We lived in a small town with very little crime. Michael proceeded to run outside with a fully loaded weapon and almost fired at a neighbor's cat. These over-reactions occurred on several occasions.

The symptoms would come and go to a point that they didn't seem like a problem at the time. We would later laugh about them and make jokes about the little scares we had. He would always make excuses and tell me that we needed to be careful, so I let it go. There were times that everything seemed just right in our home and he seemed capable enough. He was succeeding in his career as the only Captain in a research and development unit at Fort Sill. It was a job in which he was entrusted with researching and contributing to the Army's latest in targeting developments.

We soon bought a new house and he was so proud of it. We were finally getting settled. Then the high-blood pressure and severe chest pains surfaced along with erectile dysfunction. Finally, the nightmares began. This would be the last symptom of PTSD to arise and it was the one symptom that I feel ultimately contributed to my husband's death. These nightmares were so disturbing that Michael would sometimes kick me in his sleep or wake up running to turn on the lights. He would wake up covered in sweat and I would hold him until he went back to sleep. He was almost child-like in these moments. In the morning, he would joke around and tell me the boogie man was going to get him and sadly, we both laughed it off.

However, at this time, I do want to point out that Michael was seeking help for all of the symptoms I have discussed. He was put on high blood pressure medication. He also complained of chest pains and was seen on three occasions in the month preceding his death. He even sought a prescription for Viagra to ease marital tensions. However, no military physician Michael ever saw could give him any answers. No doctor ever asked him about depression or linked his symptoms to the war.

Michael tried to seek help from the Fort Sill Mental Health facility but, was discouraged that the appointments he was given were sometimes a month away. So, he called Tricare and was told that he could receive outside therapy, if it was "Family Therapy" so, we took it. Family therapy, marital counseling, or whatever they wanted to call it, we were desperate to save our marriage. After all, the symptoms of PTSD were causing most of our heartaches. In the two weeks prior to his death, we saw a therapist authorized by Tricare as a couple and individually. This therapist told Michael that he had PTSD and that she would recommend to his primary care physician that he be put on medication. She also told him that she had a method of treating PTSD and she felt she could help him because he was open to receiving help. He was so excited and finally expressed to me that he could see a light at the end of the tunnel. He finally had an answer to all of his problems and some of our marital troubles. It was an exciting day for us. Not to mention, two weeks before his death, he interviewed for a position in which he would be running the staff of a General Officer. He was so proud that he was given the job after speaking with the General for only fifteen minutes. He was beaming with pride and so excited about his new job. Things were looking up for him.

He met with the therapist on a Monday. Tuesday, we celebrated our third wedding anniversary. It was a happy time. I felt hope and relief with the recent positive events. Michael must have felt something else. Friday my parents were visiting. I was at a church function and my father returned from playing golf to find Michael. He looked as if he were sleeping peacefully, except for the wet spot on his chest. His pain was finally over and his battle with PTSD was won. No, he wasn't in Iraq but, in his mind he was there day in and day out. Although Michael would never discuss the details of his experiences in Iraq, I know he saw casualties, children suffering, dead civilians, and soldiers perish. For my soft-hearted Michael, that was enough. Every man's heart is different. For my Michael it may not have taken much, but, it changed his heart and mind forever.

There were no indications of suicide but, plenty of signs to indicate PTSD. He suffered greatly from the classic symptoms of PTSD. It's plain to see in retrospect. His weapon became a great source of comfort for him. He endured sleepless nights due to nightmares and images of suffering that only Michael knew.

My husband served the Army and his country with honor. He was a hard worker, wonderful husband and father. He leaves behind a 28-month-old son, Benjamin. One day I would like to tell my son what a hero his father was. He went to war and came back with an illness. Although PTSD is evident in his medical records and in my experiences with Michael, the Army has chosen to rule Michael's death a suicide without documenting this serious illness. I have been told by the investigator that any PTSD diagnosis must be documented by an Army Mental Health Psychiatrist to be considered valid. At the time Michael sought help, he knew it was an urgent matter and was not willing to wait a month or even a few days. He knew it was time. Michael sought the help Tricare offered us and took it. Due to the fact that we were in family therapy and the fact that it was coded as family therapy, Michael is not going to get the credit he deserves. He is a casualty of war. I have heard this spoken from the mouth's of two Generals. He came home from war with an injured mind and to let him become just a "suicide" is an injustice to someone who served their country so bravely. He loved being a soldier and he put his heart into it. I will be submitting petitions to have the PTSD officially documented and to have my husband put on the Official Operation Iraqi Freedom Casualty of War list. There are many soldiers who have committed suicide due to PTSD in Iraq and received full honors and benefits. Army Master Sergeant James C. Coons of Katy, Texas committed suicide and was found dead in his room at a hotel for outpatients being treated at Walter Reed Army Medical. Although Coons died outside a combat zone, his family's petition to have him counted as a casualty of combat was approved. Michael deserves the same honors.

There are so many soldiers suffering from this disorder and so many families suffering the aftermath. I don't want my Michael to have died in vain. He had a purpose in this life and that was to watch over his soldiers. I intend to keep helping him do so by spreading our story.

My husband died of wounds sustained in battle. That is the bottom line. The war does not end when they come home.

## **Biography of Stefanie Pelkey**

Stefanie Pelkey was born in Houston, Texas and raised in Spring, Texas. She graduated from Spring High School in 1994. As a teenager she was always interested in the military and was a member of the Civil Air Patrol, an organization affiliated with the Air Force.

She graduated with an Associates Degree from New Mexico Military Institute in Roswell, NM in 1996. She went on to graduate and receive her commission as a 2<sup>nd</sup> Lieutenant from New Mexico State University in Las Cruces, NM.

She started her Military career at Fort Leonardwood, MO at the Chemical Officers Basic Course. After graduating from the Officers Basic Course she received her first assignment as the Battalion Chemical Officer for 1<sup>st</sup> of the 94<sup>th</sup> Field Artillery Battalion in Idar-Oberstien, Germany. This was a Multiple Launch Rocket Systems (MLRS) unit. This assignment was challenging for her as she was the first female to serve in this Field Artillery Battalion and one of the first three females in Germany to ever be placed in an all-male combat arms unit.

She met her husband Michael in 1-94 FA. They were married on November 2, 2001. Their son Benjamin was born on March 15, 2003 in Germany.

Her second assignment was as the Brigade Chemical Officer for 75<sup>th</sup> Field Artillery Brigade at Fort Sill, OK. She left the Army (ETS) and ended her time of service in September 2004. Michael died on November 5, 2004.