

The following article was written by a Vietnamese American who is a U.S. Army physician and has been deployed in Iraq in the last few months. Major H. Luu shares his personal experiences, along with personal candid perspectives, as a medical doctor on the war front.

Iraqi Deployment Experience - May 2005



Major H. Luu, U.S. Army Physician

It is the year 2005 and I am in Iraq, in the middle of an ongoing war that the US is waging against terrorism. Having been made a refugee because of the Vietnam War and having fully embraced the US as my adopted home, I have mixed feelings with regards to our involvement in Iraq. However, I am here as a soldier for the US Army fulfilling my responsibility. For me, the politics of war is not as important as the lives that are impacted by it. The innocent civilians and the patriotic Soldiers doing their duty are really the ones that will have to pay the price. I have always felt indebted to the many Americans who had died fighting in the Viet Nam War. I was too young to be cognizant of the war; however, I have never forgotten that the freedom and opportunity I have been enjoying are in part due to the many lives lost during that war. I am also keenly aware that countless South Vietnamese Soldiers died trying to preserve and promote democracy for Vietnam. My role as a physician in my Iraqi deployment is to help all that are injured and sick.

I am part of an active army unit, which is attached to a National Guard unit that is attached to a marine division, which in-turn is attached to an army corp. Emblematic of today's military, we are "forced" to mix units to meet the demands of the deployments. There are obvious problems of cohesion and operating procedures differences, but there are positive effects as well. For the first time, I came to appreciate what the national guards bring to the fight. They know each other well and carry years of experience on the civilian side. For example, one medic is a paramedic in the fire department at home; he knows every member of his battalion and lives in the same town as they do. He is even related to some of them by marriage so when he told me that he wanted to make sure that he "[would not] fail them if they get hurt," it brings home a whole different meaning. Then there is this father who, after serving twenty-six years of his own duty, volunteered to continue his service so that he could be deployed together with his son. There are men who volunteered for this deployment when they heard that their old unit has been called up. Then there are the few-weekend warriors who never intended to be part of a war outside the US and end up complaining about being here. The majority of the men here carry a palpable sense of duty to protect our nation and bring freedom to the people of Iraq.

The medical assets for our camp include thirty medics, a physician assistant, and me—the physician. We address general medical issues such as colds, coughs, muscle aches, and minor injuries twice a day. In addition, we stay open twenty-four hours for emergencies. Emergencies can vary from minor accidents such as cuts, bruises, to vehicle rollovers, gunshot wounds, improvised explosive device (IED) injuries, and mortar shrapnel wounds. Luckily, most of the time, there is not much going on and I would supervise

classes to improve the medics' skills. As a Soldier and a leader, I have to make sure that I train my men well and bring everyone of them home safely.

Life for the medical unit and me here follows a thread of emergency moments interspersed with many slow days in between. We have rehearsed many times in the past and now are capable of reacting to emergencies with purposeful teamwork. We have been fortunate as the injuries have come in small doses, never too much to handle in comparison to mass casualty. The concept of medical care in battlefield begins with the injured soldier receiving buddy aid, followed by the medic on the ground for hemorrhage control such as application of bandages or tourniquets, etc. When he arrives at our aid station, we re-evaluate the wounds, give medications for pain and infection, and decide if an evacuation is necessary based on his wounds.



It amazes me how we all have come to adapt to the environment here. We are fully aware of the possible danger that can end our lives at any given moment, but the thought never really becomes visible. On average, mortars are lobbed into our camp once a week. Usually, two to three random rounds are fired off and the shooter disappeared. These random rounds are probably aiming to harass us, as there is not enough time to take a good aim without being detected by our perimeter security. However, random rounds can and have caused casualties. There is really no choice but to maintain our daily schedule without letting the idea of possible danger consume us. There have been many incidents and the first major one stands out because it was such a new experience for me.

It was a typical night. I was changing in my quarters when a deafening sound came from over-head. A sharp shrieking sound streaked very close by. I knew from the direction of travel that it could mean disaster since it was headed toward the men's sleeping tents. It took me a second to realize that I needed to seek cover. We live in tents that lend a false sense of security, and we forget that a round can easily penetrate. The tents are surrounded by bunkers and barriers filled with sand and rocks for protection, but unfortunately no overhead protection. The usual drill is to immediately go into your bunker and wait up to about thirty minutes for the "All Clear" signal. As for medical personnel, we do not stay in our bunker for more than five minutes because we need to make our way to the treatment tents so that we can set up our teams to most effectively treat the injured.

It was dark so we had to work in tactical lighting: red and blue light. All we could see were movements and could not recognize the faces. Since we knew each other and our surrounding so well, confusion is not a given. We just had a lot to prepare for. Most of us did not even turn on our lights; we could recognize each other by voice. The silence was thick as we stood in our station waiting for the emergency call on the radio. The guards on the towers are our best eyes because they usually can pinpoint where the impact has been. We monitor their radio as well as that of the command and control center. Between the two, we get an idea of where to send the ambulance teams.

As I had feared, the rocket had landed into one of our sleeping tents approximately fifty yards away from where I was and three injured Soldiers were coming our way. The adrenaline did not cease until we got word from the ambulance team as to the extent of the injuries—shrapnel wounds to the hand, back, loss of hearing, ringing in ears, and concussion. These injuries were not life threatening so we thankfully sighed in relief. It was not until the next day that I was able to appreciate how fortunate we were. The rocket went through a tent, penetrated a television and impacted in between two sleeping cots, thus destroyed everything within five feet of the impact. A few minutes prior to the attack, the soldier playing video games on the television had gotten up to go to the bathroom. The two Soldiers, who sleep in those cots, had moved down fifteen feet to watch a movie with their buddies. No doubt would I have lost someone that night if the circumstances were different.

The recent mortar attack was different than usual. I was working that night down by the airfield. When the first round hit, we all immediately scrambled to the nearest bunker. With two months of experience, I acted on instinct. I sat in the bunker with two other marines who had just arrived one week ago. I could sense their nervousness, given that it was their first experience with a mortar attack. I mustered up some confidence and told them not to worry; we usually get a couple of inaccurate rounds. The rounds sounded like thunder with a loud cracking noise and felt like it was within fifty to seventy yards. It is the vibration of the ground after the round hits that makes you shake because it gives you the impression of how close you are to the impact site. Even more worrisome was that they were “walking them in,” which means that the shooter was taking time to aim, using the previous hit as a guide to find the next target. One after another the explosions felt like they were getting closer. One marine was nervous because he did not put on his body armor in time, but neither did I. The other marine kept muttering, “Keep it coming you MF.” I knew what he was thinking: the longer they shoot, the better the chance for our guys to counter attack. After the third round, I found myself cursing after each round, “Where the hell are the counter-mortar rounds?” It felt like an eternity as I counted eight rounds of explosions. Apparently, they were aiming for our aircrafts. I now can fully appreciate what it is like to be under attack even though it was somewhat brief. Thinking back to previous wars, including the Vietnam War where Soldiers did not have body armors, I feel strangely fortunate to be in this situation.

As soon as the volleys ended, I knew I had to get back to the Aid Station. It was a long two hundred yards away. I remember calling out for my medic to get his gear and I would meet him at the Aid Station. There was no movement in the compound as the Soldiers were still in their bunkers. As I made my way in the darkness, a voice yelled out “What are you doing? Stay in the bunker!” I just responded that I needed to get back to the Aid Station and kept moving. He yelled back “Stay low!” and I remember thinking, “What on earth does he think I am doing?”, given that he could not have seen me other than my little red light. I was running with my body armor on, which weighed about twenty pounds, bent over, eyes straight ahead, and thinking to myself, “Don’t trip on loose rocks covering the ground and stay two feet away from the barriers to avoid any ricochet.” I smelled smoke from the rounds as I took deep breaths and tried to keep my legs moving as fast as my mind.

I knew we were prepared, but my mind kept rehearsing the setup of the team—who is doing what; where to direct the wounded if we have mass casualties—while I tried to block out the thought of losing any soldier tonight. I was out of breath as I arrived at the Aid Station. It was probably the fastest two hundred yards I had ever run. Training definitely kicks in at time like this. First rule is to take your own pulse to calm down because your team responds to your tempo: stay calm and they will be calm. I took a few deep breaths, forced a smile to my men to lighten the mood and told them that I had just run the longest two hundred yards of my life. They were already set up, and again we had to endure the silence and chaotic mixed messages coming from the radios to let us know how many men had been wounded. This event was also anticlimactic as only one marine wounded and he was quickly treated and evacuated. I can live with this “disappointment”! If we are bored the whole year, that would be fine by me!

Those of us that leave the gates endure many more hazards because IED are planted in the roads and you are more vulnerable to attacks. More often than not, no serious damage, but we have already suffered casualties from this as well. One month ago, the brigade had loss a soldier due to an IED. His companions said the injured soldier was alive for only three minutes after the explosion. What unimaginable pain they had to bear to watch their friend slowly pass away. I do not know how they could continue on. He casually told me about the events almost without emotion. I fully understand it is absolutely essential for Soldiers to remain professional and continue their mission while in battlefields. I just know that at some point later in life he may suffer the post-traumatic effect of the whole situation. How can we ever help him enough at home? These are questions that the Army and Veterans Administration is considering as they look to improve the care for returning Soldiers and provide counseling to transition them back to their civilian lives. It is sad that we really only began to learn this lesson from experience in the Vietnam War. The

greater tragedy is that many South Vietnamese Soldiers had to endure the loss of their country and physically and mentally suffered under the new regime.

Another serious incident recently occurred, in which a vehicle hit an anti-tank mine. With that amount of force, there were severe injuries to the occupants of the vehicle. One man lost both of his legs, and the other fractured his pelvis. It was amazing that we could save them both. With proper training, the men on the ground placed tourniquets and called for immediate evacuation. The availability of air evacuation and the short-distant flight to the nearest hospitals have saved countless lives. There are numerous statistics out there that show more lives are saved in this conflict than any other war in history. I am proud to be a part of that; yet it still pains me to think of the man that has to live the rest of his life without the use of his legs. He was not a part of our unit, but we knew him well because we had worked with him during the last two months.

The loyalty that ties Soldiers together deepens in times of war. It is unsaid, but the bond within the unit is tightened the minute we crossed that border from Kuwait. These are the guys we eat with, work with, sleep in the same tents with, and often share our fears, hopes, and dreams with. Perhaps because of this, we feel more loyalty to them and more loss when they are hurt. As a physician, I treat them all and hope to not fail them when they need me most. But as a member of the unit, I admit to breathing a little sigh of relief when the bad news does not come from my immediate unit. The other reason is that I know and have taken care of the families of those in my unit at home. I have even delivered some of their babies. I dread the day we return and have to face the families of the fallen. I am a realist; I know it is a matter of time and the odds are against us.

I have entertained thoughts of getting wounded myself, but it is more of how to self-treat. I would rehearse how to reach into my medical pouch and apply dressing and tourniquet with one arm. I am not sure why, but I have not considered the possibility of dying here. It would be difficult to do my job if I have to worry about dying. Besides, I have my mother's jade Buddha and a good friend's Virgin Mary on my neck along with my dog tags to protect me.

It frustrates all of us that we do not have an enemy to shoot back at. Usually, they set off the IED by timer or stay hidden after setting off the bomb. Worst yet, they set off a small one, wait until the convoy stops, then set off a "secondary" larger IED. The roads are guarded and swept daily, but you never know when it will hit next. It was a daily occurrence for us during the first month. Whenever I left the compound, I could feel the nervous energy overwhelmingly occupied my being. We always have our brief prior to leaving: where we are going; what is the danger; how will we counteract in the situations of IED or small arms attack; and vehicle breakdowns and communication problems. The minute we cross the gates, we all lock and load our weapons. I do not have much experience with guns, and it gives me an uneasy feeling knowing that I have a loaded weapon on my thigh. I have used this type of weapon three times in my entire life, only at a shooting range. Although I am qualified, I hardly have enough experience to feel confident. I often find myself frequently checking the weapon to ensure that the safety switch is on. I would occasionally stare down my leg as a natural reflex to make sure that I would not shoot myself or the man sitting in front of me if it accidentally fires.

It is strange to be driving down the road, seeing farmers and children going about their daily life just outside the window. We go as fast as the slowest vehicle in the convoy and basically commandeer the road. All other traffics are waved off to the side so that we get priority. I am sure this can really upset the Iraqis. The problem is that if we slow down, we are vulnerable to attack. Thus, we become unfortunate monsters on the road, not giving any courtesy and demanding total control. We have toss rocks at vehicles, wave our weapon at them, and at times have had to shoot warning shots to get our ways. Most people understand and move aside, but some try to come into the convoy only to be violently repelled.

The children wave: some gives thumbs up; some gestures to their stomach as if asking for food. At first we would throw them candy and food, but this became dangerous since they started running onto the road and

risked getting run over. Now we just wave back. It is actually a part of the campaign to win the “hearts and minds” of the people. The majority of Iraqis are good and gentle people. We know that children are innocents in this conflict, and if we can at least show them that we are friendly, maybe they will not grow up with fear or hatred for us. We have treated three children with burns at our aid station. Because of our limited supplies and desire to rebuild the Iraqi health systems, we only treat those that have life-threatening injuries. Other types of injuries are referred to Iraqi clinics and hospital. However, when it comes to kids, my medics could not refuse them at the gate. I once recalled asking my Non-Commissioned Officer in charge why we are seeing this child and he said “Sir, she reminds me too much of my daughter at home.” We see them weekly, change their dressings, and give them candy.

There are civil affairs projects to rebuild schools, clinics and hospitals going on. Most of us feel that these are our greatest achievements, the type of work that we can go home and be proud of. We are not here just to kill insurgents and attempt to dominate the country. Few people take pride in killing the “bad guys”; many of us look for the satisfaction in helping the Iraqi getting back on their feet.

Courtesy National Congress of Vietnamese Americans <http://www.ncvaonline.org/index.html>

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