

*Following his first commentary written in May 2005, Major H. Luu, a Vietnamese-American, continues to share his personal experiences, along with candid perspectives as a medical doctor on the war front in Iraq. Major H. Luu dedicates this article to fallen Soldiers who had served in the war in Iraq. Names of Soldiers have been changed to protect their privacy.*

## **Tribute to the Fallen - June 2005**



*Major H. Luu*

Our squadron's luck has run out. For the first two months that my squadron has been in Iraq, we managed to avoid the loss of life in our unit. We had some serious injuries that needed evacuation back to the United States, but somehow we avoided death even with all the close calls. In this war, more injuries are due to improvised explosive devices (IED), vehicle borne improvised explosive device (VBIED), mortars, rockets, and motor vehicle accidents than by direct gunfire. One or more of these things occur on a daily basis here. During our third and fourth month, we lost eleven men. The series of deaths, one coming so quickly after another, gave us no time to recover. Although I knew we could not escape loss of life, but I did not expect it to be so frequent.

The deaths of two particular men had profound impact on me. It was a typical day; I was monitoring radio traffic in the trauma tent with the medics when I heard the command network requesting body bags from the supply officer (S4) for headquarter troops. Unfortunately, requests for body bags are really not that rare because the troops on patrols often find bodies of Iraqis. Many of them have been killed in execution style, with a bullet to the head. The motives for the killings vary from being part of the Iraqi police force to collaborating with Americans, or perhaps they were killed to strike fear among the people. Sometimes the killings are not politically motivated but rather for religious differences, and other times they are prompted by greed and money. Although we have an ample supply of body bags, the troops rarely take the bags with them on patrols because some of them believe bringing the bags would be bad luck. There was no urgency in the request so I did not suspect anything unusual. I left the trauma tent after telling the medics to expect a request for body bags.

Dealing with the aftermath of death is also apart of war. Once it is determined that life cannot be saved, responsibility for the body rests with the S4 for storage and transfer to the nearest mortuary affairs section. However, the requests for handling bodies usually get routed to the medical platoon because most people avoid the handling of dead bodies, including the body bags.

When I returned, an urgent request for body bags was directed to the medical platoon. The request was for three body bags to be delivered to the gate where a vehicle was waiting. My Non-Commissioned Officer (NCO) immediately notified me that the body bags were for two captains from our unit. Captain Hill, the E troop commander, who was transitioning out, and Captain Farmer, the replacement commander who was doing a right seat ride (outgoing commander showing the incoming commander the protocols). I knew them both well and could not immediately shake off my disbelief. I had so many questions at the same time. What went wrong? Where were they? More

importantly, how accurate was the information? We have all experienced the fog of war, and received information that eventually prove to be false. At the time, I was really hoping the information was a mistake.

Major Bryant, the Physician Assistant of the medical platoon, and I decided to go to the TOC (tactical operations center i.e. headquarters) to find accurate information and also to provide support for this developing situation. The executive officer (XO, second in command) was standing outside by himself talking between two radios. The look on his face was all I needed to know. We just lost two of our captains. True to his professionalism, the XO was already calling in one of his other captain at another camp to return and assume command of E troop. At the same time, he was using the other radio to coordinate security for the site and pick-up of the bodies. He paused long enough to give us a brief situation update.

Apparently, a VBIED had gone off about ten kilometers from base, where E troop had a checkpoint. By now, we are well aware of the risks with VBIEDs. The insurgents have figured out that they can pack more explosives and do more damage with a vehicle loaded with bombs. They either leave the vehicle on the side of the road or use it to drive into a target. There are so many vehicles broken down on the main roads that there is no way to tell which one is a loaded bomb. Driving the vehicle to a target allows them to pick who they want to kill specifically. The latter method of setting off the VBIED is used less often as it would result in the death of the driver.

A vehicle had driven up to the checkpoint then tried to turn around. The Soldiers stopped the vehicle and the driver tried to run away. Captain Hill brought the driver back to the vehicle and started to search the vehicle. The driver calmed down after brief struggle acting as though he was confused. Both the captains stood ten feet behind him as he was told to open the trunk. As the trunk opened, the vehicle exploded with enough force to send all three men and the vehicle hundreds of feet. By the time I heard this much, my head was screaming “why did the captains put themselves in that situation?!” I did not ask, for we have a much more important task to do.

The squadron commander was at another camp; he called in and wanted the men to be medically evacuated from the site to the hospital. Medical evacuation (medevac) is used for live patients and evacuation from the field is reserved for severe injuries that threaten life, limb or eyesight. It is a precious resource, and they have always delivered on time. We could not expect them to deal with dead bodies when there maybe injured Soldiers elsewhere. However, by now I have had enough time in the line units to know not to immediately “disobey” the commander’s orders. In order to change their mind, one must give them an alternative course of action. I informed the XO our concerns because the medevac could refuse when they arrive and we would be back to where we were. His response was, “Doc, you know best, tell me what we have to do. I do not want my boys to be left out there in the sun any longer than they have to.” To avoid any conflict, I made the recommendation to bring them back to our base given the short transit time. My rationale was that they needed to be pronounced by a physician (this is to record time of death). And, that I will have time to arrange for their transport later. I know the XO cared deeply for his men, as he refers to them “my boys” like the two sons he has back home. Before I scrambled to make the arrangements, I told him not to come see the bodies until I call him on the radio. I have already imagined the extent of the carnage, and I wanted to spare him as much as I could.

We headed back to our trauma tent to inform the senior NCO what needed to be done. Before I could finish my thoughts, my platoon sergeant rattled off, “We called for an angel flight, they will come sometime tonight. We are having problems with the dinning facility’s NCO not wanting to lend us a freezer.” Angel flight? Thank god for good NCO’s, I will have to ask the details of how to call for one later, but for now I would have to work the freezer issue. We have ordered a freezer when we arrived, but it has been on back order. Our contingency plan was to use one of the dining facility’s freezers. As I headed to the dining facility (DFAC), I told the team we have roughly twenty minutes. However, there was a bit of confusion at the DFAC, they obviously did not want to deal with dead

bodies. When they understood that it was our two captains, they immediately cleared a semi-truck trailer that has refrigeration unit. I called back over the radio informing the team that we are almost ready to receive, and they need to meet the “cargo” at the gate and escort them in. I also asked for medics and materials to prepare the bodies. The platoon sergeant, a veteran in his second tour, knew what I was asking can be a difficult for his medics. They are not all seasoned; most of them have only seen death once, which occurred from a moving vehicle accident (MVA) a month ago. The injuries were going to be different, and they were never trained to work as morticians. He asked only for volunteers. I found out later that all the medics volunteered except one. He could not bring himself to do it. “Captain Hill was my platoon leader two years ago. I did not wanted to see him like this. I wanted to remember him the way he was. I hope you do not think any less of me Sir,” he told me the next day. It would take him a week before he could begin to let go.

We were about to place a ramp up to the trailer when I see the track vehicle pulling in. Captain Edward was running in front of the track to ground guide the vehicle in. He was a West Point graduate, as were our two captains so I knew this was hard for him. His face was grim, and throughout the process, he never said a word. The medics immediately descended on the vehicle as the back door opened. As they try to remove the body bags from a very confined space, the vehicle commander, Captain Ray, yelled at them “don’t hit anything!” The medics are trained to act quickly to offload patients so they can start their treatment. However, this very sensitive cargo was different. Additionally, we are not used to having so many officers around. The tension was high. I tapped them on the shoulders and whispered, “Go slow.” Three body bags and other personal effects were transferred to the trailer. In back of my mind I knew what that meant, but I had to ask.

“Is the Iraqi in one of these bags?” The way Captain Ray looked at me, I understood it meant “No”. I told the team we are going to start with the two larger bags. Before we started, Major Bryant turned to me and whispered, “Are you ready?” I closed my eyes and quickly took a deep breath. My mind shifted into my physician mode. What I saw in front of me were two of my patients, and what I needed to do was to reassemble them as best I could with the help of the medics. I wanted them to be in proper face-up position, and preserve as much as we could for proper viewing. Half way through the process, I turned around and noticed the XO walking up to the stretcher.

“Sir, I told you to wait for me.”

“I know Doc, I am sorry; I had to see my boys.”

I paused to take a couple deep breaths trying to keep my emotions in check, and he asked me if I was all right. I did not have an answer for him, so I walked over to the chaplain who had tears rolling down his face. I whispered to him the captains would be ready for their last rites in a few minutes and asked him to send the message back to see if any of the men want to pay their last respects.

The men from E troop lined up outside the trailer, one by one they climbed in to pay their respects. Some moved very quickly, others lingered. Some were stoic, others cried. As I stood outside watching them, I noticed that I had blood on my hands and sleeve. I walked over to the side of the trailer and ask one of the medics to pour water over my hands. The washing gave me a very strange sensation and many thoughts crossed my mind. This is the blood of my friends, am I being too casual? Will this offend their men as they are walking by? The time we took to prepare the bodies was a fast blur. In contrast, this act of cleansing played out painfully slow in my mind.

The angel flight came before all the men could pay their respects. The XO went out to meet them and asked them to wait. He told me later of that encounter. The pilots had asked, “Sir, we are here for two fallen angels, do you know anything about them?” That was when he broke down and cried.

After all the men were done, we loaded our captains on an ambulance and I rode out with them to the airfield. I then understood the true meaning of angel flights. The men were professional and respectful. They saluted the bodies as we brought them into the helicopter. We stood at attention

despite the powerful wind coming off the helicopter as it took off, giving them one last goodbye salute.

Now it was time for questions and answers. True to their character, the two captains lead from the front. They would never ask their men to do something that they were not prepared to do, and this included the dangerous job of searching vehicles. Usually, we try to limit damage and relegate that task to one person. It was just bad luck that day with the two of them shadowing each other for the handoff. The amount of explosive in the vehicle indicated that it was meant to do much more damage than kill two Soldiers at a checkpoint. The driver was heading somewhere, perhaps to a market or police recruiting station. The captains' sacrifices prevented many other deaths.

I knew both captains as easy-going and even-tempered men. We saw each other often during the first two months at the weekly briefings. Although I do not recall Captain Hill ever telling me that he was expecting a child, I somehow knew he was. I had many pregnant patients back home, and I vaguely recall taking care of his wife early in her pregnancy. I would later learn that his wife was due to deliver in two weeks. He was changing out of his job so he could go back on leave to be with her for the delivery. His son was delivered two days later, never getting a chance to know him. Captain Farmer always had a soft smile on his face. He had a gentle voice, but his professional demeanor demanded immediate respect. When he did speak of his family, his eyes would sparkle at the mention of his wife and child.

I could not fall asleep that night. We had gone around checking on the command groups to see if they needed sleeping pills. Some accepted, most wanted to be "tough" and deal with their own demons. I believe the use of medication is not a weakness, but only a tool to give the mind a needed rest. I took a sleeping pill for myself, but still woke up two hours later at 4 am. I had a dream about the first time I met Captain Farmer, shaking his hand and admiring his easygoing style. This was in Kuwait, and tensions were high because we had to ensure everything was ready to go. He was the S4 at the time, and we were all asking for more supplies. He would take all our requests, forgive our unreasonable demands, and kept trying to get us the supplies at other camps in Kuwait. As I laid in bed staring into the darkness, tears began to roll out of my eyes. It came naturally, and felt like a deep well of sadness in my heart was being emptied. I do not know how long it took, but I had my final goodbye that early morning in private.

Military memorial service was a new experience for me. After attending one however, I have no desire to attend more. It is just too heart wrenching. Scores of people showed up including a regimental commander and his staff stationed in another area of Iraq. It was a warm evening, and the birds were still singing in the trees. The usual protocol began with the chaplain, and then the commander. A representative from the immediate unit of the deceased would give the eulogy. The captains were respected, and well liked.

The hardest part for me is the roll call. It is a military tradition to call for a formation and do a roll call. The 1st SGT (senior NCO of the unit) would call out the names of Soldiers in his unit, and those present would answer. He would get to the name of the fallen, and would be met with silence. After a short pause, he repeated the Soldier's last name and rank, this time louder. Again, there is no answer. A lump developed in my throat. He yelled the third time, this time full name and rank with more urgency in his voice. The brief silence was then met with guns salute. We stood there at attention, with a slight tremble at each volley of shots piercing the silence and with tears welling up behind our dark sunglasses.

Ours is a small loss compared to other wars in terms of number. However, each loss is just as costly to the Soldiers and particularly the family at home. By putting their bodies in proper position and giving their men a chance to say goodbye, we hope to at least give them a dignified death. How many Soldiers in the Vietnam War were lost without proper burial, and their family received vague information on the whereabouts of their bodies. This was particularly true for the Vietnamese

soldiers. Although we have been “unlucky”, I know how fortunate we are to be on this side of this war.

It is disheartening to see the end of life for so many men in their prime, which inevitably happens during war. Of the eleven men lost from our unit, most were in their twenties and one was nineteen years old. We will never know what good these men would have continued to contribute had their lives not been cut short.

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

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