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JUNE 2004

marie claire

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The IRAQ WAR you haven't heard about



U.S. Army Captain Gabrielle Bryen never questioned whether Operation Iraqi Freedom was right or wrong. As part of the invasion force, her job was to provide comfort and support to her fellow soldiers, Iraqi citizens—and even the enemy. Here, her stunning account

WOUNDED BY WAR Above: Gabrielle comforts Ykeem, a 3-year-old Iraqi girl, while U.S. Army surgeons operate on her father and brother. Her mother and four of her siblings died in cross fire in their village.

***THE CALL CAME AT 0830** on my first day of holiday leave, December 2002. I threw an arm over my husband and whispered, "Let the machine pick it up."

But five minutes later, the phone rang again. Groggily, I answered it. "Hello?"

"Good morning, Captain Bryen," said my boss, Lieutenant Colonel Dexter Freeman. "I hate to break this to you, but your name came out on a tasker for a mission to southwest Asia."

Translation: I was shipping out to the Middle East, part of the invasion force of Operation Iraqi Freedom.

I'd been an enlisted soldier in the Army Reserves for eight years, and during that time, I got sent to such hot spots as Haiti and Bosnia. However, when I accepted my commission as an Army social-work officer in June of 2000, I pictured myself counseling soldiers, running support groups, or chairing meetings while comfortably seated in an air-conditioned room, a cup of coffee in my hand. Instead, I was going to "the theater"—an active military operation. >>



THE DOCTOR IS IN During the trip across the desert, Gabrielle used the hood of an ambulance as her therapy "office," or to take a brief break with fellow soldiers, like Specialist Jamie Lewis (left).

Shortly after Christmas, I reported to the 546th Area Support Medical Company out of Fort Hood, TX, where I joined three doctors, three physician's assistants, a nurse, and a dentist. Of all the officers in the group, I had the least medical experience. After four weeks of training, my company and I would leave for the Middle East.

While the media was still debating the merits of even having a war in Iraq, thousands of U.S. soldiers were already either in Kuwait or en route. It is not my job to debate the pros and cons of going to war. When I joined The United States Army, it was with the understanding that I would uphold the decisions of the commander in chief, whether I agreed with them or not. As I packed my gear, I hoped that a show of force would be enough to get Saddam Hussein to comply with the president's demands, and that we'd all be sent home. But I was experienced enough to realize that was wishful thinking.

I trudged up the steps of our plane with 40 pounds of gear on my back and new, painful boots on my feet. I knew this deployment would be life-altering. I hoped that I would grow as an officer and a therapist, but I was concerned that my growth would be a result of others' suffering. As a friend advised, I was determined to make every moment count, and not count every moment until I returned.

If we used our limited supply of drugs on one enemy soldier, we could have found ourselves low when we had to treat American patients.

The untold hardships of war

For "crossing the berm" (the border between Iraq and Kuwait), all Army units were ordered to don chemical protective suits, Kevlar vests, Kevlar helmets, protective masks, and weapons. We were prepared for the worst: No one was certain whether Iraqi forces might use chemical or biological weapons.

Crossing the desert in all that gear and equipment made urination extremely difficult for me and the other 40 or so women in the company. Initially, the motor convoy could only stop briefly every few hours. We'd open the doors of a four-door vehicle and throw up a poncho, creating a sort of tent. As the men took turns holding the poncho in place, we women had to pee quickly.

It only got less glamorous from there. Temperatures in the Kuwaiti desert

range from the mid-80s on a typical March day to the 30s when the sun goes down. This fluctuation produces cracked lips, chapped skin, and dry hair. Most women in the company had stocked up on lip balm and baby wipes before deployment. These beloved beauty products are multipurpose: Lip balm is also used as cuticle cream, as a lubricant to stop chafing, and as a barrier around the eyes to keep sweat from dripping in. Baby wipes act as a waterless shower—and also keep truck windows clean. Plus, placing a wipe in front of a vehicle's air vent keeps the whole truck smelling fresh.

The trip across Kuwait was long and arduous. We spent three nights sleeping in the vehicles, and by the end, everyone was sore and exhausted. Because the roads were not secure, we traveled across the desert itself. Even with the vehicles moving at a slow 40 mph, a dust cloud created by one vehicle often created a whiteout effect for the driver behind it. It was easy to lose track of the vehicle in front of us at a distance of just 100 meters. Plus, the heavy, equipment-laden vehicles frequently became stuck in the sand: Most of the trip was spent digging out the heavy armored vehicles and trucks along the route.

Comforting the enemy

We reached our first objective, Tallil Air Base, at night. The lights from our vehicles illuminated the palm trees and large posters of Saddam Hussein that marked the entrance to the base. The dictator looked younger and thinner in every passing photo, and his benevolent smile seemed to welcome the arriving coalition forces.

MedEvac flights carrying patients circled our advancing vehicles like a pack of vultures. Our clinic needed to be set up immediately in an abandoned building. The shelter had intact doors and windows, but it lacked electricity and plumbing. Army field manuals describe a clinic as a stable, manageable entity—in real life, though, there are barriers, such as trying to fit a patient on a "litter" (stretcher) through a narrow doorway.

Our mission was to provide medical care to the U.S. soldiers and "enemy prisoners of war" (EPWs) that came through our clinic, practicing what is known as "blind triage." That meant the most seriously injured people were to be treated first—regardless of whether they were U.S./coalition forces or the enemy. This concept, while easily understood, can be hard to put into practice when caring for someone whose goal is to kill American soldiers.

One of our first patients was an Iraqi first sergeant who had burns over 80 percent of his body. He was in the "expectant" triage category: We expected him to die of kidney failure as his system shut down, and we needed to keep him comfortable until he passed. The average age of our medics was 23; few had trauma experience, and only some had ever treated patients who had died. Even I had no experience caring for the terminally ill. But because this Iraqi soldier was an EPW, he could not be transferred to die near his family. It was my task to help him achieve what hospice workers consider a "good death."

We needed narcotics to keep him comfortable. But if we used our limited supply of drugs on one dying enemy soldier, we could have found ourselves critically low when we had to treat other, American patients later. Some of the medics were concerned: They had recently learned that U.S. soldiers from a lost convoy had been taken as prisoners of war by Iraqi forces and had misgiv-

ings about letting our Iraqi patient die comfortably. I understood their frustrations but reminded them of the concept of blind triage. We'd made a commitment to *all* of our patients, and we had an obligation to treat our enemy as we would want to be treated ourselves.

Once the first sergeant was stabilized, we located an interpreter. Through him, the first sergeant told us that he had been at the air base when he heard the Americans approaching. He and another soldier piled into their captain's car and headed off base. But when they came upon a U.S. roadblock, the driver panicked, swerving to escape. The U.S. soldiers opened fire, igniting the truck's gas tank. Everyone except this first sergeant had been killed. He told us this story quietly, sitting on his cot with an IV in his arm, talking to the people who would be blamed for his demise.

I racked my brain trying to think of what I could do for him. Finally, I asked the interpreter to help him write a letter for us to send to the man's family. We also had to confirm in Arabic what I believed he already knew—that he was dy-

ing. Hours later, the letter was written.

In the end, the first sergeant sent everyone away, and we moved his cot into one of the few private spaces available—a bathroom. He died there, alone.

I wonder if he knows that his "enemy" washed his body after his death and prepared it as closely as possible to Muslim burial tradition. I was exceptionally proud when one of my most conflicted soldiers volunteered to guard his body from harm until it could be transported to our makeshift morgue.

The littlest victims

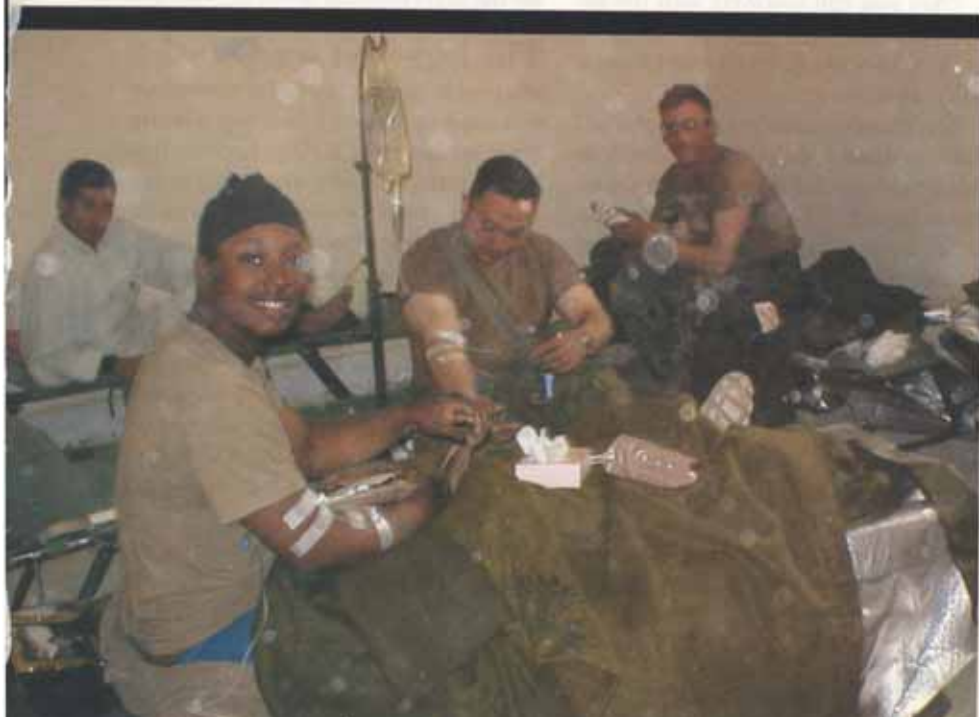
A radio operator yelled across the room, "Incoming bird; three to five patients—some children." As we waited for the helicopter to arrive, our team sprang into action. Medics donned latex gloves and checked the defibrillators and the trauma trunks. Litter bearers waited in the shadows of the doorway. Night had fallen on the fourth day of Operation Iraqi Freedom.

Moments later, the first of the ambulances rolled up the street toward our clinic. The first patient unloaded from an ambulance is always the most critical, and I watched as litter bearers carried a man off to surgery at the 274th Forward Surgical Team, our neighbors.

The second patient was a child; he, too, was whisked down to them. The last patient was taken to our clinic. As we untied the woolen Army blanket wrapping this child, we found ourselves gazing down at a 3-year-old girl.

She had big, dark eyes and curly, black hair. Her hair was matted, her torn dress was covered with dried blood, and she was wearing only one shoe. Because she had no physical injuries, >>

A FULL HOUSE Left: American soldiers—and an Iraqi "enemy prisoner of war" (far left)—receive treatment during a sandstorm. Above: On the long, dusty trip across the desert, Gabrielle and other female soldiers constructed makeshift tents outside the convoy vehicles to create some bathroom privacy.



she was placed in my care. I carried her out of the treatment area wondering, Who is this child? Were she and the boy related to the adult man? Or did a desperate mother place this little girl on the helicopter for safety?

During the next few days, I learned that her name was Ykeem, and that she was one of six siblings whose parents had heard radio warnings urging people to leave town. The family had crammed into a truck with relatives, but the truck got caught in cross fire. Everyone was killed except Ykeem, her 5-year-old brother, and their father—all of whom were brought in on the helicopter.

Ykeem's father and brother recovered, and the family—what was left of it—was reunited. I was present when her father told Ykeem that her mother and siblings were dead. My Arabic is limited, but there was no mistaking what was said. Ykeem began rocking and wailing pitifully, burying her face in her father's chest. Her father and brother will always bear the physical scars of their ordeal. It's the emotional wounds, like Ykeem's broken heart, that are the least recognized, and the most easily forgotten.

A soldier's right to choose

In the middle of my morning coffee one day, I felt a tap on my shoulder.

"One of my patients is a pregnant soldier, and I was wondering if you could talk to her regarding her options," said Jeffrey Bailes, one of our physician's assistants. "The pregnancy existed prior to deployment." Half an hour later, a very nervous young lady was sitting in my office. In her baggy uniform, she looked much younger than her 18 years.

"I'm not in trouble, am I?" she asked.

"Of course not," I assured her. "According to the docs, you're pregnant—and this occurred before you got out here." Contrary to human nature, the Army expects soldiers to remain celibate on deployments. If a woman becomes pregnant, she is sent home and could be subject to disciplinary action. (The rule is the same for men—but I've never heard of a man being punished for fathering a child in a combat zone.)

The Army does give pregnancy tests to women prior to deployment. However, with the large numbers of soldiers



I knew that keeping the pregnant soldier in Iraq would prevent her from getting the first-trimester abortion she wanted.

deployed for Operation Iraqi Freedom, many women had their tests as early as a month prior to getting on a plane to Kuwait. It was easy to see how this pregnancy had been overlooked.

The soldier twisted a lock of hair and stared at the floor. "Ma'am," she said softly, "I don't want to be pregnant."

"Are you interested in adoption?"

"No, I don't want to carry this baby. I can go to college with the Montgomery GI Bill. This baby will slow me down."

"Are you still involved with the father?" I asked.

"It's on-and-off. He doesn't want a baby, either."

She'd made up her mind. I explained that the Army didn't provide abortions but would put her in touch with someone who did. "We're going to get you home as soon as possible," I assured her. For the first time, her face relaxed.

Her paperwork clearly indicated when the pregnancy had begun—she should have been sent home within 48 hours. But about two weeks later, the pregnant soldier was back in my office with her sergeant, also a woman.

"Why are you still here?" I asked the pregnant girl. She looked at the floor.

"You won't believe this," the sergeant said, balling her fists in agitation.

MAKESHIFT MEDICAL CLINIC When Gabrielle's unit reached this base in Balad, they had to clear out trash, broken glass—even unexploded munitions—before setting up the clinic.

"Our commander says he has the right to keep her here for the first trimester. He found a regulation that backs him up. But if she doesn't leave now, it will be bad for her and the baby."

Daily life in Iraq was excruciating at best. Frequently, we were fed only one meal per day. Some days, the temperature soared above 120 degrees; the average soldier lost 10 to 15 pounds. The latrines, with their barrels of excrement, drew flies and disease. This was no place for a pregnant woman. Plus, I knew keeping her there would prevent her from getting a first-trimester abortion.

After talking with a colleague, Major Nancy Harpold, I sent the soldier to the inspector general (IG), whose job is to protect soldiers' rights. The IG had the authority to make a decision quickly. I just hoped it would be quick enough.

The very next day, one of my clients handed me a note and said, "A girl in my company asked me to give you this."

The note read, "Dear Capt. Bryen: I wanted to thank you for listening and not making me feel bad about my decision. You were the first person who seemed to care. The inspector general is sending me home tomorrow. I am making the right decision for me. Thank you for listening and all that you do." It was signed, "The Pregnant Girl."

I shut my office door so no one could see the tears running down my cheeks.

The legacy of war

My tour in theater lasted for more than five months. When I finally got home after 36 hours of flying, I spent two hours in the bathtub, marveling at the chance to spend more than four minutes washing my body.

I am never without my memories of the war. I keep a photo of the little Iraqi girl on my desk as a reminder that our biggest plans have consequences for even the smallest people. I hope the people I encountered will remember the Americans who treated them with dignity and respect. Perhaps the memories of those positive interactions will help strengthen them in their dangerous, arduous effort to forge a new Iraq. **mc**