# Kurdistan provided interesting classroom for Canadian military doctors, medical assistants

**Albert C. Baggs**

It is hard to carry on a conversation as jet fighters scream overhead. The ear-splitting noise the CF-18s make over the Canadian Forces base in Lahr, Germany, is a noticeable contrast to the quiet demeanour of the men and women of No. 4 Field Ambulance, who are also stationed at Lahr. However, after treating thousands of Kurdish refugees following the recent Persian Gulf war, they have nothing to be quiet about.

In the space of 6 weeks in April and May, they cared for thousands of refugee patients who limped, crawled or were carried to Canadian aid stations along or inside the Iraqi border.

"My group would see about 300 patients a day, depending on the location," Major Allan Darch, a physician who has spent a decade with the military, told me. "We spent about 5½ weeks taking care of the Kurds. We worked long hours, starting early in the morning and finishing quite late in the day. Our teams saw between 10 000 and 15 000 patients."

Captain Ron Brisebois, a doctor who led a team of 11 medics, added: "My group saw about 250 patients a day."

Darch thinks military medical organizations are ideally suited for Kurdish-type relief efforts: "We have the personnel, training, equipment, transportation and logistic support to respond quickly to any situation."

Another physician, Lieutenant-Colonel Leslie Dubinsky, the commander of 4 Field Ambulance, agrees. "The field ambulances and other units in the military are able to move ahead very quickly. It raises a very large Canadian flag, and people like to see their tax money being used to genuinely save lives."

The Canadian military learned a great deal from its deployment during the gulf war, which came to an abrupt conclusion in March, but the postwar relief effort in Kurdistan presented a different set of problems. This was clear from the names given to the deployment. Instead of the bellicose "Desert Storm" of the war, the Americans chose a less warlike handle, "Operation Provide Comfort." The Canadians, operating in tandem with other national efforts, deployed under "Operation Assist."

Even though the gulf war had ended with Iraq's surrender,

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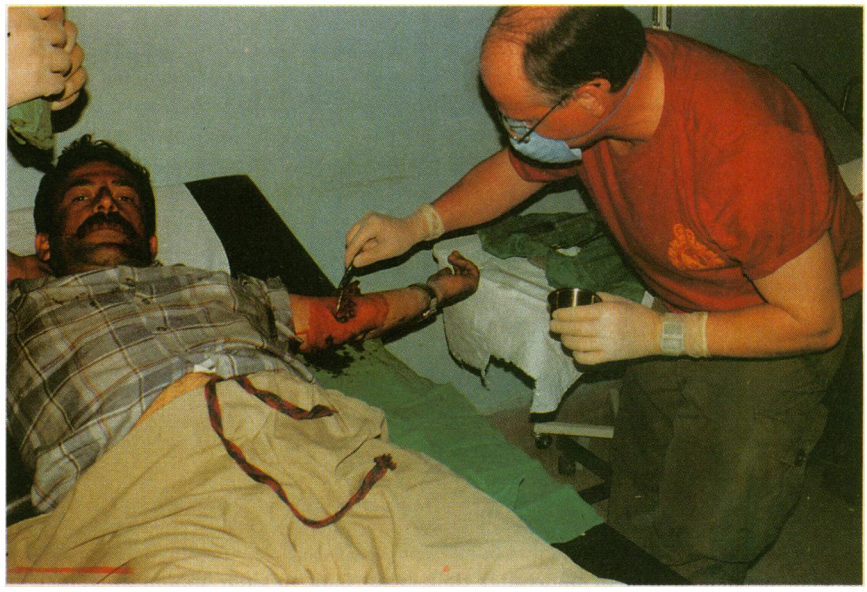

**Lt.-Col. Leslie Dubinsky treats Kurd who had received bullet wound in arm**

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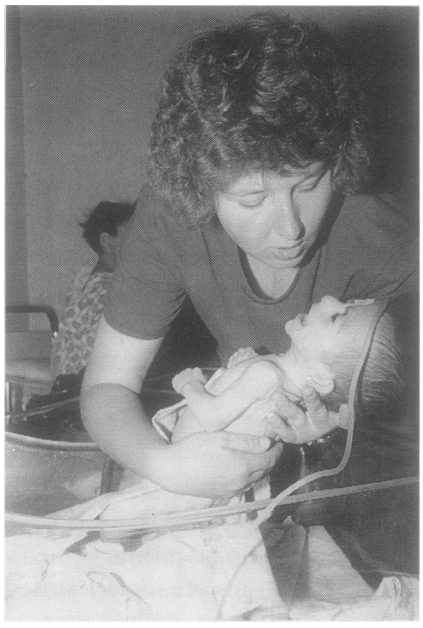
things were far from quiet for the Canadians sent to Kurdistan in April. Indeed, the Kurds, who were seeking autonomy from Iraq, were still exchanging bullets with the Iraqis while Dubinsky's teams were working on mountain slopes and in the valleys.

"We could see tracers across the valley, 500 metres from us," said Brisebois. One of his patient's arms had been shattered by an Iraqi bullet.

Briefing me in his surgically clean office, Darch recalled that "many of the refugees insisted they would rather die in Turkey than go back to Iraq with Saddam Hussein in power. Many had lost everything they owned, including family members. They were afraid for their lives."

Those fears were probably sound. Just 4 years ago, during the Iran–Iraq conflict, Iraqi forces dropped nerve gas on a Kurdish town, killing about 5000 people. The Kurds have been fighting Saddam for years — during the Iran–Iraq war of the mid-1980s Iran supported this uprising — but the collapse of Iranian support when that war ended, plus bloody Iraqi reprisals after the truce was declared, cooled Kurdish ardour. It heated up again after Saddam's ignominious eviction from Kuwait in March, and this eventually led to the Canadian deployment because the fighting forced close to 2 million refugees to head for the Turkish and Iranian borders.

*Capt. Brett Boudreau*



**Able Seaman Tracy Lepage cradles dehydrated infant**

The multinational game plan behind the relief effort involved the deployment of medical teams and airdrops of thousands of blankets, tents and jackets and tonnes of food and bottled water. The supplies — some were dropped by Canadian air force crews — were generally well received by the Kurds. However, Canadian personnel report that many refugees, accustomed to rice and fresh vegetables, found American prepared meals distasteful, especially when pork rations were discovered — Moslems usually do not eat pork. Potatoes were considered food for the poor, and many consignments were allowed to rot.

Darch recounted how a Canadian helicopter had flown supplies to a small camp where no military personnel were present. "The crew was surprised to see a large landing zone marked out completely in yellow. In the middle was the full-size shape of a helicopter. After landing they discovered the yellow landing zone consisted of corn. The refugees don't like to eat corn — they consider it cattle feed. So they opened can after can to mark out the zone."

The 62 personnel from the Lahr-based field ambulance comprised the other arm of Canada's humanitarian effort. They were flown to Turkey Apr. 22, bringing with them vehicles, communications equipment, medical supplies, food and water rations, and portable generators.

The team had only 5 days' notice of its deployment, and during that time all medical equipment and supplies had to be checked. Many changes had to be made because the patient population would be much different than the one a field ambulance unit expects to treat. The patients would be mainly women and children, not soldiers with battle wounds, so tonnes of supplies to treat women and children had to be gathered on panniers.

"The panniers allow us to be self-sufficient for a number of days before we need to be resupplied," Dubinsky explained. Each waterproof pannier, weighing up to 40 kg, was crammed with ev-

*Lt.-Col. Leslie Dubinsky*

**Kurdish refugees rush to helicopter delivering food to their mountain refuge in northern Iraq**

erything from painkillers to antibiotics, based on use projections derived from casualty statistics.

"Among the Kurdish refugees," said Dubinsky, "the majority requiring medical attention fell into the Priority 2 [less urgent] and Priority 3 [minor injury] categories. However, the Pri-3s were often 'serious' in a civilian context, and there were lots of those cases."

The Canadians ministered to refugees at several locations in Turkey and Iraq, but did not go into Iran. After deplaning in Turkey, they bounced and swayed for about 16 hours over 750 km of rough roads to Silopi, Turkey, where a small detachment set up an operational headquarters. An initial reconnaissance expedition was made by Dubinsky, and four medical teams were eventually dispatched, each comprising one physician, a senior medical assistant, seven or more junior medical assistants, and two ambulance drivers.

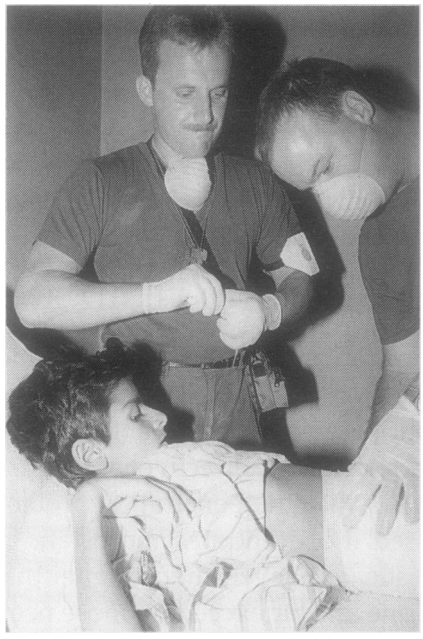
On Apr. 24 Capt. Michel Petit, Master Warrant Officer Yvon Paré and 14 medical assistants travelled to Yekmal, 130 km east of Silopi, where up to 100 000 refugees were encamped in a valley. Only a small stream delineated the border between Turkey and Iraq.

Dubinsky, accompanied by Regimental Sergeant Major Nicol Doucet and 16 medics, trekked to Zakhu, Iraq, 30 km southeast of Silopi, on Apr. 27, where they laboured to revitalize a 100-bed hospital. By the end of May the hospital was seeing up to 600 patients a day.

"It was the dirtiest hospital I had ever seen," recalled Dubinsky. "There was caked blood on mattresses. Patients were lying on springs and the toilets weren't functioning. There was no water. No electricity."

"The hospital septic tank was full," added Doucet, a senior medic. "We had to get the laundry

*Boudreau*



**Medics from No. 4 Field Ambulance treat youth**

running again, and wash all the sheets and blankets. We had to find a cook to prepare rice, tomato paste, bread — food the patients would eat. There were so many patients at the hospital gates — 200 to 300 always there. It had to be controlled."

Corporal Woodrow Cassell praised a young Kurdish medical student. "He held the Zakhu hospital together for 50 days before the Canadians arrived. He didn't have time to clean the wards, remove bodies. He didn't have any nurses or janitors to help him. To me, he's a hero. He was, maybe, 5 feet, 5 inches tall, and weighed about 130 lbs. Physically he was weak, but mentally he was strong. He was only 23 years old. He had a great respect for us and often said he'd like to go to Canada and work with Colonel Dubinsky. He was in Zakhu when the Kurdish rebellion started. Other doctors ran away, but he stayed."

At the hospital, the Canadians worked closely with a French military surgical team and some Americans for almost 2 weeks before handing their duties over to a Dutch team. Some Canadians went on duty among 20 000 refugees encamped near Zakhu. Darch, with another team, headed for a refugee camp at Yuksekova, near the Iran–Iraq border. He also went to Kani Masi, 70 km northeast of Zakhu, where Capt. David Wilcox and Sergeant Robert Giguere's team was labouring, then joined up with Brisebois and his 11 assistants, who were working with civilian teams to help an estimated 50 000 Kurds in the mountains at Umzula. At Kani Masi, said Darch, security was provided by armed guerrillas, but in the camps few, if any, refugees carried weapons. The Canadian teams were not bothered by Iraqi troops.

The personnel of 4 Field Ambulance encountered just about every affliction, and more, that could have been predicted in such a vast refugee population, especially one exposed to the elements and lacking enough food and water. Many infants and elderly refugees died.

Within 36 hours of arriving at Yekmal, Petit's team witnessed four infants die of dehydration. Thirsty, sometimes near starvation, nursing mothers were not producing enough milk to feed them. Often, to keep a starving baby quiet, they simply placed a pacifier in the child's mouth.

But not all the mothers were "dry," said Brisebois, who treated numerous children suffering from protein malnutrition. "The mothers were feeding them improperly with powdered skimmed milk. Many refused to breast-feed, although they had plenty of milk. We manually expressed their breasts." Everywhere, the Canadians were surrounded by death. In one valley, said Brisebois, "there was a graveyard containing about 300 bodies of infants and adults."

Paré, a medical assistant, worked with two French doctors, but was sometimes left to care for patients by himself. He recalled one starving, dehydrated infant: "I couldn't do an IV, so I used a

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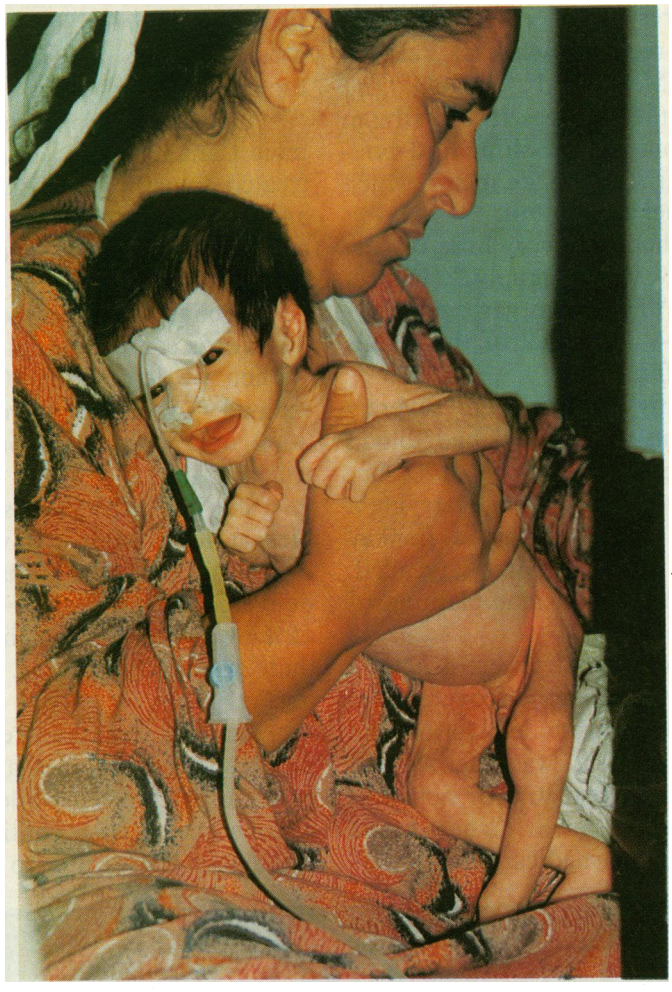


**Mother cradles infant after Canadian medics commenced nasogastric feeding**

nasogastric tube to feed him. His temperature was elevated and he had diarrhea." Some dehydrated babies died during intense heat while being bused to the Zakhu camp in Iraq, said Paré. At the beginning, 2 or more infants were dying each day, but as conditions improved the death rate fell to 1 death every 2 or 3 days.

Nasogastric feeding was not always possible, said Doucet. "When possible, we went to jugular IVs, with which we had better success. But in some cases the blood vessels were collapsed — there just wasn't enough fluid in severely dehydrated infants to keep the vessels open."

Oral rehydration salts provided by the United Nations (UN), which contained sodium, potassium, chloride and dextrose, proved effective. Packages were distributed among Kurdish mothers and they were instructed to mix each one with a litre of bottled water. Seriously ill patients were given the salts intravenously or by nasogastric tube.

Cpl. Martha-Lee Main, a medical assistant, told of one premature baby brought to the Canadians at Yekmal by his grandmother. "We didn't know whether his parents were dead or alive. He held on for about 8 days but died of malnutrition — we didn't have the equipment for preemies. We gave him Enfalac powder mixed with water through a nasogastric tube."

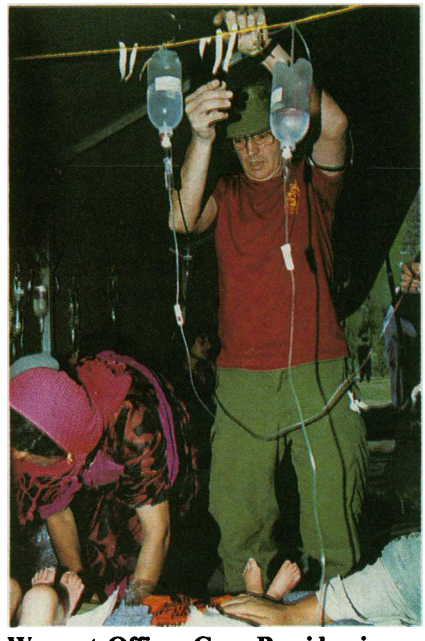
Main said she and her colleagues treated up to 200 patients daily, mostly women and children with gastrointestinal complaints: "They were drinking from the river and washing in it."

Discussing the infants who died because of dehydration, Dubinsky noted that, too often, "we were seeing the babies after they had had diarrhea for 10 to 15 days. Eventually, we had people walking around trying to pick up the kids before they got to that state. Another difficulty was that the refugees were all over the mountainsides, isolated, difficult to locate. They were perhaps 4 to 5 hours from medical centres by walking. We couldn't reach them all."

Wandering among hundreds of blue and white UN tents, the medics would often peer under the flaps to find sick refugee children hidden from the sunlight. They would distribute vitamins and candies among the youngsters.

In some of the camps up to 60% of the refugees had dysentery. "It caused a tremendous amount of suffering," Darch said. "In a camp with 60 000 people, that's a lot of discomfort." Some of the Canadians contracted gastroente-

*Boudreau*



**Warrant Officer Gary Burridge in pediatric tent**

ritis "but nothing like cholera or dysentery. We were careful about hygiene, drank only bottled water and ate American ready-made meals." A high incidence of bloody diarrhea in all age groups was attributed to flourishing counts of *Escherichia coli* and *Shigella* in water sources at Yekmal and Umzula, and acute cases were treated with trimethoprim-sulfamethoxazole. Brisebois described cases of cholera in which patients experienced "explosive diarrhea every 10 to 15 minutes, rice-water stools and vomiting."

Eventually, American military engineers provided water points at many of the camps, and chlorinated the water supply. They, the Canadians and others built plywood latrines, or simply dug toilet holes away from water sources.

"We had to persuade the Kurds to move latrines away from the streams," recalled Petty Officer Dennis Naylor, a medical assistant specializing in preventive measures. He took coliform counts regularly while at Yekmal, Kani Masi and Umzula and taught the refugees to use stream water only for washing and boiling their ready-made meals, which were packaged in foil.

"There was very little respect for the water supply," Doucet added. "There was garbage everywhere — the smell of the camps was awful."

Many women were severely hypertensive. "They had blood pressure of around 190/120, but they were going strong, carrying a load of firewood that a donkey would carry," Main recalled. "They'd come in complaining of backaches."

Kurdish males were generally fit, the Canadians discovered, yet the women were left to do the chores. And it was the women who usually had to take sick children for treatment. When males attended the medical tents it was often necessary to separate them from the women and children; otherwise, they jumped ahead in the queues.

Cpl. Tracy Cobham said female Canadian medical assistants treated mostly Kurdish women and children. "Because of their culture, they didn't want men looking after them."

Cobham recalled the numerous Kurds camped out at Yekmal. "When we left about 40 000 remained — the Turks were moving 3000 out per day on buses and trucks to Iraq."

She helped deliver some babies at Kani Masi. "It was very different from the way babies are delivered in hospitals. For many of the women it's the eighth child; there was no screaming, no yelling."

Leading Seaman Peter Jardine reported seeing many cases of polio in children while he was attached to an Irish contingent at Yekmal. "They came to us with

severe strictures that had been treated by surgeons in Iraq, but the results were poor. Many of the children were deformed." An interpreter told Jardine that at least some of the patients had developed the disease after being vaccinated in Iraq with a lot of polio vaccine that had passed its expiry date.

The warlike setting led to several acute injuries. Brisebois recalled several mine-related injuries that resulted in traumatic amputation below the knee. "It's like an ammunition dump down there," added Doucet. "Ammo is all over the place, and some of the Iraqi minefields are 15 km long. The Kurds have also laid mines. These devices may have been there for 40 to 50 years. The American, British, French and Dutch special forces collected much of it and blew it up every day. We saw dogs, cows, people that had been blown up by mines."

On May 15, a French warrant officer Doucet knew was blown into the air by one mine, landed on another and died instantly. In similar incidents, a Kurdish farmer died on the operating table after a mine exploded in his face while he was examining it, and an American sergeant lost both legs below the knee and almost lost an eye when he stepped on a mine while on patrol. His partner suffered leg injuries.

Doucet said children commonly toyed with ammunition. When live rounds were thrown into a fire, one 12-year-old girl received a bullet in the abdomen: "There were eight holes in her intestine requiring surgical repair."

Dubinsky said Canadian medical assistants, who have no civilian equivalent, proved invaluable during the Kurdish disaster. After undergoing basic military training, assistants receive 5 months of medical training that includes study of human anatomy and physiology and patient-care techniques. Four years of on-the-job training follow, during which they look after military patients and improve their skills up to ambulance-attendant level. They then learn complete medical preliminaries, including electrocardiograms, audiograms, and about laboratory tests involving hemoglobin levels, white blood counts, throat swabs and stains. "They must be capable of doing emergency sutures, IVs and CPR in all climates and situations," added Doucet, and must learn to operate high-tech military ambulances, radios and other sophisticated equipment.

"They're jacks-of-all-trades," Dubinsky concluded. "[In this deployment] they demonstrated a tremendous capability for learning, for adapting to pediatrics. The type of care they were able to give to such large numbers of patients was incredible."■