16 Medical Regiment

Introduction

This chapter covers the history of **16 Medical Regiment** (2008 to date),[1] based in Merville Barracks, Colchester as part of **16 Air Assault Brigade Combat Team**, its immediate predecessor **16 Close Support Medical Regiment** [16 CSMR], 1999 – 2008, and its antecedents, **19 Airmobile Field Ambulance** and **23 Parachute Field Ambulance,** whose lineage is perpetuated through the unit's two Regular Medical Squadrons. It also includes a history of its Reserve squadron, **144 Parachute Medical Squadron** (the only Reserve medical unit with a parachute capability) and its predecessors.

'In Safe Hands' Medical Emergency Response Team in action (Stuart Brown, artist, with permission)

[1] **16 Medical Regiment**. https://www.army.mod.uk/learn-and-explore/about-the-army/corps-regiments-and-units/army-medical-services/16-medical-regiment/ (accessed 2 October 2024)

Key dates (1999 – 2024)

- **1 September 1999** – **Formation of 16 Close Support Medical Regiment** in Colchester by amalgamation of **19 Airmobile Field Ambulance** and **23 Parachute Field Ambulance**.[2] The Commanding Officer (CO) of 19 Airmobile Field Ambulance was Para trained, so was chosen to be the first CO for the new Regiment.[3] **144 Parachute Medical Squadron (V)**, based at Hornsey Army Reserve Centre, London, with detachments in Cardiff, Glasgow, and Nottingham, also joined the new regiment.[4]

- **1 April 2008** – **Redesignation as 16 Medical Regiment**

- **1 June 2014** - Reorganisation of 16 Medical Regiment into its Army 2020 structure.

- **2024** – Following the Future Soldier reforms (2023), the unit now provides dedicated medical support to **16 Air Assault Brigade Combat Team**, the British Army's Global Response Force, held at very high readiness to respond to crises worldwide, ranging from non-combatant evacuation operations to war fighting.[5] The unit is specially trained and equipped to deploy by parachute, helicopter and airlanding, to support the complete spectrum of air assault operations.

- **15 November 2024** – Formation of **Royal Army Medical Service** (see below).

16 Medical Regiment (2008 to date) – its history in detail

16 Close Support Medical Regiment was redesignated as **16 Medical Regiment** as of 1 April 2008,[6] and deployed immediately on Op HERRICK 8 to Afghanistan with 16 Air Assault Brigade to provide frontline close medical support for Task Force Helmand. This was the unit's second deployment to Afghanistan, having originally deployed as 16 CSMR on Op HERRICK 4 in 2006.[7]

[2] 23 Parachute Field Ambulance RAMC, in: *Airborne Assault ParaData – A living history of The Parachute Regiment and Airborne Forces [hereafter referred to as ParaData]* https://www.paradata.org.uk/unit/23-parachute-field-ambulance-ramc (accessed 24 Nov 2024)

[3] Lieutenant General Louis Lillywhite, personal communication, April 2021. Lt Gen Lillywhite was DACOS Med UKLF in 1999. Technically, both 19 Airmobile Field Ambulance and 23 Parachute Field Ambulance were disbanded on formation of the new unit.

[4] 144 Parachute Medical Squadron RAMC (V). *ParaData* https://www.paradata.org.uk/unit/144-parachute-medical-squadron-ramc-v (accessed 24 Nov 2024)

[5] 16 Air Assault Brigade Combat Team. https://www.army.mod.uk/learn-and-explore/about-the-army/formations-divisions-brigades/1st-united-kingdom-division/16-air-assault-brigade-combat-team/ (accessed 2 October 2024) and https://www.facebook.com/16AirAssaultBCT/ (accessed 2 October 2024)

[6] 'Authority is given for the redesignation from the following unit: 16 Close Support Medical Regiment into the following unit 16 Medical Regiment. Implementation date: 1 April 2008' General Staff Order (GSO) - Authority for the Redesignation of a Unit: DGS/02/3331/Liab/GSO.

[7] Vassallo, David. *Organisation of the Defence Medical Services on Operations TELIC and HERRICK*. pp.53-54. https://www.friendsofmillbank.org/downloads/organ%20of%20DMS%20on%20TELIC.pdf (last accessed 24 Nov 2024)

Deployment on Op HERRICK 8 (April – October 2008)

The CO of the newly designated 16 Medical Regiment took on the role of Commander UK Joint Force Medical Group (Med Group) in theatre: Lieutenant Colonel (Lt Col) Andy Jose RAMC (April – September), followed by his successor, Lt Col Colonel JC (Jez) Hair RAMC, from September.

The Med Group on HERRICK 8 consisted of two Close Support (CS) Medical Squadrons, the Hospital Squadron at Camp Bastion Hospital, and the Support Squadron. Augmentation came from all three Services both regular and reserve, from 57 provider units, from personnel ranked from Private to Brigadier, and from civilian nurses and welfare workers. The CS Squadrons supported Battlegroups in northern and southern Helmand. Medical Liaison Officers linked the units directly to the Med Group to provide situational awareness and to support Battlegroup planning. Some 120 Medical Officers, Combat Medical Technicians and nurses were attached to forward units to support patrolling and static medical centres.

During Op HERRICK 8 the Med Group saw an unprecedented number of casualties. The Medical Emergency Response Team (MERT), pioneered by 16 CSMR on its previous tour in 2006, launched 343 times for 976 casualties; the hospital admitted 1049 patients; there were over 11,000 Primary Health Care presentations; and over 42,000 individual medical stores demands were made to sustain the medical effort.[8-9]

Deployment on Op HERRICK 13 (October 2010 – April 2011)

CO - Lt Col JC (Jez) Hair RAMC

> CS (A) Sqn [Close Support (A) Squadron] formed from elements of 19 and 23 Air Assault Sqn earlier this year. We are the Squadron who provide the Close Support medical cover to the soldiers operating on the ground in Afghanistan. Locations are remote and are often difficult to reach by land or air. Our aim is therefore to provide healthcare as close to the patient as possible by co-locating medics with the infantry units in the patrol bases and check points.
>
> The Squadron supports 74 locations with 102 medics. This means that most of our medics are qualified and trained to work on their own. In this the Squadron provides two main services (Primary Healthcare [PHC] and Pre-Hospital Emergency Care [PHEC])….
>
> The medics out there are greatly appreciated by all Battle Groups, be it out on patrol or in the Med Centre looking after healthcare cases. The vast majority of medics will cycle through their roles so that everyone has a chance to experience the different aspects of Afghanistan…
>
> Major Steve Harmer, Officer Commanding Close Support (A) Squadron[10]

[8] UK Joint Force Med Group, in: Operation HERRICK 8, Afghanistan 10 April – 8 October 2008: A report by 16 Air Assault Brigade, pp.29-30 (accessed at the Prince Consort Library, Aldershot, 27 June 2015)

[9] Vassallo, David. *Organisation of the Defence Medical Services on Operations TELIC and HERRICK*. pp.53-54. (*Op cit*)

[10] Major Steve Harmer, in: 16 Medical Regiment CO's Blog Archive, 24 October 2010. Museum of Military Medicine: RAMC/CF/4/14/40/AFGH (Box 88)

Army 2020 changes (2014-2023)

On 1 June 2014, 16 Medical Regiment was reorganised into its Army 2020 structure within the newly-designated Reaction Force, in order to provide medical support to 16 Air Assault Brigade and Special Forces as required.[11]

It then comprised two Regular Medical Squadrons (19 Med Sqn and 23 Med Sqn), a Reserve Parachute Medical Squadron (144 Med Sqn, with augmented MERT capability), and a Headquarters Squadron, 181 (HQ) Sqn, which was re-designated as 181 Support Squadron (181 Spt Sqn). Medical Support Wing was re-designated as 127 Medical Squadron.

Future Soldier changes (2023 to date)

Major changes occurred in the Army Medical Services from 28 February 2023 under the Future Soldier programme, with a reduction in the number of Close Support Regiments and the formation of Multi-Role Medical Regiments (MMRs), which contain both Role 1 pre-hospital and Role 2 hospital squadrons.[12] There are now two Regular and nine Reserve MMRs, four Regular Medical Regiments (including 16 Medical Regiment) and three other Reserve medical units.[13- 14]

16 Medical Regiment now provides dedicated medical support to 16 Air Assault Brigade Combat Team. It comprises two Regular Air Assault Medical Surgical Groups, formed from 19 Med Sqn and 23 Med Sqn (tbc), each of which can provide Role 2 medical support and resuscitative surgery, in addition to its Reserve Parachute Medical Squadron (144 Med Sqn), Headquarters Squadron and 127 Medical Squadron.

The unit remains prepared to deploy worldwide as necessary, watch this space…

Formation of Royal Army Medical Service (2024)

On 15 November 2024, the three Corps of the Army Medical Services (the Royal Army Medical Corps, the Royal Army Dental Corps and the Queen Alexandra's Royal Army Nursing Corps) amalgamated to form the Royal Army Medical Service, with the approval of His Majesty the King.[15]

The flags of the three former Corps were taken down at the formation parade held outside the AMS Regimental HQ at Robertson House, Camberley, and the new Royal Army Medical Service flag raised in their stead.[16] This comprised the three colours of Dull Cherry, from the RAMC; Athol Grey, from the QARANC;

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[11] 'A2020 Measure 08-011 - Implementation Directive: Reorganisation of 16 Medical Regiment'. A2020/08/011 dated 28 May 2014.

[12] Future Soldier (programme published 25 November 2021; British Army Website https://www.army.mod.uk/learn-and-explore/army-of-the-future/readiness/future-soldier/ (accessed 17 October 2024). Future Soldier Guide https://www.army.mod.uk/media/15057/adr010310-futuresoldierguide_30nov.pdf)

[13] See Current Units, on Friends of Millbank website https://www.friendsofmillbank.org/current-units

[14] The nine Reserve MMRs are numbered 202, 203, 206, 210, 214, 215, 243, 254 and 256 MMRs respectively.

[15] This had been announced in Parliament on 15 October 2024. See: https://www.army.mod.uk/news/the-royal-army-medical-service-created-to-ensure-british-army-healthcare-is-fit-for-the-future/ (accessed 15 October 2024).

[16] Forces News (15 November 2024). https://www.forcesnews.com/services/army/historic-creation-new-royal-army-medical-service-officially-marked-sandhurst

and Victoria green, from the RADC and for Project Victoria, under which the new Corps had come into being.[17-18] The colours are shown at the top of this history's title page, with the RAMS crest superimposed, above the unit insignia.

The new RAMS beret incorporated the same colours as the RAMS flag, but 16 Medical Regiment personnel were allowed to continue wearing the cherry red beret traditionally associated with the Parachute Regiment, albeit with the new RAMS cap badge.

The new cap badge of the Royal Army Medical Service

[17] See https://www.forcesnews.com/services/army/historic-creation-new-royal-army-medical-service-officially-marked-sandhurst (accessed 16 November 2024)

[18] British Army modernises medical services to keep soldiers fighting fit. *British Army / News* 20 November 2024 https://www.army.mod.uk/news/british-army-modernises-medical-services-to-keep-soldiers-fighting-fit/

The unit's predecessors

The immediate predecessor of 16 Medical Regiment was **16 Close Support Medical Regiment**, formed in 1999 by the amalgamation of **19 Airmobile Field Ambulance** and **23 Parachute Field Ambulance**.[19]

16 Close Support Medical Regiment (1999 – 2008)

Formation

16 Close Support Medical Regiment was formed at Colchester on 1 September 1999,[20] as part of the new 16 Air Assault Brigade. The first CO was Lt Col Euan Carmichael RADC.[21]

Formation Parade:

> Unit members of both 23 Parachute Field Ambulance and 19 Airmobile Field Ambulance paraded in the Brigade study centre on the morning of Tuesday 31 August 1999 to hear the Brigade Commander and the new CO's opening address. The Formation Parade was the first time the two units had come together. So after a short squadron parade, some pacing and confirmation of the parade sequence, the bugler sounded the form up and the squadrons marched on. Once the Adjutant had taken over, the parade was ordered to remove head dress and the bugler sounded Sunset as the two units' flags were lowered in recognition of those past and present who had served in the units. The bugle sound echoed around the square, followed by a minute's silence, with thoughts of absent friends and memories of past times. Reveille was sounded and, with head dress replaced, the new unit flag was raised. This was followed by a short address by the CO who reminded everybody of the importance to remember and maintain the historical link of both units. The first week's activities were ended with the spectacular 16 Air Assault Brigade formation parade held at Wattisham, which was attended by HRH Prince Charles.[22] [Prince Charles was Colonel-in-Chief of the Army Air Corps and the Parachute Regiment.]

[19] 16 CS Medical Regiment RAMC. *ParaData* https://www.paradata.org.uk/unit/16-cs-medical-regiment-ramc

[20] 'Authority is given for the formation of 16 Close Support Medical Regiment at Goojerat Barracks, Colchester, Essex on the disbandment of: 19 Airmobile Field Ambulance [and] 23 Parachute Field Ambulance. Implementation date: 1 September 1999' GSO - Authority for the Formation of a Unit: D/DASD/5/7283 (AMD 1) dated 4 May 1999.

[21] Lt Col Carmichael was eventually promoted to Major General, Director General Army Medical Services 2012 – 2014.

[22] 16 Close Support Medical Regiment – New unit, new challenges *The Army Medical Services Magazine*, February 2000; Vol 56 (1), pp. 18-20.

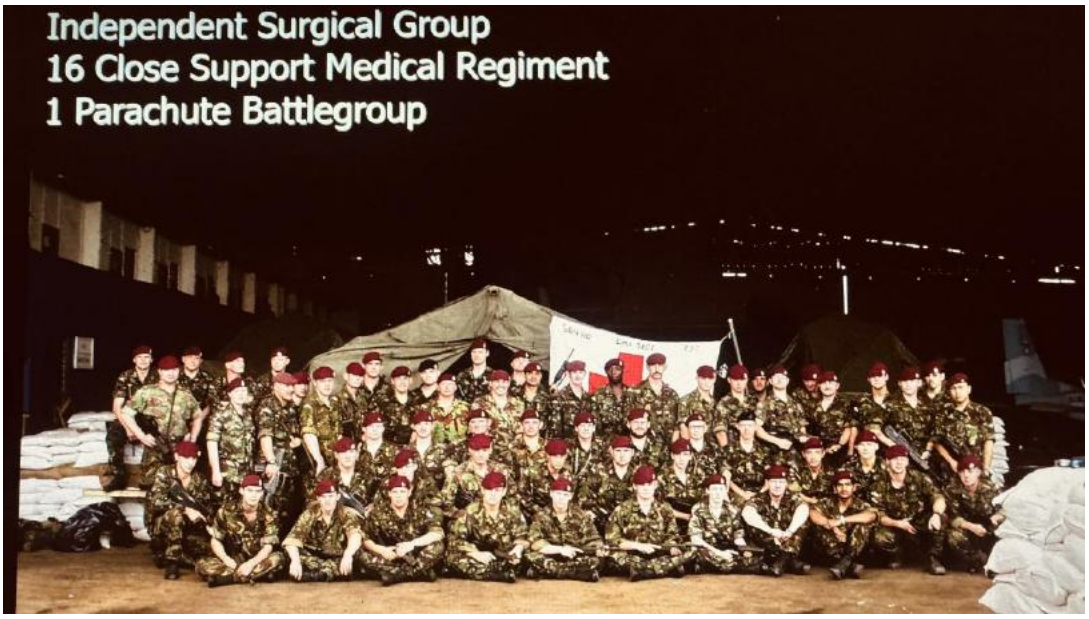
Deployments of 16 Close Support Medical Regiment (1999 – 2008)

Op PALATINE (2000)

The new unit's first operational commitment was a squadron deployment to Bosnia in March 2000, under the command of Major Mike Connolly.[23]

Op PALLISER (May – June 2000)

In May 2000, barely two months after Op PALATINE, another squadron under the command of Major Simon Powell deployed on an urgent contingency operation to Freetown, Sierra Leone, in support of a British Joint Task Force. The Task Force had been mobilised at the request of the Sierra Leonean Government, under threat from advancing rebels of the Revolutionary United Front.[24] The Task Force included the SPEARHEAD Land Element of 1 Parachute Battlegroup. The 16 CSMR squadron (designated an Independent Surgical Group) included a Field Surgical Team (its general surgeon was this author, then on SPEARHEAD).[25]



Independent Surgical Group, 16 CSMR at Lungi Airport (Photo supplied by David Vassallo)

The arrival of the Joint Task Force stabilised the situation such that Op PALLISER was terminated on 15 June, being superseded by Op BASILICA, which provided training for the Sierra Leone Army.

[23] 16 Close Support Medical Regiment – Unit News *The Army Medical Services Magazine*, June 2000; Vol 56 (2): pp 64-66.

[24] For detail, see: Evoe, P. J. (2008*). Operation Palliser: The British military intervention into Sierra Leone, a case of a successful use of Western military interdiction in a Sub-Sahara African civil war*. (Master of Arts), Texas State University-San Marcos, San Marcos, TX. https://digital.library.txstate.edu/handle/10877/2602 and: Roberson, W. G. (2007). *British military intervention into Sierra Leone: A case study*. (Master of Military Art and Science), U.S. Army Command and General Staff College, Fort Leavenworth, KS. http://www.dtic.mil/dtic/tr/fulltext/u2/a475595.pdf (ADA475595). (both accessed 10 September 2024)

[25] See: Vassallo, David. *Give me a Clue – Hot or Cold? A surgeon's memories of SPEARHEAD*. https://www.friendsofmillbank.org/downloads/Give_me_a_Clue.pdf (accessed 22 July 2024)

Op PALLISER was the largest purely national deployment of UK military force in the two decades since the Falklands War.

Op AGRICOLA (June – November 2001)

Squadron deployment to Kosovo

Op FINGAL (January – May 2002)

19 Air Assault Medical Squadron deployed to Kabul in support of 2 Para Battlegroup, as part of ISAF.[26]

Op TELIC 1 (February – June 2003)

Regimental deployment. 16 CSMR, together with the rest of 16 Air Assault Brigade, received official notification on 20 December 2002 of their deployment to Kuwait on Op TELIC, the Brigade being tasked with supporting the seizure of the Iraqi Rumallah oilfields. The Regimental Command Group, under its CO, Lt Col Charlie Beardmore RAMC, began deploying on 31 January 2003, with the majority of the 286 personnel who deployed with the Regiment (including reserves mainly drawn from 144 Parachute Medical Squadron (V), the Regiment's Territorial Army (TA) Squadron) arriving in theatre by 28 February. The Unit initially deployed to Concentration Area Eagle in Kuwait before crossing into Iraq at the start of hostilities. Meanwhile, Medical Troop deployed in support of UK Special Forces. On crossing the border, 19 and 23 Air Assault Medical Squadrons leapfrogged each other following the Brigade's rapid advance through the oilfields before reaching their final locations around Al-Amarah, where two separate Bedding-Down Facilities had to be established to cope with the large numbers of gastroenteritis cases then being suffered by the Brigade.[27]

The unit's surgical capability was based around two Air Assault Surgical Groups (AASG) providing Role 2+ support: 19 Squadron AASG, initially grouped with 3 PARA Battlegroup, and 23 Squadron AASG. They deployed into Kuwait in February 2003. Each AASG was comprised of a four-table resuscitation facility, a two table FST and a twin-bedded ITU facility. The unit's experience of forward surgery during this tour was summarised by Parker et al in the Corps Journal: 51 surgical procedures were performed on 31 patients (21 of them Iraqi prisoners of war or civilians) between 20 March and 25 April 2003.[28]

[26] See *Soldier Magazine*, May 2002.

[27] Vassallo, David. Organisation of the Defence Medical Services on Operations TELIC and HERRICK. pp.12-13. https://www.friendsofmillbank.org/downloads/organ%20of%20DMS%20on%20TELIC.pdf (accessed 22 July 2024)

[28] Parker P, Adams S, Williams D, Shepherd A. Forward surgery on Operation TELIC – Iraq 2003. *J R Army Med Corps*. 2005 Sep;151(3):186-91. doi: 10.1136/jramc-151-03-10.

Members of 16 CSMR on deployment in Iraq (Picture Lt Col Paul Parker, from: Blood, Heat + Dust)

The reader is directed to Colonel David Rew's online book '*Blood, Heat + Dust'* for background information and detailed descriptions of the work of 16 CSMR and its AASGs during Op TELIC 1.[29]

Op HERRICK 4 (April – October 2006)

The whole regiment deployed with 16 Air Assault Brigade to Helmand Province, Afghanistan on HERRICK 4 under command of Lt Col Martin Nadin RAMC:

> I have deployed Combat Medical Technicians, either dismounted or on vehicles, with each patrol or multiple that deploys 'outside the wire'. The success and utility of this tactic has been graphically demonstrated on two occasions. On two separate patrols, the proximity of technicians to severely wounded British soldiers and their ability to deliver appropriate medical interventions at the point of wounding were key in preventing loss of life.
>
> Lt Col Martin Nadin, Commanding Joint Force Medical Group.[30]
>
> ……..
>
> The major 'bottom up' initiative of the modern medical construct was pioneered on this deployment [Op HERRICK 4] with the development of what came to be called the 'MERT' [Medical Emergency

[29] Colonel David Rew. *Blood, Heat + Dust: Second Edition – Operation Telic and the British Medical Deployment to the Gulf 2003 – 2009* (online book)
https://eprints.soton.ac.uk/449455/1/David_Rew_BHD_SecondEdition_Complete_3.3.2021.pdf
Also available at: https://www.friendsofmillbank.org/op-telic-and-op-herrick/

[30] Report from Lt Col M N Nadin (Commanding Joint Force Medical Group) to HRH The Duke of Gloucester, Colonel in Chief Royal Army Medical Corps, dated June 2006, reporting on the first 12 weeks of deployment to Afghanistan. Museum of Military Museum: RAMC/CF/4/14/7/NADI (Box 88)

> Response Team]. This probably could only have been pioneered by 16 (much as only Para FSTs could be used on Op GRANBY) who were not constrained by orthodoxy. 16 was followed by 3 Commando Medical Brigade who thought the MERT was a good idea and consolidated the concept. This was then established, though not without controversy and significant opposition in future tours.
>
> Lieutenant General Louis Lillywhite, April 2021.[31]

The MERT was a revolutionary concept developed by 16 CSMR, taking the most experienced healthcare professionals (a consultant in anaesthesia or emergency medicine, a nurse and two paramedics) directly by helicopter to the most critically wounded on the battlefield. It had its precedents in the Royal Navy's Sea King helicopter-borne Incident Response Teams (IRTs) of the 1990s Balkans conflict, which carried an anaesthetist and operating theatre technician (now operating department practitioner) to the scene of injury.[32] The MERT in Helmand Province utilised the Royal Air Force's sturdy and more spacious CH-47 Chinook helicopter rather than the Royal Navy's Sea Kings. Anaesthetists or emergency physicians were deployed specifically for the MERT from 2008 onwards.[33]

> ……..

Award of George Medal to Lance Corporal Paul 'Tug' Hartley

> On the 6th of September 2006, Lance Corporal Hartley was attached to a patrol of Snipers from the 3 PARA FSG [Forward Surgical Group] located at Kajaki Dam. LCpl Hartley's Section Commander was tasked with identifying and engaging Taliban Fighters that had been reported operating in the vicinity of the Main Supply Route (MSR). Moving down the Southern side of the ridge, approximately 300m from the main FSG position, LCpl Hale was wounded severely in the leg by a Russian legacy anti-personnel mine. Observing the mine-strike from the top of the ridge, LCpl Hartley immediately moved to enter the minefield and give assistance at great personal risk. LCpl Hartley managed to stop the blood loss from LCpl Hale's leg, despite subsequent explosions. One of these blasts severely injured the only other medic in the patrol, mortally wounding Corporal Mark Wright, and leaving LCpl Hartley to take sole care of the wounded. Whilst using his medical pack to clear a path to the other casualties, LCpl Hartley was wounded in the chest by fragmentation from another mine-strike. By this time, LCpl Hartley was the only JNCO not incapacitated by his injuries, and so assumed Command responsibility. Focusing on applying treatment to the most badly wounded soldier, LCpl Hartley also instructed and supplied medical equipment to enable the management of three other soldiers. As medical supplies ran low, LCpl Hartley improvised with clothing and weapon slings until an American Helicopter was able to extract the patrol via winch. For his selfless and life saving actions, LCpl Hartley was awarded the George Medal [This was the first George Medal awarded to the RAMC since 1964].[34]
>
> N.B. Corporal Mark Wright was posthumously awarded the George Cross.

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[31] Lieutenant General Louis Lillywhite, personal communication, April 2021.

[32] Vassallo DJ, Sargeant ID, Sadler P *et al*. Mass Casualty Incident at Hospital Squadron Sipovo, Bosnia following a Czech Hip Helicopter Crash, 8 Jan 1998. *J R Army Med Corps* 1998; 144: 61-66.

[33] Vassallo, David. Organisation of the Defence Medical Services on Operations TELIC and HERRICK. p.43. https://www.friendsofmillbank.org/downloads/organ%20of%20DMS%20on%20TELIC.pdf (accessed 22 July 2024)

[34] Award announced in "No. 58183". *The London Gazette* (Supplement). 15 December 2006. p. 17357.

Award of Queen's Commendation for Bravery

For repeated acts of Gallantry whilst serving with the Pathfinder group, Corporal Nicholas Grant was awarded the Queen's Commendation for Bravery. On the 6th of April 2006 whilst on a vehicle patrol, Cpl Grant was able to suppress an enemy ambush by weight of accurate and sustained GPMG fire, allowing the lead callsign to extract from the killing area. Five days later, following a mine strike on the Platoon's fifth vehicle, Cpl Grant immediately rushed to the aid of the wounded with complete disregard for his own safety. Cpl Grant was able to halt the blood loss from one serious casualty by means of improvised tourniquets, before successfully extracting a second wounded soldier who had sustained several fractured vertebrae in the neck, Cpl Grant oversaw the management of the wounded until they were able to be CASEVAC'd.[35]

Re-designation

The unit was re-designated **16 Medical Regiment** on 1 August 2008 (see above).

[35] Award announced in **(TBC)**

Commanding Officers of 16 Close Support Medical Regiment 1999 - 2008

Sep 99 – Nov 01	Lt Col Carmichael
Nov 01 – Mar 04	Lt Col Beardmore
Mar 04 – Oct 06	Lt Col Nadin
Oct 06 – Aug 08	Lt Col Jose

Commanding Officers of 16 Medical Regiment (1 August 2008 – to be updated)

Aug 08 – Apr 11	Lt Col Hair
Aug 11 – Apr 13	Lt Col Tracey
Aug 13 -	Lt Col McNee

Regimental Sergeant Majors (1999 – to be updated)

Sep 99 – Sep 01	WO1 (RSM) Baker
Sep 01 – Apr 04	WO1 (RSM) Brookes
Apr 04 – Dec 05	WO1 (RSM) Kerr
Dec 05 – Dec 07	WO1 (RSM) Dussard
Dec 07 – Apr 09	WO1 (RSM) Leonard
Apr 09 – Dec 10	WO1 (RSM) Harriss
Dec 10 – Apr 13	WO1 (RSM) Harris
Apr 13 – Mar 15	WO1 (RSM) Brabin
Apr 15 -	WO1 (RSM) Duffy

To be continued

19 Airmobile Field Ambulance (disbanded 1999)

Its lineage at a glance

- 1 November 1960 - Redesignation of 19 Brigade Group Medical Company as 19 Field Ambulance (Airportable),[36] at Cherry Tree Camp, Colchester, Essex, with 19 Infantry Brigade
- 31 March 1978 - Redesignation of 19 Field Ambulance Wheeled RAMC as 7 Field Force Field Ambulance RAMC,[37] at Goojerat Barracks, Colchester
- 1 January 1982 - Redesignation of 7 Field Force Field Ambulance RAMC as 19 Field Ambulance RAMC[38]
- 1 October 1988 - Redesignation of 19 Field Ambulance (Wheeled) RAMC as 19 Field Ambulance RAMC[39]
- 1 October 1993 - Formation of 19 Air Mobile Field Ambulance RAMC (from 19 Field Ambulance) in a new role with 24 Airmobile Brigade when the Brigade moved from Catterick to Colchester.[40] The unit took on the airmobile role when 24 Airmobile Field Ambulance was converted to an armoured role (becoming 24 Armoured Field Ambulance)
- 31 August 1999 - Disbandment of 19 Airmobile Field Ambulance (and 23 Parachute Field Ambulance) (on formation of 16 Close Support Medical Regiment)[41]
- 1 September 1999 - Formation of 16 Close Support Medical Regiment[42]

[36] '**19 Field Ambulance (Airportable) RAMC –** GSO - Authority for Formation: MOD, 20/Misc/4131 (AMD 2d) dated 21 October 1960. Copy held at Museum of Military Medicine: ASD Cards, Box 981: ASD - REG – RAMC

[37] **7 Field Force Field Ambulance** 'Authority is given for the re-designation of 19 Field Ambulance Wheeled RAMC at Goojerat Barracks, Colchester to become 7 Field Force Field Ambulance RAMC (7 Fd Force Fd Amb RAMC) at the same location. Effective 31 March 1978.' GSO - Authority for Redesignation: D/AMD/27/4/24 (ASD 2a) dated 28 Oct ober1977.

[38] **19 Field Ambulance RAMC** GSO - Authority for Redesignation: D/AMD/27/1/1 (ASD2) dated 4 February 1982.

[39] **19 Field Ambulance RAMC** GSO – Authority for Redesignation: D/SG(OPS)468/2/24/3 (ASD 2a) dated 29 September 1988

[40] **19 Air Mobile Field Ambulance RAMC** GSO - Authority for Formation D/DASD/209/2 (ASD 3) dated 27 June 1994

[41] **19 Air Mobile Field Ambulance RAMC** GSO - Authority for Disbandment D/DASD/2/3081 (AMD 1) dated 4 May 1999

[42] **16 Close Support Medical Regiment** GSO - Authority for Formation: D/DASD/5/7283 (AMD 1) dated 4 May 1999.

23 Parachute Field Ambulance (disbanded 1999)

History at a glance

1914 (circa) Raised as the Field Ambulance supporting 127 (Manchester) Brigade, later renamed 127 (East Lancashire) Brigade. (There is reputedly a plaque commemorating this unit in one of the drill halls in Manchester or Liverpool).[43]

1939: Mobilisation as **127th (East Lancashire) Field Ambulance RAMC (TA),** served with British Expeditionary Force

1940 (2 June): Evacuation from Dunkirk

1941: Re-roled as light field ambulance

1942 (17 July): Re-roled as **127 Parachute Field Ambulance**

1943 (September): Landed in Taranto, Italy with 1st Airborne Division (130 killed, including CO, during approach to harbour on HMS Abdiel)

1944 (August): Parachuted into Southern France (Op ANVIL)

1944 (October): Parachuted into Greece (Op MANNA) during the Civil War there. For part of the time it was the only unit capable of major surgery in Athens following the Line of Communication with 97th General Hospital being cut.[44]

1945 – 1947: Service in Palestine (sailed from Haifa on 27 January 1947)

1947 (6 April): Re-designation as **23 Parachute Field Ambulance.** The decision to re-number the unit was driven by the assignment of three-digit numbers to the TA on its reformation on 1st April 1947, so this regular unit could no longer continue as '127'. The rationale for choosing '23' was based on the numbering of other units.

1948 - 1949: BAOR based in Hannover.

1951 – 1954: Egypt (Canal Zone)

[43] Lieutenant General Louis Lillywhite, personal communication to author, 2021

[44] ditto

1956: served in Cyprus

1956 (November): Suez crisis – participated in Op MUSKETEER

1977 (1st April): Reduced to a Parachute Clearing Troop on disbandment of 16 Parachute Brigade, and amalgamation with 15 Field Ambulance to form **6 Field Force Field Ambulance**, as part of 6 Field Force.[45] The unit was later re-titled **16 Field Ambulance**.[46] It remained a separate unit in the Army Order of Battle.

1982: Parachute Clearing Troop sees action in Falklands (Operation CORPORATE)

1985 (1 January): **Formation of 23 Field Ambulance** (operational as of 1 April)

1986 (6 April): **Re-designation as 23 Parachute Field Ambulance.**[47] The date 6 April was chosen to coincide with the anniversary of the re-designation of 127 Parachute Field Ambulance as 23 Parachute Field Ambulance on that same date in 1947.[48]

It was not an easy task preparing all unit personnel for their 'parachute' role in the newly-re-designated unit – the unit historical record for the first year of 23 PFA noted: '*Success was achieved in getting other ranks through Parachute Selection, including two top students. Officers however consistently failed*.'[49]

1990: Deployment on Op GRANBY. Ten officers, 16 NCOs and 65 Other Ranks were deployed to 33 General Hospital in Al-Jubail, Saudi Arabia, and a few personnel also deployed to other units. Two FSTs from 23 PFA paired with two volunteer FSTs from 205 General Hospital to deploy forward immediately before the ground war, carrying out forward resuscitative surgery during the ground war itself. There was a dispute in Theatre about this: forward surgery was opposed by some Regular senior clinicians, who were unaware of the overall operational plan, and who wanted to limit their role to resuscitation only. These same clinicians also proposed the term 'Forward Aggressive Resuscitation Teams' for the FSTs, fortunately never accepted, with its acronym FARTs. The Reservist personnel were more open-minded than their Regular counterparts, hence their willingness to detach two FSTs from 205 General Hospital. Formally the units retained their designation as FSTs.[50]

1996: Deployment to Tomislavgrad, Bosnia on Op RESOLUTE

1999: (31 August) Disbandment of 23 Parachute Field Ambulance on formation of **16 Close Support Medical Regiment** (on 1 September)

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[45] Amalgamation Order. Special order to 16 Parachute Brigade re the amalgamation of 23rd Parachute Field Ambulance with 15th Field Ambulance to form 6th Field Ambulance as part of 6th Field Force | Wellcome Collection (RAMC Muniments Collection, available at https://wellcomecollection.org/works/yaaut8fb/items

[46] *Army Medical Services Magazine* Feb 1978;32:8.

[47] Authority for Re-Designation. Ministry of Defence, General Staff Order: D/SG(Ops)468/2/24/3(ASD3a) dated 10 February 1986 'Authority is given for the re-designation at Mons Barracks Aldershot of 23 Field Ambulance RAMC as 23 Parachute Field Ambulance RAMC. Effective date is 6 April 1986'

[48] Unit Change of Status, in: 1987-88 Unit Historical Record; Annex A, dated 9 February 1988

[49] Personnel Matters, Annex 1, *ibid*

[50] Lieutenant General Louis Lillywhite, personal communication to author.

Three short histories of 23 PFA published within the Parachute Regiment journal *Pegasus*

The following account appeared in *Pegasus* in 1952:

Our direct descent is from 127 Parachute Field Ambulance, 2nd Parachute Brigade, whose war-time service included 'drops' in the South of France and in Greece. When the war finished 127 was a T.A. number and had to be given up, and so we were renumbered 23. At the same time, as the sole surviving airborne medical unit of the war years, we were reinforced on the disbandment of 6th Airborne Division by personnel from 16 Parachute Field Ambulance, which, in turn, was an amalgamation of 195, 224 and 225 Parachute Field Ambulances. 16 was, of course, the designation of the original parachute field ambulance formed in 1942 for 1st Parachute Brigade and is, perhaps, the number we should have in view of the Brigade Group we are in, but, by a strange piece of planning, 16 Parachute Field Ambulance ceased to be airborne in 1948 and went off to Malaya after passing on to us its parachute trained personnel. We have thus great traditions to uphold and we hope to add to them.

Shortly before coming overseas in June our CO, Lieutenant Colonel W R Lamb, MC, who had the misfortune to break his thigh on a jump, was replaced by Lt Col A D Young, DSO, returning to Airborne after a lapse of five years. As one of the original officers of 16 Parachute Field Ambulance he is our longest qualified parachutist and saw service with 1st Parachute Brigade in North Africa and with 3rd Parachute Brigade in North-West Europe and Palestine. In the unit, too, we have Cpl. Stoodley, formerly a rifleman in 8th Parachute Battalion, and L/Cpl Scott, who was in the medical section of 3rd Parachute Battalion and is our only link with Arnhem…

23 (Parachute) Field Ambulance – an account in *Pegasus* from 1985.[51]

On 31 March 1977 23 Parachute Field Ambulance was reduced to a Parachute Clearing Troop. By 1 April 1985 a new reborn 23 Field Ambulance will rise Phoenix (or Pegasus) like. The pregnancy is already well advanced with 16 Field Ambulance "mothering" the new "23" until it officially starts forming up from 1 January 1985.

Already (September 1984) the posting orders have started arriving. Many are for personnel who previously served with the old 23 PFA and are now coming out of the woodwork dusting off faded red berets. The commanding officer is to be Lt Col (Desg) L. Lillywhite, the second-in-command of the previous 23 PFA.[52] The RSM is WO1 'Jed' Newton who has served with 23 PFA, 3 PARA and 22 SAS from 1965 – 1977 and then with the Parachute Clearing Troop. The Parachute Clearing Troop, led by Major 'Bob' Shepherd (another ex-23 PFA soldier) is transferring across complete. The adjutant is to be Capt 'Fred' Newbound, now at the RAMC Training Group, but who has also spent most of his career in either 23 PFA or the Parachute Clearing Troop. Perhaps most importantly the new Quartermaster is Captain Robin Jacobs (another old hat who served in 23 PFA from 1961 – 1969), who moves from BMH Berlin in November to start receiving the stores for the new unit.

[51] Copied from **23 (Parachute) Field Ambulance** *Pegasus*, April 1985, p. 64.

[52] Lt Col Louis Lillywhite was eventually promoted to Lieutenant General and became Surgeon General, 2006 – 2009.

As well as giving 23 PFA the Parachute Clearing Troop, 16 Field Ambulance is donating its second-in-command, Major Jonathan Boreham, and Mons Barracks. The new unit will owe much to 16 Field Ambulance and it is hoped that close ties will be maintained between the two units.

The new 23 PFA is superficially similar to the old one. It has 118 personnel compared to the previous unit's 115. However instead of 82 RAMC and RADC personnel the new unit has 98 and can deploy one more parachute sub-unit (a third field surgical team) than the previous 23 PFA, as well as an extra non-parachute section. This has only been achieved by reducing the number of RCT personnel in the unit and as the number of vehicles has increased the "medics" of the new unit will have to add driving to their varied skills. Little else seems to have changed; already the forecast of events contains a recognisable pattern of exercises, parachuting, brigade competitions, Spearhead and social events. For those interested the reformation parade is planned for Monday 1 April 1985 preceded by a weekend of festivities.

The following account also appeared in *Pegasus* in 1985.[53]

The first Parachute Field Ambulance to be raised in 1941 was 16 Parachute Field Ambulance. The second, which in due course was renumbered as 23, was 127 Parachute Field Ambulance. As the 127th (East Lancashire) Field Ambulance RAMC (TA) it had mobilised at Manchester on the day before the start of the Second World War and immediately saw service as part of the British Expeditionary Force. Following the evacuation from Dunkirk on 2 June 1940 it re-roled in 1941 as a light field ambulance supporting an armoured division. On 17 July 1942 it again re-roled, this time as a Parachute Field Ambulance, being awarded the title of "Parachute" on becoming operational.

127 Parachute Field Ambulance saw active service in its new role for the first time in Italy with 1st Airborne Division, landing by sea on 8/9 September 1943. Following action in Italy they joined, as part of the 2nd Parachute Brigade *[this should read 2nd Independent Parachute Brigade]*,[54] the Allied Airborne Force that carried out the airborne assault into Southern France in August 1944 to prevent German forces moving to oppose the main sea-borne assault. The unit then returned to Italy before parachuting into Greece in October (during which assault one Battalion Group sustained a 27% casualty rate due to the 30 mph winds). The unit saw action in the civil war.

Following the end of the war in Europe 127 Parachute Field Ambulance, still part of the 2nd Parachute Brigade, returned to UK to join 6th Airborne Division then preparing to move to Palestine. From September 1945 to January 1947 the unit saw service in Palestine. On return to the UK 127 Parachute Field Ambulance had to give up the number "127" which belonged to the series allocated to the TA and on 1 [sic] April 1947 was renumbered "23".[55] Still part of the 2nd Parachute Brigade it was first moved to Germany. In 1949 the 2nd Parachute Brigade was returned to the UK and renumbered 16 Parachute Brigade. The Brigade saw service in the Suez Canal Zone from 1951 – 1954, Cyprus in 1956 and in the Suez operation in 1956 when 23 Parachute Field Ambulance was part of the airborne assault onto the Suez Canal. It is worth noting that the surgeon was one

[53] Copied in full, from: **A short history of 23 Parachute Field Ambulance** *Pegasus*, April 1985, pp. 64-65.

[54] The rest of the 1st Airborne Division had returned to UK in December 1943 to prepare for the invasion of Normandy, leaving the 2nd Parachute Brigade as an Independent Brigade to participate in the airborne assault into Southern France, on Op DRAGOON.

[55] This account erroneously gives the redesignation date as 1 April 1947. It should have stated 6 April.

Captain Kirby, the last Director of Army Surgery,[56] and the section sergeant was one Sergeant "Len" Goodall serving with the TA Airborne Medical Services. *[See account below on Field Surgery during Op MUSKETEER]*

By 1957 the unit was back in Aldershot where it remained until the disbandment of 16 Parachute Brigade on 31 March 1977. 23 Parachute Field Ambulance was reduced to a Parachute Clearing Troop and amalgamated with 15 Field Ambulance, (however it always remained a separate unit in the Army's Order of Battle) to form 6 Field Force Ambulance, later re-titled 16 Field Ambulance. The Parachute Clearing Troop saw action in the Falklands with both 3 Commando Brigade and 5 Infantry Brigade.

Following the Falkland Islands operation the Government decided to reinforce 5 Infantry Brigade (now called 5 Airborne Brigade). Part of the enhancements include the expansion of the existing Parachute Clearing Troops to form a new 23 Field Ambulance to be operational by 1 April 1985, eight years to the day after it had become non-operational.

What of the future? 5 Airborne Brigade is the army's brigade annoted [sic] for out of Area operations (operations outside the NATO area). It is impossible to predict what will happen in the World but if British Forces are required to go into action both the nature of airborne forces, the role of 5 Airborne Brigade and the organisation and training of the new field ambulance (which includes Parachute Surgical Teams) mean that the initial medical support at least is likely to be provided by the medics of 23 (Parachute) Field Ambulance.

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[56] **Captain Norman Kirby** would eventually be promoted Major General and, as Director of Army Surgery, carry out a fundamental review in 1979 of the organisation of hospital support for conflict in Europe, observing that field and general hospitals then had too few surgical teams and no formal resuscitation departments. This 1979 'Kirby Report' resulted in the radical restructuring of Territorial and Regular field hospitals. Major General Kirby also updated and edited the ***Field Surgery Pocket Book*** (London: HMSO, 1981), first produced in 1944 and last updated by him in 1962. The 1981 edition (edited by Colonel Peter Roberts) covered all aspects of modern military surgery and became essential reading for all military doctors, including this author.

A description of Field Surgery by Norman Kirby with 23 PFA on Op MUSKETEER (Suez 1956)[57]

(Extracts from an account by Sandy Cavenagh, Medical Officer 3rd Parachute Battalion, after the battalion and the field surgical team of 23 Parachute Field Ambulance had parachuted into Suez):

> *(pp. 143-144):* They [B Company] were to advance eastwards towards Port Said. Initially they had to cross a patch of broken ground before entering the reed-beds of the sewage farm beyond. As they did so the first of their casualties were brought in to us.
>
> And they were bad ones. The jeeps which took the anti-tank guns forward to their positions alongside the road had come straight back with the more serious cases. It is hard to imagine the damage which high-velocity missiles inflict on living tissues. Having once seen it, you do not forget.
>
> But it was bewildering: there were a penetrating chest wound, several compound fractures, a shattered knee joint, an innocent-looking little wound above the elbow. Above it the arm was ominously swollen. His right arm. I felt for the pulse at the wrist. Absent. The artery was divided and the arm would die.
>
> 'Not my arm, sir? Not my arm!'
>
> 'Don't worry. We'll get it right.'
>
> We didn't, and nor did anyone else.
>
> I brought Norman *[Major Norman Kirby, surgeon, future author of the Field Surgery Pocket Book, see note 44]* through from his preparations. They were having trouble with the Primus stoves and boiling up instruments was taking time. Nevertheless it was important to decide an order of priorities. We arranged the first few cases for operation near the 'Theatre' and went back to check the new arrivals.
>
> Within a short time the place was half full.
>
> This was the cost of Police Action. Yesterday they had all been fit, strong, tough, invincible. Now they were white-faced with shock, quiet, bleeding, dying. The battalion was paying for its efforts. Getting maudlin about it was unlikely to help. I wished to God that I even felt the action was right ….
>
> *(pp. 148-149)* So dawn became morning, and with the heat of the sun came the flies. We had seen nothing like the clouds of them which swarmed round the Dressing Station. There was plenty to attract them. Blood-soaked dressings lay in profusion everywhere ….
>
> Into [a pit] I had to throw most of the contents of my rucksack. The tin of self-heating soup had exploded inside it. Several bottles of Dextran, which had been included for transfusion to casualties, were so much powdered glass. The canvas roll of instruments had survived the fall, but

[57] Extracts from: ***Airborne to Suez***, by Sandy Cavenagh, Medical Officer 3 Para (Gludy Publications, 1965) (copy held at Museum of Military Medicine)

the instruments themselves were all slightly warped. Luckily at the moment they were not needed, for Norman Kirby's equipment was doing most of the work.

As soon as their preparations were complete the surgical team had begun to operate on a severe chest wound. Three of the medical orderlies, including the anaeshetist's batman, gave a pint of blood to help resuscitate the wounded man …

Closing the chest wound was the first of six major operations they performed that day …

'Becoming a bit crowded in here.' said Norman, gently wiping a few spots of blood from his spectacles. 'We'd better try to lay on some evacuation.' …

(p. 156). 'Take this bottle' [Norman] said, pressing a pint of plasma into my hands 'and make sure that drip keeps running on the plane.' … The transfusion of the wounded man must be kept going at all costs … and I was the most expendable member of the medical staff …

(pp. 162-163) The Dakota crossed the coast of Cyprus near Akrotiri and we began to lose height on the let-down to Nicosia … As the wheels thumped and screeched on the runway I remembered , disbelievingly, that I had left it only twelve hours ago. The fullest twelve hours of my life…

On the concrete stood several ambulances and quite a reception party … and an R.A.M.C. Colonel in charge. I climbed down the ladder and explained roughly what the casualties on board were …

'Get a helicopter,' he rapped out to an orderly in the background.

Next moment, with the familiar searing of rotors overhead, a helicopter landed alongside. The patient with the chest wound was transferred gently to it and the transfusion bottle handed in after him. In a blast of dust and noise they were off, riding smoothly above the bumpy roads, straight to the Military Hospital [BMH Nicosia].

Where he survived just another thirty-six hours.'[58]

[58] The patient whose fight for life is described above was Cpl John Wood, buried in Cyprus, see below.

In Memoriam – Corporal John Wood, The Parachute Regiment, age 23. Buried at Wayne's Keep Cemetery, Cyprus (the only one of 21 fatalities from Op MUSKETEER to be buried in Cyprus) (photograph by David Vassallo, originally published in 'Who was Sapper Brown? Remembering British military burials in Cyprus')

Commanding Officers of 23 Parachute Field Ambulance and its predecessors

Assumed command	Name	Remarks
127 Para Fd Amb		**Re-designation from 127 Lt Fd Amb**
Jul 1942	Lt Col MJ Kohane MC	
Oct 1943	Lt Col P Parkinson	
Aug 1945	Lt Col R Murray	
Jan 1946	Lt Col D Rowlands	
Oct 1946	Lt Col D Allenby	
23 Para Fd Amb		Re-designated due to '127' belonging to TA
Not specified	Lt Col DCJB Nixon	CO during re-designation from 127 to 23 PFA
Nov 1947	Lt Col DGC Whyte DSO	Also raised first Indian PFA
Jul 1948	Lt Col AT Marrable DSO	
Jun 1950	Lt Col WR Lamb MC	
Feb 1951	Lt Col AD Young DSO	
Oct 1954	Lt Col JL Kilgour	
Oct 1957	Lt Col AM Ferrie	
Jan 1961	Lt Col PH Freeman OBE	
Jul 1964	Lt Col DS Paton MBE	
Sep 1966	Lt Col RG Robinson	
Dec 1967	Lt Col RF Blackburn	
Apr 1970	Lt Col FT MacVicar	
Nov 1972	Lt Col RH Hardie	*23 PFA suspended: 31 Mar 1977-31 Mar 1985*
Para Clearing Tp		**Parachute Clearing Troop, 16 Field Ambulance**
Apr 1977	Maj AHM MacMillan	
Dec 1979	Maj LP Lillywhite	
Jun 1981	Maj P Lansley	
Jul 1983	Maj PC Sheperd	
23 Para Fd Amb		*Unit initially reformed as **23 Fd Amb**, 1 Apr 85*
Apr 1985	Lt Col LP Lillywhite MBE	*Unit renamed 23 PFA - 6 April 1986*
Sept 1988	Lt Col D Herberts	
Jul 1990	Lt Col H Lantos	
Jan 1993	Lt Col A Hawley	
Apr 1995	Lt Col TS Pitcher	
Jul 1997	Lt Col A Williams	Formation of 16 CSMR, 1 Oct 1999

Information provided by Lt Gen Lillywhite; collated with info on ParaData

144 Parachute Medical Squadron – its lineage and history (compiled by Brigadier Alistair Macmillan)

Date	Designation	Location
1886	3 Div Vol MSC	Woolwich
1902	Woolwich RAMC Vol Coy	Woolwich
1908	5th London Fd Amb	Greenwich
1920	141 (County of London) Fd Amb	Greenwich
1927	In abeyance	-
1939	Reformed	Greenwich
1947	4 Parachute Fd Amb	Bermonsey
1950	44 Parachute Fd Amb	Bermonsey
1967	144 Fd Amb (but unofficially known in 44 Par Bde as 144 PFA!	Chelsea
1993	**144 Para Med Sqn**	Hoxton
2015		Hornsey
2024		London, Cardiff, Nottingham and Glasgow

The antecedents of 144 Parachute Medical Squadron.[59]

1. The **Volunteer Medical Staff Corps** was first established officially in London in 1885 by James Cantlie (father of DGAMS Lt Gen Sir Neil Cantlie). The purpose was to provide stretcher bearers and first-aiders. Early manning was significantly provided by medical students. The establishment of Bearer Companies had first been authorised in 1873 but they were only envisaged as being formed for exercises and overseas operations, as required, with the manpower returned to the peacetime establishment at the end of the venture. In 1886, a **3rd Division of the Volunteer Medical Staff Corps** was formed at Woolwich. This division, in common with others around the country, provided volunteers to reinforce the nascent RAMC in the [Second] Boer War.

2. After the [Second] Boer War, the Volunteers were renamed and 3rd Division Volunteer Medical Staff Corps became the **Woolwich Company RAMC Volunteers**. In 1905, bearer companies were disbanded, and the manpower combined with field hospitals to form a new unit, the field ambulance, born of experience from the Boer War.

3. In 1908 the Territorial Force was created from all the existing Yeomanry and Volunteer Units. Around the country they were formed into 14 infantry divisions, each having three field ambulances, and 14 mounted brigades, each having a smaller mounted field ambulance. Two of these infantry divisions formed in London and thus six London field ambulances came into being. The Woolwich Company RAMC Volunteers transformed into **5th London Field Ambulance** based at Greenwich and the 4th London Field Ambulance at Woolwich. They were part of the 2nd London Division.

4. At the beginning of the Great War, the Territorial Force was mobilized and 2nd London Division, with its three field ambulances, deployed to the Western Front in March 1915 as the 47th (2nd London) Division. It stayed there throughout the rest of the War before returning to the UK in early 1919. It took part in the following battles: Aubers Ridge, Festubert and Loos in 1915, Vimy Ridge and the Somme in 1916, Messines, Ypres and Cambrai in 1917 and the Somme again then into the Final Advance into Artois in 1918.

5. The Territorial Force units were required to form duplicates of themselves and a 2nd/5th London Field Ambulance emerged in 1915. It was part of the 60th (2nd/2nd London) Division that went to France in June 1916 just prior to the Somme campaign of that year, then to Macedonia in December 1916, finally redeploying to Egypt in June 1917. The division and its units were broken up there in June 1918.

6. The Territorial Force was transformed into the Territorial Army in 1921 and the three field ambulances were renumbered to align with the brigades of the 2nd London Division. 5th London became **141 (County of London) Field Ambulance,** while 4th London and 6th London became 140 (County of London) and 142 (County of London) Field Ambulances respectively. The 10-Year Rule planning assumptions and severe economic strictures on the Army budget meant that, by 1927,

[59] Information kindly provided by Brigadier Alistair Macmillan, Honorary Colonel 144 Para Med Sqn, April 2015.

each Territorial Division was reduced to one field ambulance with the other two being placed in suspended animation. 140 (County of London) Field Ambulance, based at the Duke of York's HQ, Chelsea, was the senior unit and thus became the lone survivor during the interwar years.

7. With war looming once more, **141 (County of London) Field Ambulance** was reformed in 1939 but due to the fact its parent division had been transformed into an Anti-Aircraft Division in 1935 it was available for re-tasking. It therefore transferred to the newly formed 5th Infantry Division (13 Infantry Brigade) at Catterick that soon after deployed to France as part of the BEF.

8. Recovering through Dunkirk back to the UK in June 1940, 5th Infantry Division subsequently had an eventful war. It was employed in the capture of Madagascar in April 1942, it then formed part of the forces operating in Persia and Iraq from August 1942 and participated in the invasion of Sicily in July 1943 and the invasion of Italy in September 1943. It was recycled through Palestine in July 1944 returning to Italy in February 1945 before finally reaching Germany in March 1945 in time for the final part of that campaign prior to the German surrender and end of the war in Europe. The division was disbanded in 1946.

9. Just as in the Great War, Territorial Units created duplicates in 1939 for Second World War duties. 141 (County of London) Field Ambulance bore 189 Field Ambulance destined initially for Corps troops support duties but which soon became 189 Cavalry Field Ambulance and then 189 Light Field Ambulance. This unit deployed to the Middle East in late 1940 and remained there supporting armoured formations until deployed to Greece in late 1944. It was disbanded in 1945.

10. The Territorial Army was reformed in 1947, and 141 (County of London) Field Ambulance was handed a brand-new role. It was to become a parachute field ambulance, one of three in the new territorial 16 Airborne Division and was named **4 Parachute Field Ambulance** based at Bermonsey. A novel departure for the territorial establishment was the inclusion of two surgical teams within the unit in order for it to discharge its new parachute duties. In 1950, the unit was retitled **44 Parachute Field Ambulance** and in 1956, when 16 Airborne Division was disbanded, it remained in-role supporting 44 Parachute Brigade. It absorbed detachments in Birmingham and Derby (moving to Nottingham) from 45 Parachute Field Ambulance based in Birmingham and 46 Parachute Field Ambulance based in Liverpool when these units were disbanded. In 1961 the unit headquarters moved to the Duke of York's HQ, Chelsea.

11. Further Territorial Army reorganization saw the loss of a number of division and brigade formations and the creation of different degrees of readiness, and training liability, within the nascent Territorial Army and Volunteer Reserve in 1967, resulting in the wholesale renumbering of units. Much of this was due to the burgeoning role of reinforcing the British Army of the Rhine in time of war. Category 1 units were at highest readiness, Category 2 units were next and were independent units with their own TA Centres (e.g. 220 Field Ambulance). Category 3 units had less of a commitment being sponsored units without their own TA Centre (e.g. 307 Field Ambulance) and managed centrally by a Central Volunteer Headquarters from each Corps. There was only one RAMC TA unit which joined the highest category, and this was **144 Field Ambulance (Volunteers)** created by the amalgamation of 44 Parachute Field Ambulance and 160 (Welsh) Field Ambulance

in Cardiff and Swansea. The new unit headquarters remained at Chelsea with detachments in Nottingham and Cardiff. The parachute role was lost but given that the unit remained within, and collocated with Headquarters of, 44 Parachute Brigade, the maroon beret survived, and informal parachuting opportunities persisted. It became the only field ambulance left in the Central London area. The 'every-ready' tag of Category 1 lapsed in 1972.

12. The first Commanding Officer of 144 Field Ambulance (Volunteers) was Lieutenant Colonel Clive Samuel who sadly died (of a heart attack) whilst parachuting on 30 June 1969. A new detachment in Glasgow was raised in 1972. Wider military re-organization of the Army resulted in the abolishing of all brigade headquarters, as a savings measure, in 1977. Consequently, with the demise of Headquarters 44 Parachute Brigade, the unit moved to under command of a new higher formation and a new role providing support (alongside 22 Fd Hosp) to the Logistic Support Group of the United Kingdom Mobile Force – the only part left of the Army not dedicated to the British Army of the Rhine – with a role within a number of deployment options on NATO's flanks. The unofficial nature of parachuting by unit members was finally exposed and threatened extinction in 1985; it took a nifty bit of staff work in the Ministry of Defence to authorize a proportion of the unit as official parachuting reserves for Regular shortfalls and as reinforcements.

13. The end of the Cold War brought new opportunities and challenges to the Territorial Army Medical Services. The unit headquarters moved to Wenlock Street Hoxton. Wider rationalization of the Army Medical Services recast medical doctrine and it was decided to reconstitute 144 Field Ambulance (Volunteers) as a sub-unit of its Regular partner, 23 Parachute Field Ambulance. This occurred with due ceremony in 1993 and the unit became **144 Parachute Medical Squadron**. This change presaged wider developments in the grouping of second line medical units and the creation of medical regiments (formed from amalgamations of field ambulances) in 1999 when most of the volunteer field ambulances became squadrons of regular regiments. In 2007, the remainder was formed into TA Medical Regiments.

14. Further change to 144 Parachute Medical Squadron's parentage took place during that 1999 rationalization when 23 Parachute Field Ambulance amalgamated with 19 Airmobile Field Ambulance to form 16 Close Support Medical Regiment, in Colchester, in support of the new 16 Air Assault Brigade. Later the Squadron found a new home for its headquarters in Hornsey. Further parental rationalization took place in 2009, under 'Improved Medical Support to the Brigade', when its name changed to the simpler 16 Medical Regiment.

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The author apologies for remaining errors and omissions. If you notice any errors or wish to submit additional material for inclusion, please contact the author at djvassallo@aol.com

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Commanding Officers of 144 Parachute Field Ambulance RAMC (up to 1993)