21 Multi-Role Medical Regiment
(Previously 34 Field Hospital, restructured in 2023)

Introduction

21 Multi-Role Medical Regiment (21 MMR) formed up on 1 August 2023 under the command of Lieutenant Colonel Jonathan Woods, on re-designation of its immediate predecessor 34 Field Hospital, to become the second of the two regular MMRs in the British Army created under the Future Soldier programme.[1] During this process, 34 Field Hospital, based in Queen Elizabeth Barracks and Towthorpe Lines in Strensall, Yorkshire, had been restructured following the re-subordination of **29 Medical Squadron** from 3 Medical Regiment on its disbandment on 28 February.[2] See Annex for this Squadron's history.

21 MMR now has a pre-hospital Role 1 Medical Squadron (29 Medical Squadron) and a Role 2 Hospital Squadron under its command, in addition to Regimental Headquarters and a Support Squadron. It is configured and trained for the arduous conditions of modern warfare, adapting to lessons learned from Ukraine and the Middle East, whilst not forgetting lessons from the past.[3]

Future Soldier re-organisation (2023)

Major changes occurred in the Army Medical Services from 28 February 2023 under the Future Soldier programme.[4] This resulted in a reduction in the number of Close Support Regiments and the formation of

[1] The other is 22 MMR, in Chester, previously 22 Field Hospital, originally based in Keogh Barracks, Mytchett; see Current Unit histories on the Friends of Millbank website https://www.friendsofmillbank.org/current-units/

[2] See Previous Unit histories https://www.friendsofmillbank.org/previous-units.

[3] From cookhouse to casualties: Army medics transform old kitchen into hospital. *Forces News* 17 October 2024. https://www.forcesnews.com/services/army/british-army-builds-massive-deployable-hospital-disused-cookhouse (accessed 29 October 2024)

[4] 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)

Multi-Role Medical Regiments (MMRs), which contain both Role 1 pre-hospital and Role 2 hospital squadrons. There are now two Regular and nine Reserve MMRs, four Regular Medical Regiments and three other Reserve medical units.[5- 6]

On 28 February 2023, the two Medical Squadrons of 3 Medical Regiment (which was disbanded) were re-subordinated to the two Regular Field Hospitals to create Multi-Role Medical Regiments. 12 Medical Squadron was re-subordinated to 22 Field Hospital to form 22 MMR, and **29 Medical Squadron was re-subordinated to 34 Field Hospital.** 34 Field Hospital was formally re-designated as **21 MMR** on 1 August.

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 a new Corps, the Royal Army Medical Service, with the approval of His Majesty the King.[7]

The flags of the three former Corps were taken down at the formation parade held outside Regimental HQ at Robertson House, Camberley, and the new Royal Army Medical Service flag raised in their place.[8] This comprised the three colours of Dull Cherry, from the RAMC; Athol Grey, from the QARANC; and Victoria green, from the RADC and also for Project Victoria, under which the new Corps had come into being.[9-10] The new RAMS colours are shown on the title page (above), together with the new cap badge (below).

The cap badge and 'Steadfast' motto of the Royal Army Medical Service

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

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

[7] This had previously been announced in Parliament on 15 October 2024. 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).

[8] See: https://www.forcesnews.com/services/army/historic-creation-new-royal-army-medical-service-officially-marked-sandhurst

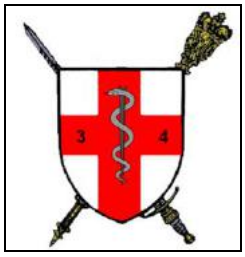
[9] See https://www.forcesnews.com/services/army/historic-creation-new-royal-army-medical-service-officially-marked-sandhurst (accessed 16 November 2024)

[10] 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/

Previous unit insignia – 34 Field Hospital

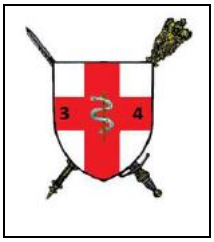
Last insignia of 34 Field Hospital, in use 2019-2023.
The new insignia for 21 MMR replaced '34' with '21', and incorporated the serpent from the RAMS crest.

The unit insignia of 34 Field Hospital used the City of York's coat of arms as a foundation, though the Cross of St George thereon was changed in 2019 to a black cross on a green background to prevent it being confused with that of the International Committee of the Red Cross.



Insignia in use 2015 – 2019

The erstwhile use of the Cross of St George shows the strong English influences and the former importance of the city of York when King Edward III made it the capital during the fighting against Scotland. The crossed Sword and Mace refers to the creation of the office of Lord Mayor of York in the 14th century by King Richard II. The King had presented a sword to the City in 1387 to be used in civic ceremonies and, in 1397, the right to also carry the mace was ensconced in a royal charter. The base of the York coat of arms has been embellished with the serpent-entwined Rod of Asclepius (which in Greek mythology was wielded by the Greek god Asclepius, a deity associated with healing and medicine) and, finally, there is the Arabic numerical representation of 34 Field Hospital.[11]



Superseded May 2015, when the serpent symbol was revised

[11] Information provided by WO1 (RSM) Shaun Reeve (2 December 2014)

34 Field Hospital – a short history

34 Field Hospital had an eventful career in its 27 years of existence since its formation on 1 April 1996.[12] By the end of its fifth year it had already deployed four times (to Bosnia, Kosovo, Sierra Leone and Afghanistan). This tempo continued with three deployments to Iraq and another two to Afghanistan by the end of 2014, Sierra Leone in 2015, and elsewhere thereafter.

It was the first field hospital to deploy into both Afghanistan and Iraq – and it rounded off the HERRICK campaign by being the last British field hospital to deploy to Camp Bastion, manning the Role 3 hospital there until its closure on 22 September 2014. Barely six months after its return to the UK 34 Field Hospital undertook a very challenging deployment to Sierra Leone to combat an Ebola epidemic on Op GRITROCK. There has hardly been a lull in operational commitments since then. The unit's latest commitment was to Op NEWCOMBE in Mali in 2021, providing a Ground Manoeuvre Surgical Capability as part of the UK Long Range Reconnaissance Group in support of United Nations operations. In addition the unit maintained a deployed hospital care capability at very high readiness, deployable rapidly by air or sea.

It also provided aid to the civil community in York when floods swept through the city in 2000. Personnel from 34 Field Hospital stood shoulder to shoulder with civilians, emergency services and other troops from the city to assist in erecting defences and filling sandbags, helping to keep the flood waters at bay. In recognition of its services to the local community during previous crises and to the nation through its many deployments, 34 Field Hospital received the Freedom of the City of York in March 2013.

34 Field Hospital – its history at a glance (1996 – 2023)

- Formation (1 April 1996)
- Op PALATINE (Bosnia, 1998 and 1999)
- Op AGRICOLA (Kosovo, 1999)
- Op SILKMAN (Sierra Leone, 2001)
- Op FINGAL (Northern Afghanistan, 2001 – 2002)
- Op TELIC 1 (Iraq, 2003)
- Op TELIC 7 (Iraq, 2005 – 2006)
- Op TELIC 10 (Iraq, 2007)
- Op HERRICK 12 (Afghanistan, 2010)

[12] See separate history, on the Friends of Millbank website https://www.friendsofmillbank.org/previous-units

- Awarded Freedom of the City of York (2013)
- Op HERRICK 20 (Afghanistan, 2014)
- Op GRITROCK (Sierra Leone, 2015)
- Op RESCRIPT and BROADSHARE (UK, 2020 – 2022)
- Op NEWCOMBE (Mali, 2020-2021)
- Future Soldier re-organisation (2023):
    - Re-subordination of 29 Medical Squadron from 3 Medical Regiment (28 February)
    - Re-designation as 21 Multi-Role Medical Regiment (1 August)

34 Field Hospital – its history in depth (1996 – 2023)

Formation

34 Field Hospital was formed on 1 April 1996 in Queen Elizabeth Barracks and Towthorpe Lines in Strensall, Yorkshire and declared operational on 1 October 1996.[13]

Original unit crest (soon after formation, with the red rose of Lancaster and white rose of York)

Deployments, 1996 - 2023

Within five years of its formation, reflecting the tempo of overseas operations during Prime Minister Blair's government, 34 Field Hospital had already deployed five times. It cared for deployed troops as well as local

[13] Ministry of Defence, General Staff Order - Authority for Formation, D/DASD/209/2 (AMD 1b) dated 20 Sep 1995

civilians on Op PALATINE in Bosnia (1998 and 1999), Op AGRICOLA in Kosovo (1999), Op SILKMAN in Sierra Leone (January – July 2001) and Op FINGAL in Bagram, northern Afghanistan (December 2001 – July 2002), thereby becoming the first British field hospital to deploy into Afghanistan.

34 Field Hospital further deployed three times to Iraq on Op TELIC, and twice more to Afghanistan on Op HERRICK, culminating in the final HERRICK 20 tour in 2014. The unit then returned to Sierra Leone for three months in 2015 to counter the Ebola outbreak there, on Op GRITROCK.

Op PALATINE (Bosnia, 1998 and 1999)

1998: 34 Field Hospital provided the nucleus for the Hospital Squadron in Sipovo for the period March – September 1998. The Squadron, led by Major Chris Townend RRC, was based in a tented facility within a warehouse that had previously housed a clothing factory, and was under the command of **5 Field Ambulance** (who took over from **24 Armoured Field Ambulance** on 18 March). An early feature of this deployment was Exercise Neushoorn Serpent, involving the Dutch Medical Support Team and 5 Field Ambulance Group. This paved the way for a multinational approach to care within MND (SW). On average the Hospital Squadron dealt with one major incident every 5 weeks, mainly due to mine explosions or Road Traffic Accidents (the latter being the commonest cause of major trauma, with two members of 5 Field Ambulance being killed in such accidents). During this tour plans were approved to rebuild the Hospital facilities to create a better clinical environment, before the site became multinational in July 1999.[14]

1999: **34 Field Hospital** deployed a Hospital Squadron to Sipovo from March – October 1999, as part of the UK Field Ambulance Group (led by **4 Field Ambulance** under the command of Lt Col Mark Pemberton)**.**[15]

Op AGRICOLA (Kosovo, 1999)

(detail to be obtained)

Op SILKMAN (Sierra Leone, January – July 2001)

Towards the end of the 1990s civil war broke out in Sierra Leone with the Revolutionary United Front attempting to capture the capital, Freetown. The turning point came with the intervention by British Forces who deployed on Op PALLISER between May – June 2000 at the request of the Sierra Leone Government. British Forces also bolstered the United Nations' mission (UNAMSIL) with training teams in support of the Sierra Leone Army. [16]

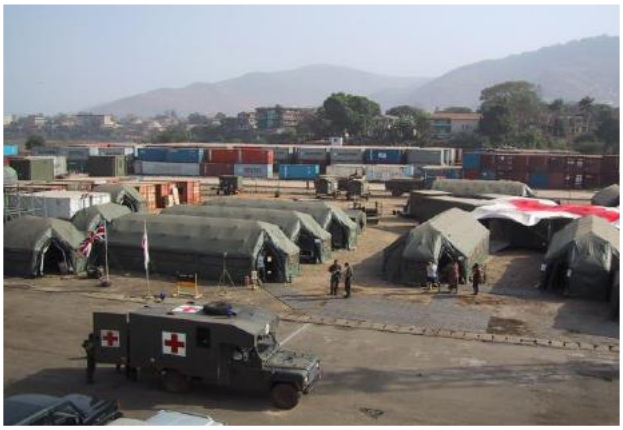
Role 3 medical support was initially supplied by UNAMSIL's Indian Hospital. The Indians withdrew in January 2001 and were replaced by a Jordanian Hospital. Uncertainty regarding this hospital (which was initially assessed as having inadequate nursing and surgical capabilities) resulted in the deployment of a UK Role 3 designated facility. This was

[14] 34 Field Hospital - Historical Record: Operation PALATINE Mar-Sep 98, dated 28 January 1999 (copy held in Unit Historical Record 1 April 1998 – 28 February 1999)

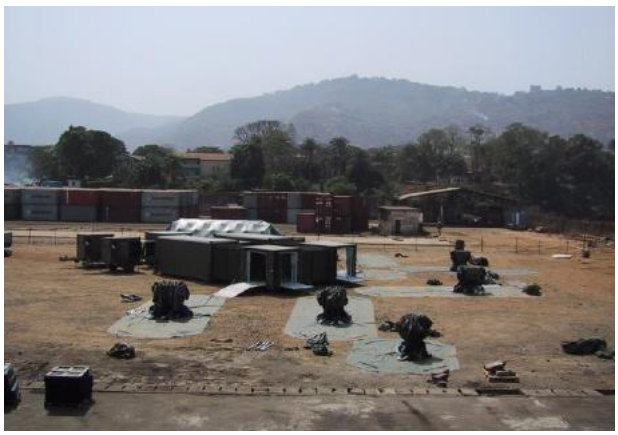
[15] 4 Field Ambulance – Unit Historical Record 1 April 1998 – 31 March 1999. Annex B1: Change of Location, Op PALATINE March 1999 – October 1999

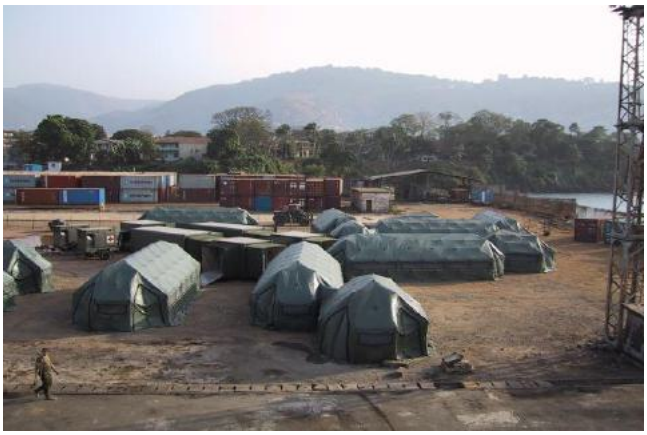
[16] For more detail, see Richards, David *'Sierra Leone 2000: Pregnant with Lessons'*, Chapter 4, in: *British Generals in Blair's Wars* (Eds: Jonathan Bailey, Richard Iron and Hew Strachan) (Ashgate: Farnham, 2013)

provided by 34 (UK) Field Hospital Troop which established a 10-bed tented facility (including a GIAT containerised operating facility) on the quayside at Freetown alongside a Royal Fleet Auxiliary LSL, which provided logistic support. This deployment lasted until summer 2001 when the British training teams were replaced by an international force.



34 Field Hospital Troop on the quayside at Freetown, using Drash tentage, Op SILKMAN





GIAT containerised operating facility, Op SILKMAN

(Courtesy of Lt General Martin Bricknell and Col Vicky Wellington)

Op VERITAS / FINGAL (Northern Afghanistan, 2001 – 2002)

A Hospital Troop from 34 Field Hospital deployed to Bagram airport, northern Afghanistan, on 23 December 2001, in support of the newly-established International Security Assistance Force (ISAF), barely three months after the 9/11 attacks by Al-Qaida against mainland USA.

Aerial view of the tented 34 Field Hospital Troop, alongside destroyed Russian equipment (left foreground), and the British unit accommodation lines at Bagram

During that one-day move, all the personnel of the Hospital Troop deployed aboard one C-130 Hercules, and all the equipment was carried aboard a second Hercules, thereby proving the concept of a rapidly deployable Role 2 facility. A ten-bed tented facility, with two operating tables and a small emergency department, was set up rapidly on Christmas Eve, in support of UK Special Forces, the Royal Marines of 40 Commando and US Forces, co-operating thereafter with the nearby US 274th Field Surgical Team situated beneath the airport control tower, and later also with a Spanish field hospital that deployed in early 2002.

Over the next few months the unit dealt with several major incidents. One arose when a US refuelling plane crashed into a mountainside at night on 9 January 2002. The refuelling aircraft split in two on impact, with all crew in one half, and the fuel in the other, which exploded as a massive fireball. Amazingly all the crew members survived without critical injuries or burns.

Another incident arose from a USAF Chinook crash on 29 January 2002 when the pilot lost visibility carrying out a night landing. In the latter incident 14 casualties were processed through the Hospital Troop, with

several undergoing surgery, before they were all evacuated to Uzbekistan only four hours after arrival.[17] An image of the interior of the emergency department just before casualties arrived, and an account of the working conditions at this hospital and the optimism of these early days in Afghanistan, from a physician's viewpoint (Lt Col Mark Bailey), was posted on the BBC News website ten years later.[18]

Bagram Airfield, 2002, with the tented 34 Field Hospital Troop in foreground, Hindu Kush mountains behind (Painting above by Gordon Rushmer, artist, with permission) (Location circled in preceding photo)

However, the main medical event associated with this tour was an outbreak of a severe contagious disease from 13 - 19 May 2002 which arose within the hospital itself, necessitating it being placed in quarantine.[19-20] There were 29 cases of vomiting, diarrhoea, and fever among the staff, three were classified as seriously ill with circulatory collapse (with suspected meningitis), ten were flown back to the UK for treatment and one to an American hospital in Germany. Fortunately all recovered fully. Electron microscopy tests eventually

[17] Vassallo DJ, Gerlinger T, Maholtz P. Combined UK/US Field Hospital management of a major incident arising from a Chinook helicopter crash in Afghanistan, 28 Jan 2002. *J Roy Army Med Corps* 2003;**149**:47-52. The first author was deployed as general surgeon with 34 Field Hospital Troop in Bagram between 23 December 2001 and 17 March 2002.

[18] 'Afghanistan 10 years on: UK troops recall 'naivety' of war.' Vanessa Barford, BBC News 6 October 2011 http://www.bbc.co.uk/news/uk-15167102 (last accessed 31 January 2021)

[19] PHLS. Illness in military personnel in Bagram, Afghanistan. Commun Dis Rep CDR Wkly 2002; 12(21) (http://www.phls.co.uk/publications/CDR Weekly/index.html)

[20] Morgan D, Horstick O, Nicoll A, Brown DW, Gray JJ, Hawker J. Illness in military personnel in Bagram, Afghanistan. Euro Surveill. 2002;6(21):pii=2140 http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=2140 (last accessed 27 October 2024)

confirmed the outbreak was due to a Norwalk-like virus behaving in a previously unknown life-threatening manner – later named the Bagram strain.[21]

This incident was immortalised in rhyme by then-professor of emergency medicine, Colonel Timothy Hodgetts, who was visiting 34 Field Hospital Troop at the time, and who took charge of the hospital response when the incumbent emergency consultant fell ill. The following are excerpts from his poem 'Bagram Belly', well worth reading in full.[22]

The hospital sat on a disused airbase,
In mountainous foothills near Bagram.
Ordnance was bulldozed aside in great haste
(Left over from Russian invasion).

….

In the myths of the Corps this is 'Bagram Belly'.
An unfortunate spate of the runs,
Which weakens the lessons for history,
For the sake of alliterative pun.

34 Field Hospital Troop returned to UK in July 2002 once an American Combat Support Hospital had been established at Bagram airbase.

Op TELIC 1 (Iraq, February – May 2003)

34 Field Hospital was the first hospital unit into Iraq on Op TELIC 1, setting up a temporary tented facility at Shaibah airport (the site of the old RAF Shaibah in the Second World War). During its time there, the unit treated over 3,500 people, many of whom were Iraqi civilians and children. A unique feature of this deployment was that during the build-up phase before the invasion of Iraq the Field Hospital was deployed forward of the Role 1 medical units and attached surgical teams, and some six km from the Iraqi strong hold of Az Zubayr. Once battle commenced, this meant British casualties were transferred almost directly from point of wounding (Role 1) to the Field Hospital (Role 3).

[21] Centers for Disease Control and Prevention Outbreak of acute gastroenteritis associated with Norwalk-like viruses among British military personnel—Afghanistan, May 2002. MMWR Morb Mortal Wkly Rep. 2002;51:477–9

[22] Bagram Belly. In: Maj. Gen. Tim Hodgetts. '*Frontlines and Lifelines – Collected Poems from an Army Doctor in Crisis and War*' Unicorn Publishing Group, 2024. See the 'New Books' section on the Friends of Millbank website, https://www.friendsofmillbank.org/new-books/

Detail – the medical perspective

34 Field Hospital, under the command of Lt Col Pat John RAMC, commenced preparation for Op TELIC in late 2002, finally receiving its Force Generation Order in early February 2003. It deployed its equipment by sea on 14 February, and its personnel from 16 February onwards. It would play a key part in all four phases of TELIC 1: Preparation, Shaping the Battlespace, Ground Operations, and Post-Conflict Resolution.

The medical plan required 34 Field Hospital to be held on wheels at a Tactical Assembly Area ready to be deployed forward into Iraq at the earliest opportunity in support of combat operations. It initially set up a 25-bed facility just within the Kuwaiti border, before deploying in stages into Iraq from G Day +4 to G Day +7 to establish a robust 200-bed facility on 26 March at its final destination, Shaibah Airfield. This airfield, some 4 km west of Az Zubayr and 13 km south of Basra, was the site of RAF Shaibah in the Second World War and was now designated to become a Logistic Base.

7 Armoured Brigade was still fiercely contesting the area as 34 Field Hospital deployed to Shaibah, with the airfield being hit repeatedly by indirect fire during the build of the hospital. 34 Field Hospital actually deployed forward of 1 Close Support Medical Regiment and its integral Role 2 surgical teams in order to best deliver critical Role 3 medical support during the warfighting. Casualties were delivered directly by armoured ambulances from point of wounding, negating the need for Damage Control Surgery at Role 2.

Building 34 Field Hospital – The Royal Engineers' perspective

'PHASE TWO – SHAPING OPERATIONS The Staging Phase (which ran concurrently with the operational level shaping operations phase) of the operation saw the incoming formations move from the APOD and SPOD [Air and Sea Points of Departure] out into the forward desert positions. With the Division's Battlegroups moving into CA [Concentration Area] RIPPER, we began to receive more substantial tasks from the HQJFLogC. The provision of an initial 25 Bed Hospital facility was met within 48 hours of our arrival in HAMMERSMITH. Following this, the requirement for an enhanced 200-Bed facility was identified by the Division and built by 1 Troop over a nine day period. The facility boasted full air conditioning, wooden flooring running water throughout, medical waste disposal through the provision of sluices and a grey water separator, which disposed of water through a developed leech field. At the time of construction, this hospital was amongst the most advanced ever built in the field by a Military Construction Force. The preparatory work carried out in the UK had prepared the planning team well. Ex LOG VIPER had offered an insight into the level of engineer support required by the Medical Group and whilst we had not been formally warned of the likely hospital build, the study and practical exposure to the mechanical components of the hospital kept surprises to a minimum during its construction.

PHASE THREE – THE CONTACT BATTLE The early days of the ground war also saw the Squadron build its second 200-man enhanced Field Hospital in Shuaiba (just south-west of Al Basrah) and enable the opening of Umm Qasr Port…'[23]

[23] Harris SPF. "In Through the Out Door" GS Engineer Support to the Joint Force Logistic Component. *Royal Engineers Journal* 2003 (December); 117(3):314-318.

The Royal Engineers Field Squadron perspective

'We [20 Field Squadron RE] moved on from SAFWAN to another airfield, this time at SHAIBA, some 10km SW of AL BASRAH. It was here that a decision was finally taken to construct the first Role 3 field Hospital in Raw. I say "finally" as the recce was a story in itself and provides an observation on the decision making process at Formation level. The indecision that seemed to rack the chain of command appeared to be a symptom of "ownership" or lack of it. Was it Commander Medical's decision where to locate the hospital or G3 Ops within Div HQ? The answer was never clear but with recce "pull" much in evidence, SHAIBA it was. The design was for a 200 bed facility including a 500 man Expeditionary Camp Infrastructure. It was a Squadron task and the challenge was to complete the main build within nine days. Given that the first hospital built by the Regiment in Kuwait had taken 11 days the pressure was on. In electing to construct on a hard standing we knew we faced additional problems but on balance this proved to save considerable time. Six days later, we completed both the hospital and the supporting camp as much to our own surprise as everyone else's. And here I must single out the attached STRE [Specialist Team Royal Engineers]. WO1 Hastings from 528 STRE (Wks) and his team were magnificent and proved to my mind the value of a "works" grouping. Flexible, adaptable and exceptionally hardworking they took the design and made it suit the ground and the whims of the medics.

Which leads me to my final observation. The medical world is laced with competing priorities and officers of senior rank who insist on getting involved on the ground – let's face it, when did you last see a Brigadier erecting tents? At SHAIBA there was more than one. **Field Hospitals need to learn from the experiences in both Kuwait and Iraq to establish in peacetime the requirements of each department in war. The delays in construction caused through de-conflicting the requirements of each department could lead to unnecessary loss of life next time around**.'[24] (emphasis added)

Resume

By the time 34 Field Hospital handed over its Role 3 commitment at Shaibah to 202 Field Hospital (V) on 16 May 2003, it had treated 3500 patients, admitted 2100 of these, and carried out 420 surgical operations. Its busiest period was between 27 March and 12 April, with its bed occupancy averaging 185. Most admissions during this period were victims of a large outbreak of gastroenteritis which seriously affected many units, including the hospital itself, whose own staff accounted for a third of the admissions. This was largely as a result of the premature introduction of locally sourced fresh rations (including salads and fruits) before rigorous environmental health measures could be fully implemented.

The hospital also treated numerous injured civilians, but it was the large number of paediatric casualties, and the lack of basic paediatric equipment, that created the most angst – especially as requests for

[24] Wardlaw R. Somewhere between a Rock Drill and a Hard Place: 20 Field Squadron RE Engineer Tasks on Operation Telic 1. *Royal Engineers Journal* 2003 (December); 117(3): 319-324 (specifically p.322)

paediatric equipment had been repeatedly staffed but had been consistently rejected or demands diluted.[25] **(emphasis added)**

Learning Point. Paediatric casualties are an inevitable feature of war, and they will present for care at military medical facilities, a fact that military planners have sometimes forgotten.

Op TELIC 7 (Iraq, November 2005 – April 2006)

34 Field Hospital deployed to Shaibah Logistic Base in Iraq on Op TELIC 7 under the command of 7th Armoured Brigade. The unit provided Deployed Hospital Care at BMH Shaibah for the deployed force of 8,000 UK personnel in conjunction with 29 Close Support Medical Squadron and the Czech 7th Field Hospital who were based in the Basra Hospital site.

Op TELIC 10 (Iraq, May – November 2007)

After a short respite the unit was again deployed to Iraq this time under the command of 1 Mechanised Brigade serving the deployed force of 5,500 UK personnel. The hospital was now based in the Contingency Operating Base in Basra, so was now known as BMH Basra, and it was supported by elements of 16 Close Medical Support Squadron and 3 Close Support Medical Regiment.

The first two months of Op TELIC 10 had an exceptionally heavy UK military casualty load from Hostile Action, before a temporary ceasefire was negotiated with al-Fartusi's *Jaish al-Mahdi* (JAM) militia in July. The tour began with the difficult challenge of conducting the Relief in Place of a force in contact, with the exceptionally high tempo carrying on from Op TELIC 9. In these first two months alone, more casualties were received by the unit at BMH Basra than during the whole of Op TELIC 8, with Indirect Fire (IDF) attacks causing practically as many casualties as Improvised Explosive Devices (IEDs). The hospital itself was not immune from IDF, with four 122mm rockets exploding on or immediately around it in July and August.[26]

Op HERRICK 12 (Afghanistan, April – October 2010)

34 Field Hospital returned to Afghanistan in 2010 on Op HERRICK 12, this time manning the Joint Force Role 3 hospital at Camp Bastion in what was arguably the busiest and most kinetic part of the conflict there, coinciding with the latter stages of Op MOSHTARAK. This operation pushed the Taliban from their strongholds in central Helmand (Nad Ali and Lashkar Gah districts and Marjah). This resulted in the hospital treating up to 250 casualties per week of varying complexities and from several nationalities.

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[25] Vassallo D. *Organisation of the medical services in Iraq and Afghanistan*. In: *Military Medicine in Iraq and Afghanistan – A comprehensive review*. (Ed: Ian Greaves; CRC Press, 2019), p.51 Available online at https://www.friendsofmillbank.org/op-telic-and-op-herrick/ (Information derived from: 34 Field Hospital – OP TELIC Post Operational Report, dated 20 June 2002)

[26] Vassallo D. Organisation of the medical services in Iraq and Afghanistan. *Op cit*., p.57 (Information derived from Operation TELIC 10 – UK Medical Group Post Operational Report, dated 15 November 2007

Op HERRICK 20 (Afghanistan, April – September 2014)

The unit deployed in April 2014 on Op HERRICK 20 as the last unit to operate the Bastion Role 3 Hospital, prior to British combat troops pulling out of Afghanistan at the end of October 2014.

In addition to providing Deployed Hospital Care and Close Support pre-hospital care 34 Field Hospital also commanded the Afghanistan National Security Forces Medical Development Team aiming to ensure that sustainable and proficient Afghan military medical capability remained in Helmand following the withdrawal of ISAF troops. The role of the team was truly multidisciplinary with Consultants, Nurses, ODPs and MDSS technicians improving the processes at the Trauma Medical Centre in Camp Shorabak. By the time they left, the Afghan Medical Services could comfortably deal with ICRC level two casualties.

The Role 3 hospital was formally closed on 22 September 2014 by Lt Col Jaish Mahan RAMC, Commanding Officer UK Medical Group, and Commanding Officer 34 Field Hospital:

> For all of us here, especially medics, Afghanistan has been the defining operation of our military generation. It has been the catalyst which has catapulted us to the forefront of battlefield trauma care world-wide. This building, the Bastion Role 3, has been at the heart of that development…
>
> The Bastion Role 3 has an incredible reputation and we who stand here on HERRICK 20 are in no doubt that we stand here on the shoulders of giants who have gone before us and who created this paradigm; but we should all be very proud that we have written a befitting final chapter to this incredible story and we are all now part of that history.[27]

Casualties arriving at Camp Bastion, Op HERRICK 20
(Artist: David Rowlands, with permission. The original hangs in Robertson House, HQ AMS, Camberley)

[27] Extract from: Lt Col JK Mahan RAMC, Final Address – Closure of the Bastion Role 3 [sic] on 22 September 2014.

Op GRITROCK (Sierra Leone, April – July 2015)

On 30 May 2014, while 34 Field Hospital was otherwise occupied in Afghanistan, the World Health Organisation was notified of an Ebola outbreak in Sierra Leone. The epidemic quickly spiralled out of control, spilling over into neighbouring Guinea and Liberia, resulting in thousands of fatalities and overwhelming all three countries' health systems. As part of a concerted multinational response, the UK sent civilian and military medical staff to Sierra Leone from September 2014. The UK military mission, involving medical, engineering and logistic personnel from the three Services, was called Op GRITROCK.

At the start of this mission 22 Field Hospital had set up a 12-bed high level Ebola Virus Disease Treatment Unit (EVD TU) to manage infected healthcare workers, at Kerry Town (the 'Kerry Town Unit'), outside the capital Freetown, alongside an 80-bed Ebola Treatment Centre (ETC) for the local population run by the charity Save the Children.[28] The military medical presence and expertise provided a high level of reassurance to the volunteer healthcare workers and international staff at the ETC.

Barely six months after returning from Afghanistan 34 Field Hospital took over the EVD TU in Sierra Leone, on what turned out to be a three-month operational tour. The medics of 34 Field Hospital formed part of a team of 100 Regulars and Reserves from all three services including 18 members of the Canadian Armed Forces. 34 Field Hospital handed over the facility to Aspen Medical on 30 June before returning to the UK in July. The military medical services had treated over 130 patients between November 2014 and June 2015.[29]

'What matters most'
34 Field Hospital staff caring for Ebola patient in Sierra Leone, on Op GRITROCK, 2015
Oil painting at HQ Royal Army Medical Service, Robertson House, Camberley
(Stuart Brown, artist, with permission; the doctor shown standing at right is Col Mark Bailey, infectious diseases consultant, who commissioned this painting from life)

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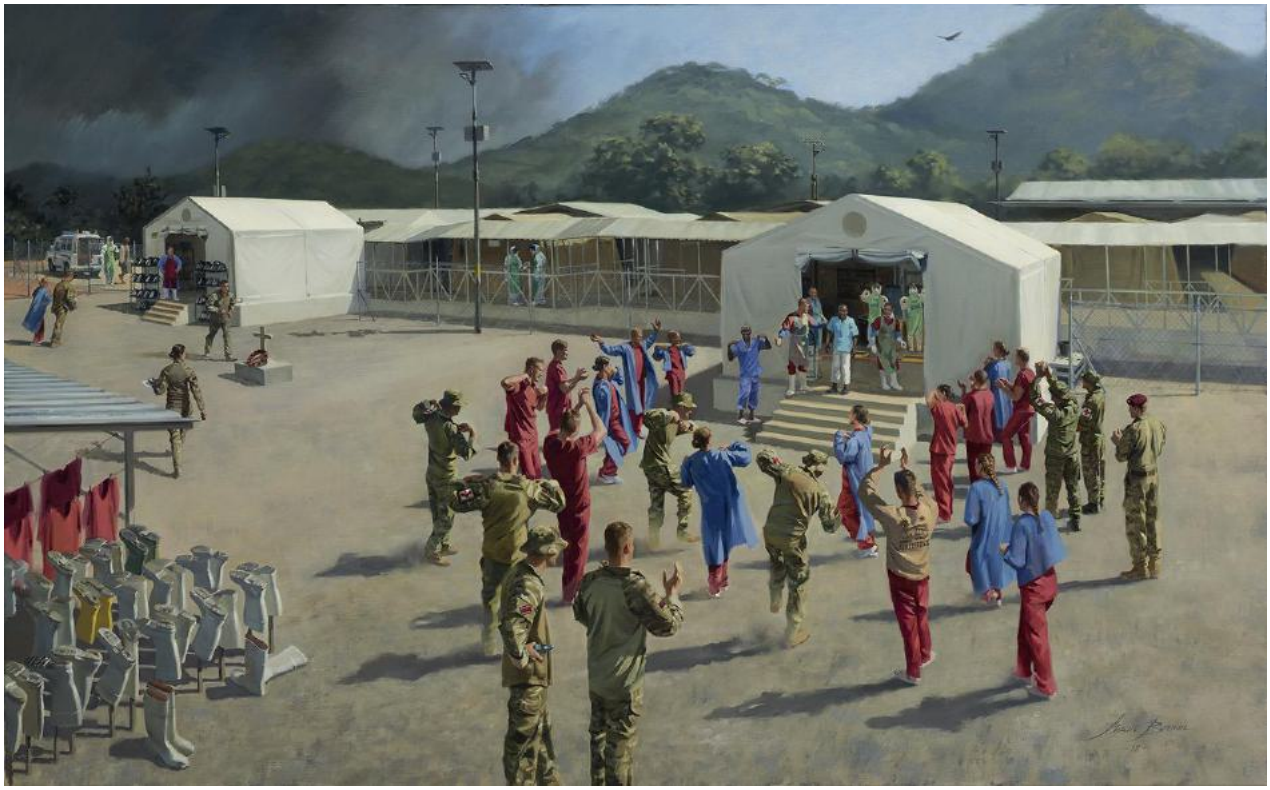
[28] Operation GRITROCK: The UK military mission to combat Ebola in Sierra Leone http://www.tiki-toki.com/timeline/entry/481198/Operation-Gritrock-The-UK-Military-Mission-to-Combat-Ebola-in-Sierra-Leone/

[29] Bricknell M, Hodgetts T, Beaton K, et al. Operation GRITROCK: the Defence Medical Services' story and emerging lessons from supporting the UK response to the Ebola crisis *J R Army Med Corps* 2016;162:169–175

The World Health Organisation declared Sierra Leone free from Ebola Virus Disease on 7 November, and Operation GRITROCK formally came to an end four days later, on 11 November 2015.[30]



Ebola survivors' dance
(Stuart Brown, artist, with permission. Commissioned by Col Mark Bailey)

On return from Op GRITROCK 34 Field Hospital staff received their operational tour medals at a special parade. The medals were presented by Her Majesty's Vice Lord-Lieutenant of North Yorkshire, Mr Peter Scrope and the Director General of the Army Medical Services, Major General Jeremy Rowan, on his last engagement before leaving the Army.[31]

Very High Readiness role

In late 2015, one year after returning from Op HERRICK 12, 34 Field Hospital became the Army's Very High Readiness deployable unit, being prepared at short notice to deploy anywhere in the world into friendly or hostile environments. In this role the unit took the lead in developing a new capability with Air Delivered

[30] Ministry of Defence - Biannual UK Armed Forces and UK Entitled Civilians Operational Casualty and Fatality Statistics 1 June 2011 to 30 September 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/748590/20180912_ENCLOSURE_1_Biannual_UK_Armed_Forces_and_UK_Entitled_Civilian_Operational_Casualty_and_Fatality_Statistics_1_Jun_11_to_30_September_18.pdf

[31] Ebola Medal for Military Medics in York http://www.rfca-yorkshire.org.uk/ebola-medal-for-military-medics-in-york/ (last accessed 31 January 2021)

and Sea Delivered options, preparing for 'The return to Contingency' on cessation of the HERRICK campaign. The unit exercised this air-deployable capability as the Vanguard Field Hospital on Exercise SHAMAL STORM in Jordan in 2016, when it set up ready to receive casualties within 11 hours of arrival.[32]

34 Field Hospital in Jordan on Exercise SHAMAL STORM, 2016
(photo credit: Julian Simmonds, The Telegraph)

This capability was rotated regularly between 22 and 34 Field Hospital in support of UK Defence force elements at readiness for rapid deployment anywhere in the world.

Op RESCRIPT and BROADSHARE (UK)

The years 2020 - 2022 were dominated by the coronavirus-2 (SARS-CoV-2) pandemic. 34 Field Hospital contributed as part of Defence support (Op RESCRIPT) to the UK response to this pandemic. This included reconnaissance and planning as part of the military assistance team, and support to the NHS in Yorkshire and North-East England in establishing Nightingale hospital facilities. The unit also retained a deployed hospital care capability at very high readiness to support any overseas requirements.

[32] Army unveils rapid response hospital that can be set up in just 16 hours. *The Telegraph*, 5 April 2016 http://www.telegraph.co.uk/news/2016/04/05/army-unveils-rapid-response-hospital-that-can-be-set-up-in-just/ (last accessed 31 January 2021)

Op NEWCOMBE (Mali, December 2020 – June 2021)

In 2012, following unprecedented civil unrest, rebel groups, including Islamist militants with links to Al-Qaeda, began to violently take control of northern parts of Mali. Following a request for military assistance, the United Nations established a stabilisation mission in 2013, known as the United Nations Multidimensional Integrated Stabilisation mission in Mali (MINUSMA), and France launched Operation SERVAL, targeting the Islamist militants in the north. The British assisted the French with RAF logistic and aerial non-combat support under Operation NEWCOMBE.

With the UK's peacekeeping deployment to South Sudan (Operation TRENTON) coming to an end in early 2020, the UN Security Council authorised the UK to send a peacekeeping force to Mali, also under Op NEWCOMBE, with the deployment in December 2020 of a light cavalry-based Long Range Reconnaissance Group in support of MINUSMA. This Group, initially based on the Light Dragoons and Royal Anglians, would conduct long range patrols and be capable of operating independently for periods up to 28 days as far as 2,000 km from base, in temperatures up to 51C.[33] The UK peacekeeping force withdrew from Mali almost two years later, on 14 November 2022, due to increasing political instability in the country.

34 Field Hospital was tasked with developing the initial forward surgical capability of the Long Range Reconnaissance Group. A Ground Manoeuvre Surgical Group was formed for the specific requirements of this demanding operation, capable of managing five T1 casualties for extended periods without resupply. Following a year-long period of mission specific training with the Task Group, deployment to Mali commenced in December 2020. The unit's involvement with Op NEWCOMBE ended in 2021.

Links with the City of York

Freedom of the City 34 Field Hospital is justly proud of the links that it has established with the City of York, and it has endeavoured to maintain this close partnership, taking part in regular fund-raising events as

[33] Operation NEWCOMBE, 2021, Mali (Major Bryn Williams). Chapter 15, in: Mission Command and Leadership on Operations since 1991 (Centre for Army Leadership, 2024). pp 116-125. https://www.army.mod.uk/media/25267/cal-mission-command-and-leadership-on-operations-2024-final-v2.pdf (accessed 27 October 2024)

well as other public relations opportunities. The City reciprocated, showing its appreciation by presenting the 'Freedom of the City' to 34 Field Hospital on 9 March 2013, shortly after its return from Op HERRICK 12.[34-35]

Local hospital - York NHS Foundation Trust 34 Field Hospital has forged a deep and lasting relationship with York NHS Foundation Trust where mutual leadership and development training opportunities are offered and the military clinical staff can maintain their currency and competency, whilst giving something to the community.

Yorkshire Ambulance Service The local Ambulance Service gives the unit's Combat Medical Technicians vital exposure in prehospital care whilst learning from the techniques and experience gained in an operational environment.

Future Soldier re-organisation (2023)

On 28 February 2023, under the Future Soldier programme, **29 Medical Squadron** (see Annex for its history) was re-subordinated from 3 Medical Regiment to 34 Field Hospital, thereby commencing the transition period before the formation of **21 Multi-Role Medical Regiment** on 1 August 2023.

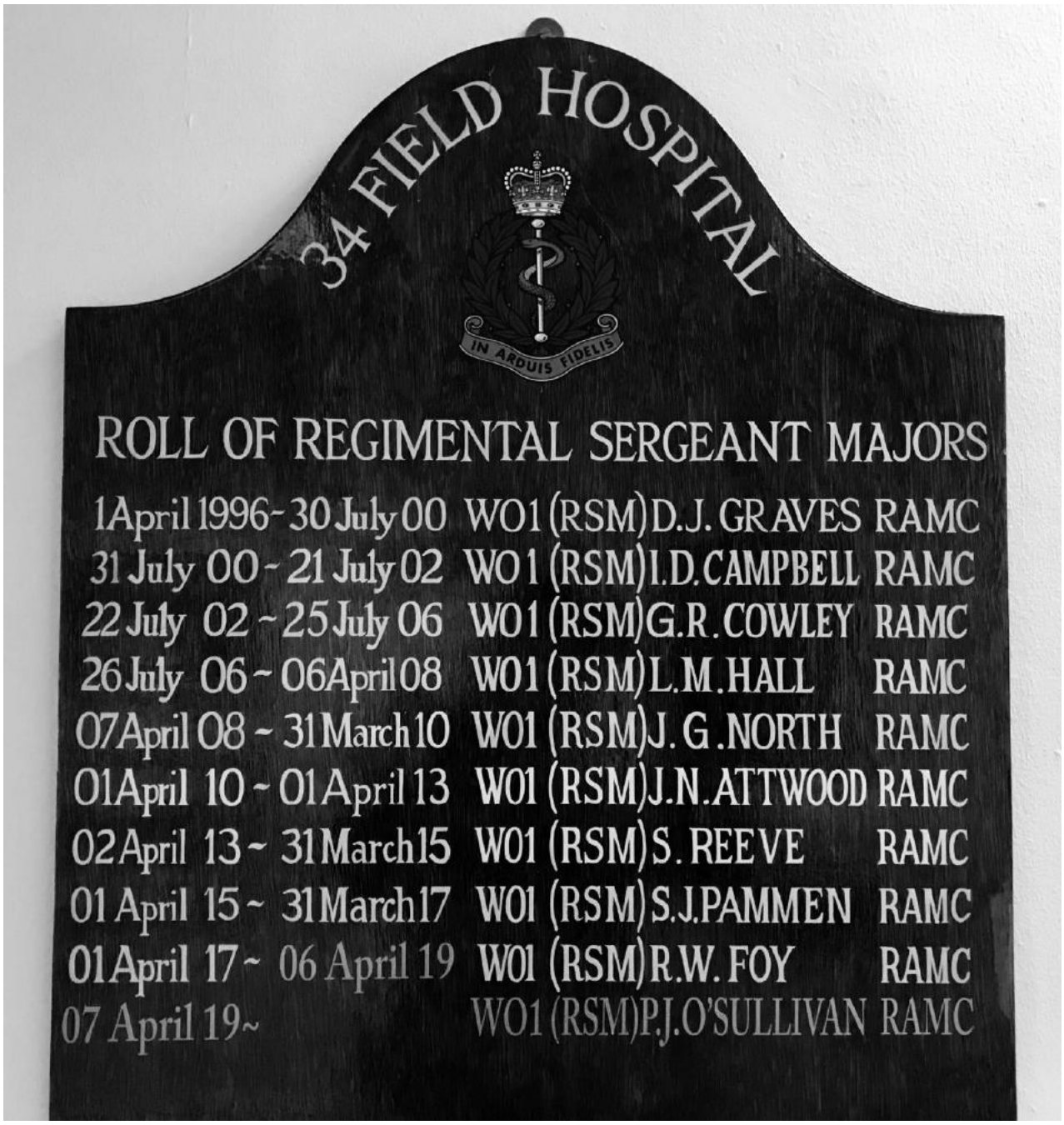
And thus began another chapter in this unit's history.

[34] Freedom of Entry to The City for army medics. The Press, 8 December 2012 http://www.yorkpress.co.uk/news/10097198.City_honour_for_army_medics/ (last accessed 31 January 2021)

[35] https://www.facebook.com/britisharmy/photos/a.10150214602630615.444131.318319690614/10152647386140615 (last accessed 31 January 2021)

Commanding Officers of 34 Field Hospital, 1996 – 2022

Regimental Sergeant Majors of 34 Field Hospital, 1996 – 2022



Annex - 29 Medical Squadron (lineal successor to 29 Field Ambulance)

Introduction

29 Medical Squadron transferred to 3 Medical Regiment in 2018. Previously, it had been an integral part of 2 Medical Regiment throughout that unit's existence (2008 – 2018).

This Squadron's lineage starts with **29 Field Ambulance**, formed in West Germany in 1950, which carried on the name of its predecessors that served in the World Wars. The Squadron subsequently formed part of **1 Armoured Division Field Ambulance** (formed 1977), **1 Armoured Field Ambulance** (1982), **1 Close Support Medical Regiment** (2000), **2 Medical Regiment** (2008), and thereafter **3 Medical Regiment** (2018-2023).

First World War

29 Field Ambulance was formed as part of the 9th (Scottish) Division on 21 August 1914.[36] Following training in Scotland, the unit proceeded to France in May 1915 and was soon involved at the Battle of Loos. The following year, 29 Field Ambulance participated in the Battle of the Somme, including the capture of Longueval and the Battles of Delville Wood and Le Transloy.

In 1917 the unit took part in the Battle of Passchendaele, the action of Welsh Ridge and the First and Second Battles of the Scarpe during the Arras Offensive. In 1918 the unit was involved on the Somme, in the Battles of the Lys and The Advance in Flanders, supporting the capture of Outtersteene Ridge and seeing action in the Battle of Courtrai.

9th (Scottish) Division was selected to be part of the occupation force and on 4 December 1918 they crossed into Germany to take up a position at the Cologne bridgehead on the Rhine. In late February 1919, the original units were demobilised and replaced by others, and the Division was renamed the Lowland Division. [37]

Second World War

29 Field Ambulance is recorded as serving in Iraq (10 April - 31 May 1941) and Syria (8 June - 12 July 1941) with the Middle East Forces.[38]

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[36] *The 9th (Scottish) Division in 1914 – 1918*. The Long, Long Trail http://www.1914-1918.net/9div.htm (last accessed 30 January 2021)

[37] There is a website dedicated to the 29th Field Ambulance in the First World War: http://www.wartimememoriesproject.com/greatwar/allied/ramc29fldambl-gw.php)

[38] 'Orders of Battle 1939 - 1945 War - RAMC', War Office File 0534 / 3, in 'Second World War Orders of Battle', Historical Branch (Army)

Cold War

29 Field Ambulance reformed in Goslar, West Germany in 1950, moving to Hildesheim in 1951 and to Osnabruck in 1958.[39] It was one of six field ambulances serving with the British Army of the Rhine.

1977 – Amalgamation with 29 Field Ambulance, to form 1 Armoured Division Field Ambulance

On 1 September 1977, 29 Field Ambulance amalgamated with 28 Field Ambulance to form **1 Armoured Division Field Ambulance**, based in Hohne,[40] with its individual squadrons maintaining the separate lineages to each field ambulance. On 1 October 1982 the new unit was renamed **1 Armoured Field Ambulance.**[41] A later change to the establishment necessitated a new Authority for Formation (under the same name of 1 Armoured Field Ambulance) on 1 October 1993.[42]

1990 - Op GRANBY (Saudi Arabia)

Following Saddam Hussein's invasion of Kuwait, the Squadron deployed with the whole of 1 Armoured Field Ambulance (known as 1 AFA) to Saudi Arabia in October 1990, providing first-line medical support for 7 Armoured Brigade (the Desert Rats). The heavily reinforced 1 AFA (eventually numbering some 400 personnel) was subdivided into two main sub-units for this operation, Dressing Stations 1A and 1B (DS1A and DS1B), as well as four Armoured and two Wheeled Ambulance Sections. During the ground war, 1 AFA operated in two parts, with RHQ, DS1A and the Forward Troop operating in support of 7 Armoured Brigade, and DS1B providing medical cover for the Divisional troops.

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[39] **29 Field Ambulance RAMC** was formed in Goslar on 1 July 1950. It was identified by Standard Unit Code 5160 0290. The unit had moved to Hildesheim by 4 January 1951 where it remained until August 1958, moving to Harden Barracks, Osnabruck by 1 November 1958 (*information obtained from Army Staff Duty Card (29 Field Ambulance RAMC) - citing General Staff Order - Authority for Formation: BAOR/41772/A (Org 1) dated 13 Jun 1950).* The Army Staff Duty Cards (ASD cards) are an operational index of medical units and formations in the British Army from circa 1945 to circa 1970, containing locations, title changes and establishment references but no personal information, based on the General Staff Orders (GSOs) issued by the War Office / Ministry of Defence. Details were transcribed from the GSOs onto individual 'Unit History and Location Cards'. This unique set of index cards is held in the Museum of Military Medicine.

[40] **1 Armoured Division Field Ambulance** *'Authority is given for the amalgamation of 28 Field Ambulance APC RAMC at Glyn Hughes Barracks, Hohne, BFPO 30 with 29 Field Ambulance APC RAMC (moving from Harden Barracks, Oberkirchen, BFPO 29) and 1 Division Field Hygiene Section (moving from Shiel Barracks, Verden, BFPO 32) to become 1 Armoured Division Field Ambulance RAMC (1 Armd Div Fd Amb RAMC) at Glyn Hughes Barracks, Hohne, BFPO 30. Effective date is 1 September 1977.'* (GSO – Authority for Formation: D/AMD/27/4/22 (ASD 2a) dated 21 July 1977)

[41] **1 Armoured Field Ambulance** GSO – Authority for Redesignation: D/AMD/27/1/1 (ASD2) dated 3 Jan 1983

[42] **1 Armoured Field Ambulance** GSO – Authority for Formation: D/DASD/209/2 (ASD3) dated 27 June 1994.

The Desert Rat insignia

In recognition of its support to 7 Armoured Brigade on Op GRANBY, 1 Armoured Field Ambulance was granted authority on 15 December 1995 to wear the Brigade Insignia (The Desert Rat).[43] This was to remain a part of unit insignia (a heritage proudly carried on by the Squadron and 2 Medical Regiment) until 2014.

1994 - 1999 – The Balkans - Ops GRAPPLE, RESOLUTE, LODESTAR and PALATINE

Following the disintegration of Yugoslavia in the years after the death of Tito, the UN established a Protection Force (UNPROFOR) in 1992 to supervise the de-militarization of the warring factions and to provide relief to the civilian population. Further descent into civil war resulted in a succession of UN and NATO operations (UNPROFOR, IFOR and SFOR), before peace was eventually restored.

29 Squadron deployed (always with 1 AFA) to Croatia on Op GRAPPLE 4 in April 1994 in support of UNPROFOR; to Sipovo, Bosnia from October 1996 – April 1997 on Op RESOLUTE (the UK's contribution to IFOR); to Bosnia again on Op LODESTAR, the UK's contribution to the UN Stabilisation Force (SFOR); and one final time to Bosnia on Op PALATINE from September – November 1999.

1 Armoured Field Ambulance, Ops RESOLUTE & LODESTAR, 1996 – 1997 (courtesy of Terry Hissey)

[43] Annex G to 1 Armoured Field Ambulance, Unit Historical Record, dated 31 March 1996

2000 – Amalgamation, with formation of 1 Close Support Medical Regiment

On 1 April 2000, the three Armoured Field Ambulances (1, 2 and 3) amalgamated to form the large **1 Close Support Medical Regiment**, based in York Barracks, Münster (with C (31) Medical Squadron alone being based in Bergen-Hohne at the time).[44] The individual squadrons of the new regiment formally retained links through their names to the original field ambulances,[45] with the newly **designated A (29) Close Support Medical Squadron** maintaining the lineage to 29 Field Ambulance. [46]

2003, 2005 – Op TELIC 1 and Op TELIC 7 (Iraq)

A (29) Close Support Medical Squadron (known as A (29) Squadron) deployed as part of 1 Close Support Medical Regiment on Op TELIC 1 in 2003 and on Op TELIC 7 (November 2005 – April 2006).

In preparation for Op TELIC 7, A (29) Squadron deployed on Ex MEDMAN in Canada in support of the 1st Battalion Royal Regiment of Fusiliers (1 RRF) and the 4th Battalion Royal Regiment of Scotland (4 SCOTS). During Op TELIC 7 itself, the Squadron supported 7 Armoured Brigade, with troops located in Basra Palace, Shaibah Logistic Base, Shatt al Arab hotel in Basra Camp, and Abu Naji in Al Amarah and Maysam province. During that same year, A (29) Squadron also deployed to Poland in support of Exercise ULAN EAGLE.

2008 – Re-subordination to 2 Medical Regiment

On 1 April 2008, after eight years of existence, 1 Close Support Medical Regiment disbanded to form 1 Medical Regiment, based in Münster, and 2 Medical Regiment, in Hohne, with A (29) Squadron being re-subordinated to 2 Medical Regiment.

2009 – Op HERRICK 10 (Afghanistan)

A (29) Squadron deployed with the whole of 2 Medical Regiment on Op HERRICK 10 (April – October 2009), during which time its medics cared for casualties during the busiest period in the whole of the HERRICK Campaign – Operation PANTHER'S CLAW.[47]

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[44] **1 Close Support Medical Regiment** *'Authority is given for the redesignation, reorganisation and amalgamation of 2 Armoured Field Ambulance, 3 Armoured Field Ambulance and 1 Armoured Field Ambulance to form 1 Close Support Medical Regiment at York Barracks, [Munster] BFPO 17 (RHQ, A (29) Sqn, B (30) Sqn, E (28) Evac Sqn and HQ Sqn) ... and Talbot Barracks,[Bergen-Hohne] BFPO 16 (C (31) Sqn). Effective 1 April 2000'* (GSO - Authority for Redesignation, Reorganisation and Amalgamation: D/DASD/2/3326 (AMD 1) dated 1 Sep 1999)

[45] **1 Close Support Medical Regiment** was composed of Headquarters Squadron, A (29) Close Support Medical Squadron, B (31) Close Support Medical Squadron, C (30) Close Support Medical Squadron, and E (28) Evacuation Squadron.

[46] **A (29) Close Support Medical Squadron** has the official abbreviation of **A (29) Sqn.**

[47] Vassallo D. Organisation of the medical services in Iraq and Afghanistan. *Op cit*., pp. 67-70.

2013 – Op HERRICK 19 (Afghanistan)

A (29) Squadron further deployed on an extended eight-month tour on Op HERRICK 19 (September 2013 – April 2014) in preparation for the withdrawal of British Forces in late 2014. During this latter tour the Squadron was based in Helmand Province, with detachments in Kabul and Kandahar.

2014 – Re-designation as 29 Medical Squadron

As part of the overall re-organisation of 2 Medical Regiment, A (29) Squadron was formally re-designated 29 Medical Squadron on 1 July 2014, thereby re-emphasising its lineage to 29 Field Ambulance.[48]

2018 – Re-subordination to 3 Medical Regiment

2023 – Re-subordination to 34 Field Hospital to form 21 MMR

Under the Future Soldier programme, 29 Medical Squadron was re-subordinated to 34 Field Hospital on 28 February 2023, on formation of 21 Multi-Role Medical Regiment.

[48] 'On 1 Jul 14, A (29) Sqn and Sp Sqn were re-designated 29 Med Sqn and 22 Sp Sqn respectively.' Army Headquarters, A2020 Measure 08-005 – Implementation Order: Reorganisation of 2 Medical Regiment, dated 11 August 2014

Acknowledgements

The author would like to thank all those individuals he has had the pleasure of serving with on deployment with 34 Field Hospital over the years, too many to name individually. He would also like to thank those individuals who have contributed personal accounts or photographs, and the following in particular for their assistance with this history: Lt General (retd) Professor Martin Bricknell, Col Vicky Wellington L/RAMC, Lt Col Paul Sandle L/RAMC, Lt Col Richard Deane MC L/RAMC, Major Lee Gamble RAMC (2IC), Captain Roma Coates (adjutant), Gordon Rushmer (military artist), Stuart Brown (military artist), David Rowlands (military artist), and Terry Hissey (Historical Branch Army). The author apologies for any errors or omissions.

Unit histories of the UK's Army Medical Services are available on the Friends of Millbank website, see https://www.friendsofmillbank.org/previous-units and https://www.friendsofmillbank.org/current-units.

If you notice errors or wish to contribute to this history, please contact the author at djvassallo@aol.com .

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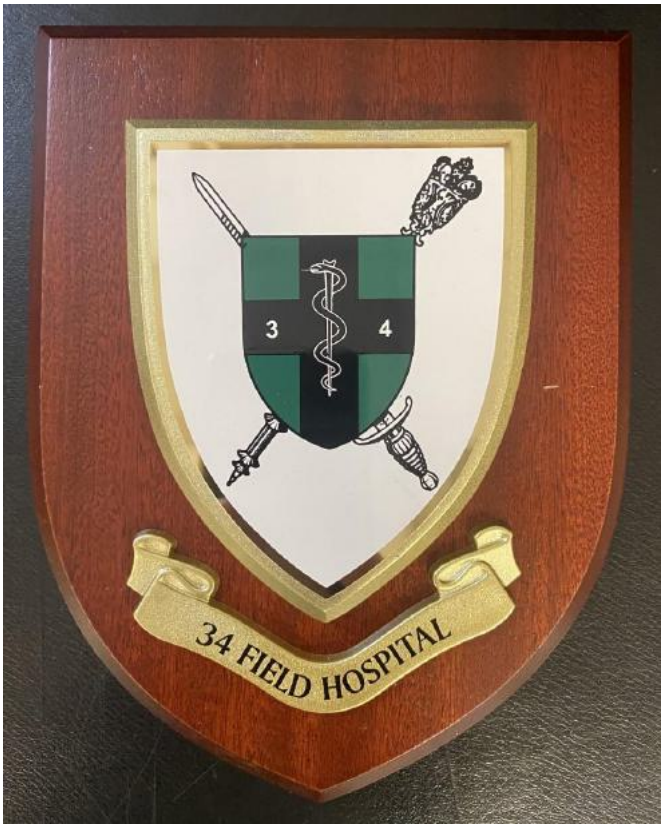

34 Field Hospital shield (2022)
(courtesy of Capt Roma Coates RAMC, Adjutant)