33 Field Hospital
(Disbanded 2018)

Introduction

33 Field Hospital was originally formed as a 400-bed 'War only' shadow unit of the Cambridge Military Hospital (CMH), Aldershot on 1 January 1985, towards the end of the Cold War. It would be manned by the staff of the CMH on mobilisation. It thereby became one of three regular field hospitals in the British Army, the others being 2 Field Hospital (renamed 22 Field Hospital in 1986) and 34 Field Hospital.

Following the closure of CMH on 2 February 1996, the unit reformed on 1 April 1996 in Fort Blockhouse, Gosport, alongside Royal Hospital Haslar (the UK's sole remaining military hospital),[1] at the entrance of Portsmouth Harbour, thereby acquiring the grandest setting of the three field hospitals.

Fort Blockhouse, 1900
(Neil Marshall, artist, reproduced with permission, www.neilmarshallart.co.uk)

[1] Haslar Heritage Group https://haslarheritagegroup.co.uk/ (accessed 14 October 2024)

When 33 Field Hospital arrived in 1996 the whole site was known as HMS *Dolphin*, the home of the Royal Navy's submarine fleet from 1905 until it was decommissioned in 1998 and the submarines moved to Faslane in Scotland.[2-3] The dolphins in 33 Field Hospital's crest, traditionally linked with submariners, commemorated this historic link. The site then reverted to the original name, Fort Blockhouse. The Officers' Mess (previously the wardroom) had many memorabilia linking it with its submarine past, as well as with the days when it was shared with the adjacent Royal Hospital Haslar (which closed in 2009).

On 15 December 2016 the Security of State for Defence, Sir Michael Fallon, announced that the unit, together with 2 Medical Regiment, would be disbanded in 2018 under Army 2020 refinements to the Strategic Defence and Security Review (SDSR) 2015.[4] Time will tell whether this decision will be regretted.

The final operational deployment for 33 Field Hospital was on Op TRENTON, the UK commitment to the United Nations Mission to South Sudan, running a 2-1-2-16 Medical Treatment Facility supporting UN troops at a massive refugee centre at Bentiu, between July 2017 and January 2018.[5]

33 Field Hospital disbanded on 1 December 2018, after 33 years' existence.

Fort Blockhouse itself closed as a military establishment in December 2021, thereby ending a long and distinguished military and naval existence.[6] The site is due to be disposed of by the Ministry of Defence in 2025.[7] A new era beckons in a civilian guise.[8]

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[2] https://www.victorianforts.co.uk/pdf/datasheets/blockhouse.pdf (accessed 2018; not accessible 14 October 2024)

[3] The St Nicholas Memorial Chapel at Fort Blockhouse, with its memorials to the UK's lost submarines and submariners, used to be open 24 hours daily but is now only open by arrangement (contact the Haslar Heritage Group for current information) https://www.stnicholascenter.org/gazetteer/1580 (accessed 14 October 2024). The Chapel is a Grade II listed building. https://historicengland.org.uk/listing/the-list/list-entry/1470286

[4] Strategic Defence and Security Review - Army: Written statement - HCWS367 http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-12-15/HCWS367/

[5] 2-1-2-16 signifies a capability of 2 Emergency Bays, 1 Operating Theatre, 2 Intensive Care beds, and 16 Ward beds.

[6] Historic England – Fort Blockhouse https://historicengland.org.uk/listing/the-list/list-entry/1001873

[7] Fort Blockhouse – Our most popular historical visit. Gosport Heritage, 11 August 2022. https://www.gosportheritage.co.uk/fort-blockhouse-our-most-popular-historical-visit/ (accessed 14 October 2024)

[8] The disposal of Fort Blockhouse https://portsmouthharbourmarine.org.uk/news/disposal-fort-blockhouse/ (accessed 31 October 2021)

The other '33's

33 Field Hospital was formed in 1985. It is noteworthy that prior to this date several other medical units had also carried the 33 designation in times of war, but they are **not** lineal predecessors of 33 Field Hospital. They are mentioned here only out of interest.

Boer War

33 Stationary Hospital: A 100-bed hospital based in Zeerust, South Africa, November 1900 to May 1902[9]

First World War

33 Casualty Clearing Station (serving with the 1st Army): France and Flanders, August 1915 to March 1919 (disbanded June 1919)

33 British General Hospital: Basra, Mesopotamia; established in July 1916

33 Stationary Hospital: Salonika, Greece; established in October 1916 (disbanded May 1919)

Second World War

33 General Hospital

Persia and Iraq Force in Musaitib - November 1942
Mediterranean theatre (1,200 beds) - Malta and Siracuse, Sicily - June 1943 to December 1944
Based at Hatfield House, Hertfordshire - April 1945
Embarked for Coimbatore, India - July 1945
Disbanded - 12 December 1945
Re-formed at Royal Victoria Hospital, Netley, Hampshire
Deployed to Kowloon, Hong Kong as part of Far East Land Forces to support BMH Bowen Road and the Peak Hospital - September 1949

33 Casualty Clearing Station - Formed at Filey, Yorkshire, in July 1943

Served in NW Europe with 8 Corps - June 1944 to November 1945
Disbanded 12 November 1945

33 Field Surgical Unit and 33 Field Dressing Station (Squadron strength) – both landed on JUNO Beach on D Day.

[9] Harold-Grant, M. *History of the War in South Africa 1899 – 1902* (London: Hurst and Blackett, 1910), p. 604, in: Appendix 7: Notes on the Royal Army Medical Department in South Africa, 1901 -2, pp. 602 - 616

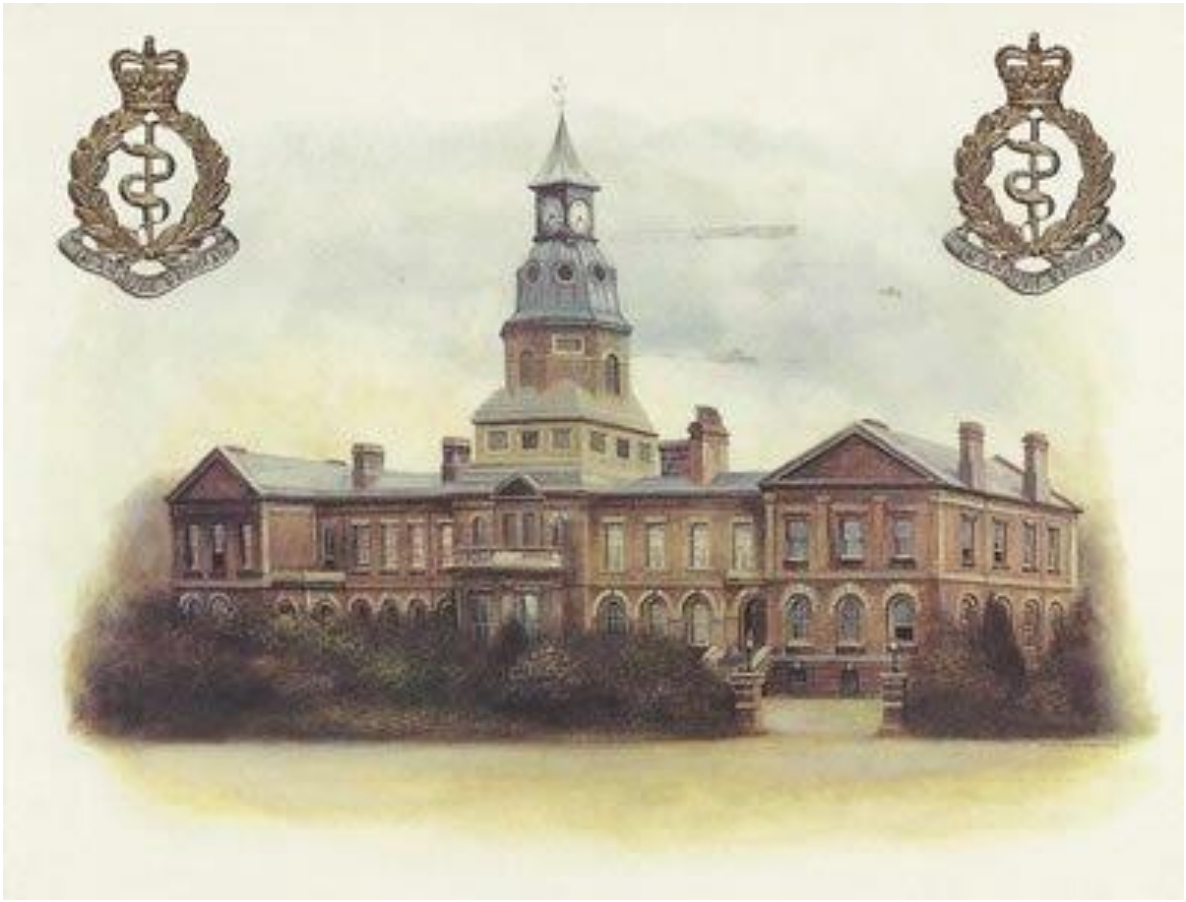
33 Field Hospital – its history at a glance

- Formation as the shadow unit of CMH, Aldershot (1 January 1985)
- Op GRANBY (Saudi Arabia, 1990-1991) Re-designated in theatre as '33 General Surgical Hospital'
- Exercised the Freedom of the Borough of Rushmoor on behalf of the AMS (1991)
- CMH Aldershot closed after 116 years' service, replaced by Ministry of Defence Hospital Unit (MDHU) Frimley Park (1996)
- Reformation of 33 Field Hospital at HMS *Dolphin*, Gosport (1996)
- 1998, HMS *Dolphin* decommissioned but 33 Field Hospital remains in situ at Fort Blockhouse
- Op PALATINE (Balkans, 1998)
- Op AGRICOLA (Kosovo, 1999 - 2001) (sub-unit deployments)
- Op TELIC 1 (Kuwait and Iraq, 2003)
- Op TELIC 2 (Iraq, 2003)
- Op TELIC 5 (Iraq, 2004 - 2005)
- Op TELIC 9 (Iraq, 2006 - 2007)
- Awarded the Freedom of Entry to the Borough of Gosport (2009)
- Op HERRICK 11 (Afghanistan, 2009 - 2010)
- Op HERRICK 18 (Afghanistan, 2013)
- Exercised the Freedom of Gosport (2013)
- Assumed the Very High Readiness role (2014)
- Future disbandment announced (15 December 2016)
- Op TRENTON 3 (South Sudan, 2017)
- Disbandment (1 December 2018)

33 Field Hospital - its history in depth (1985 – 2018)

1 January 1985 - Formation

During the Cold War all British military hospitals were assigned formal reinforcement roles which they would switch to if mobilised to support the British Army of the Rhine. In 1984 it was decided that the CMH, Aldershot would have a shadow unit and become 33 Field Hospital on mobilisation.[10]



Cambridge Military Hospital, Aldershot
1879 - 1996

'Authority is given for the formation of 33 Field Hospital RAMC, at Cambridge Military Hospital Aldershot, in a 400-bed role. Effective date is 1 January 1985.'[11]

[10] **The Cambridge Military Hospital** Aldershot opened for admissions on Friday, 18 July 1879 and closed on 31 March 1996. Its history is detailed in: Pitcher, Anne *'The Cambridge Military Hospital Aldershot - An Illustrated History'* (Holmes & Sons, Andover 1996) (copy held at Museum of Military Medicine). **See also:** Webb, J F 'The Cambridge Military Hospital - A Short History' *J Roy Army Medical Corps* 1974; 120: 138 – 157 for an excellent 20-page account, including the story of the birth of plastic surgery in the First World War.

[11] Ministry of Defence, Director of Army Staff Duties: General Staff Order (Authority for Formation): D/AMD/27/1/1 (ASD2) dated 6 Nov 1984.

33 Field Hospital thus formally came into existence on 1 January 1985. On mobilisation, it would move to a designated location in West Germany, taking the wraps off a pre-positioned scale of equipment, in support of the 1st British Corps, reinforcing the British Army of the Rhine. However, it was not to be the plains of Germany where this hospital would first see action, but the sandy environment of Saudi Arabia on Op GRANBY in 1990. The hospital would subsequently return to the Middle East on four occasions during the 2000s on Op TELIC tours to Iraq, as well as to Camp Bastion in Afghanistan on two Op HERRICK tours.

Op GRANBY (First Gulf War, Saudi Arabia, 1990 – 1991)

Following Iraq's invasion of Kuwait on 2 August 1990, Britain's Secretary of State for Defence, the Right Honourable Tom King PC MP, announced on 8 August that British Forces were to prepare to deploy to the Gulf region. On 10 August Air Chief Marshal Sir Patrick Hine was appointed Joint Commander of Operation GRANBY, on which some 45,000 servicemen and women were eventually deployed in theatre. [12]

In September a reconnaissance team from the Cambridge Military Hospital was despatched to Saudi Arabia, led by Colonel Ian Creamer MC (incoming commanding officer) and including the quartermaster Major Phil Thomsett. The site chosen for 33 Field Hospital in Al Jubail (Saudi's great port city on the Gulf coast) was a large complex rented from the Goodyear Tyre retailer, which became known as 'The Tyre Factory'.[13]

33 General Surgical Hospital (GOODYEAR Tyre Factory), Al Jubail, Saudi Arabia]

[12] Despatch by Air Chief Marshal Sir Patrick Hine, Joint Commander of Operation GRANBY August 1990 – April 1991 *The London Gazette (Second Supplement)*, Number 52589, Friday 28 June 1991

[13] Unit News: 33 General Surgical Hospital – The Gulf. *Army Medical Services Magazine* 1991 (October); 45:130-132. This is a main source for the history of 33 Field Hospital on Op GRANBY, together with a similar article in the QARANC Gazette, cited later. See also Colonel IS Creamer's undated transcript '33 Field Hospital Hospital's Contribution to Blackadder's War' in the Museum of Military Medicine (Reference: RAMC/CF/4/13/71/FIEL). For an excellent overview, see Chapter 5 'Medical Support' by Colonel LP Lillywhite MBE and Colonel RA Leitch MBE in '*Gulf War Logistics – Blackadder's War*' by Major General Martin White (London: RUSI/Brassey's, 1995)

The order to mobilise 33 Field Hospital was issued on 10 October 1990. This was followed by intensive pre-deployment training at the AMS Training Centre in Saighton Camp, Chester. In addition to staff from the CMH, the unit was initially reinforced by elements from 47 separate regular units, including 24 (Airmobile) Field Ambulance, 19 Field Ambulance, the Bands of the Scots Guards, 1st Battalions Royal Anglian Regiment, Devon & Dorsetshire Regiment, Green Howards, King's Own Royal Border Regiment and Pegasus Band of the Parachute Regiment, plus AMS personnel from locations as disparate as Berlin and Cyprus.

In the meantime, 24 (Airmobile) Field Ambulance deployed as a pre-advance party on 14 October to set up a small medical unit in the Tyre Factory. The advance party from 33 Field Hospital deployed on 24 October, and the rest of the Unit was in location and the hospital declared fully functional on 14 November. Thereafter, even before hostilities began, it never had less than 150 patients in its beds. The hospital personnel were accommodated at a nearby complex for foreign workers, Camp 4, which was taken over by the British military.

Op GRANBY unit crest (author's personal memorabilia – his first deployment to war)

Many Territorial Army medics volunteered for service in the Gulf, and 33 Field Hospital gratefully received its share of these in January 1991, such that it eventually received reinforcements from over 100 units. It increased in size to 600 beds and 12 surgical tables in seven operating theatres, including a neurosurgical facility, and the hospital was formally re-designated as **33 General Surgical Hospital**.[14] Typical of the reinforcements were four volunteers from 223 (Durham) Field Ambulance (V), (The Durham Combat Medics), namely Lieutenant Colonel Herring (their commanding officer), and Captains Brunskill, Eaton and Wilkinson.[15] By the time the Gulf War started the hospital had 936 military staff on its books.[16] The hospital's establishment was such that it was divided into two identical shifts, with equal numbers of

[14] Leitch RA, Lillywhite LW. Medical Support for the Gulf War. Chapter 5, in Martin S. White, ed., *Gulf Logistics - Blackadder's War* (London: RUSI/Brassey's, 1995)

[15] Brunskill, A. *A Short History of 223 (Durham) Field Ambulance RAMC (Volunteers) (The Durham Combat Medics!)*, (unpublished), supplied by Mrs Gwen Scott. Copy held at Museum of Military Medicine.

[16] *The Gazette of the Queen Alexandra's Royal Army Nursing Corps Association*, 1991; Vol 11 No 2

medical, nursing and administrative staff on each 12-hour day or night period, permitting the hospital to potentially run at full stretch continually for an indeterminate period.

Cap badges of staff comprising 33 General Surgical Hospital on Op GRANBY (designated Operation Desert Storm by the US) (photo by Terry Hissey)

The hospital's workload

By the end of the hospital's deployment, over 6,000 patients had gone through its doors, including over 3,000 inpatients, though only 10% of inpatients needed aeromedical evacuation to the UK. Surgeons performed 230 operations, while the dentists performed over 1,000 procedures. Over 60,000 sandbags had been filled by the staff to create blast walls and air-raid shelters (i.e. 800 tons of sand!) for protection against SCUD missiles.[17] During the Ground War the hospital treated British, Canadians, Romanians (from a nearby medical facility), Iraqi Prisoners of War and an Egyptian.

Oil, Cormorants and Turtles – an unusual hospital mission

In late January 1991, in an act of unparalleled ecological warfare, Saddam Hussein's forces released millions of gallons of oil from Kuwait's refineries into the Gulf, causing havoc to the bird and turtle breeding grounds down the coast of Saudi Arabia. Following an appeal for help by the RSPCA, several volunteers from the night shift of 33 General Surgical Hospital, including this author, helped clean and care for oiled birds and turtles at a RSPCA bird rescue centre conveniently located near the hospital, in their off-duty daylight hours in the three weeks before the ground war started.[18]

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[17] Unit News: 33 General Surgical Hospital – The Gulf. *Op cit*

[18] Miller, Michaela. *Gulf oiled birds saved*. Animal Life (Official Journal of the RSPCA), Spring 1991, Issue 3, pp. 10-11.

Following the cessation of hostilities on 28 February and while waiting to return to the UK, some 80 volunteers from the hospital helped the RSPCA to clear masses of oil-stained debris from the beaches of two offshore turtle-breeding islands. They were flown to the islands over two days by Chinook helicopters returning from the front line. The beaches were declared debris-free in time for the turtle-nesting season. [19]

End of tour All members of the unit returned from the Gulf by 14 April 1991, and 33 Field Hospital reverted to being a 'shadow' unit on 13 May, the day the CMH officially re-opened its doors to the public.

Exercising the Freedom of the Borough of Rushmoor (1991)

On 24 June 1991 the staff of the Cambridge Military Hospital exercised the Freedom of the Borough of Rushmoor, parading through Aldershot, on behalf of the Army Medical Services. The honour had been bestowed in 1981 upon the RAMC, QARANC and RADC respectively. The Parade was led by the Pegasus Band of the Parachute Regiment, which had deployed with 33 Field Hospital in the Gulf. [20]

Re-formation in Gosport (1 April 1996)

This momentous date marked the formal closure of the Cambridge Military Hospital Aldershot after 116 years faithful service,[21] its replacement by a Ministry of Defence Hospital Unit (MDHU) at Frimley Park Hospital, and the re-formation of 33 Field Hospital at its new location at HMS *Dolphin*, Gosport. The site reverted to its original name of Fort Blockhouse in 1998, on decommissioning of HMS *Dolphin*, though memorabilia of its submarine history abounded in the various Messes and around the site, as well as in the adjacent Submarine Museum.

Op PALATINE (Bosnia, 1998)

33 Field Hospital deployed its hospital squadron under the command of Major Nigel Smith RAMC to Sipovo from September – December 1998, in support of the UK Field Ambulance Group (under the auspices of 16 Armoured Field Ambulance, commanded by Lt Col Sam Johnston). This deployment saw the first movement towards multi-nationality, as a Dutch contingent was integrated within the hospital. It also featured the construction of a new field hospital in CoRiMec (prefabricated containers), together with a containerised operating facility (GIAT), within the warehouse housing the previously tented hospital.[22]

The new prefabricated field hospital was designed by 33 Field Hospital's own staff and constructed by the Specialist Team Royal Engineers based in Split. It comprised a reception and triage area, two trauma bays, operating theatres, X-Ray, High Dependency Unit / Intensive Therapy Unit, ward, Central Sterile Supplies Department, sluice, laboratory, accommodation, and showers. The main construction took approximately six weeks. This was the first time that a British field hospital had operated in semi-permanent facilities,

[19] Vassallo, DJ. *Oil, cormorants, and turtles – a surgeon's experiences* Presentation to 15th Tri-Service Surgical Meeting, Farnborough, 26/27 September 1991

[20] Unit News: Cambridge Military Hospital – 'The Re-Awakening'. *Army Medical Services Magazine* 1992(February); 46:19.

[21] Pitcher, Anne *'The Cambridge Military Hospital Aldershot - An Illustrated History'* (Holmes & Sons, Andover 1996)

[22] 33 Field Hospital – Hosp Sqn Post-Operational Report, Op PALATINE Sep – Dec 98, dated 12 January 1999

providing a template that would evolve into the designs for the field hospitals in Iraq and at the Bastion Role 3 Hospital.

The Field Hospital teams undertook many joint operations with the Dutch contingent at Novi Travnik, exchanging lessons and protocols, and effectively setting the conditions for establishment of a Multinational Integrated Medical Unit (MIMU).

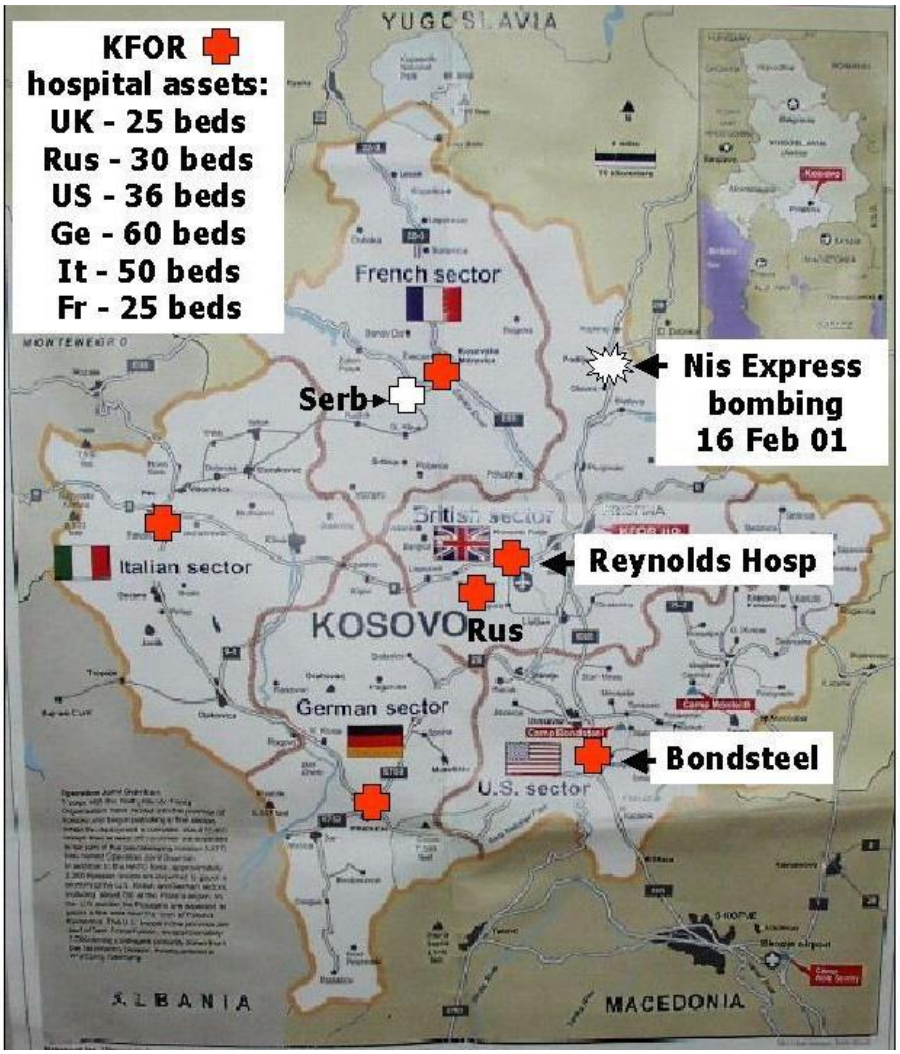
Op AGRICOLA (Kosovo, 2001)

33 Field Hospital deployed in January 2001 for a six-month tour of duty in Reynolds Hospital in Pristina, the capital of Kosovo. Reynolds Hospital was a 25-bed Role 3 medical facility for the British-led Multi-National Brigade (Central), MNB(C) in Kosovo. It had opened in Pristina on 6 December 1999, replacing the 50-bed facility set up by 22 Field Hospital on 28 June 1999 in the village of Lipljan. The Hospital was named in commemoration of Surgeon Major James Henry Reynolds, awarded the Victoria Cross after the Battle of Rorke's Drift in the 1879 Zulu War.[23] Reynolds Hospital eventually amalgamated with the American KFOR Hospital at Camp Bondsteel in May 2001, but during 33 Field Hospital's tenure it would be involved in a major terrorist incident.

On Friday 16 February 2001, Albanian terrorists detonated a bomb under a civilian coach in the 'Nis Express' pilgrimage convoy travelling from Nis in Serbia to Gracanica in Kosovo. Ten people were killed at the scene. Thirteen casualties were treated in Reynolds Hospital, while another eight casualties were evacuated to the American KFOR hospital at Camp Bondsteel. The incident provided a unique opportunity for co-operation between British, American, Russian, German, and French KFOR hospitals, as well as with Serbian clinicians and forensic pathologists. [24]

[23] Starling, Peter '*Mistaken Gallantry – The Medical Victoria Crosses'* (Brown Dog Books, 2021), pp.76-81

[24] Vassallo DJ, Graham PJK, Gupta G, Alempijevic Dj "Bomb Explosion On The Nis Express" – Lessons From A Major Incident, Kosovo 16 Feb 2001 *J Roy Army Med Corps 2005;* Vol 151: pp.19-29



Kosovo Force (KFOR) Military Hospitals, February 2001

At the time of this incident Reynolds Hospital had 45 staff drawn from the cadre staff of 33 Field Hospital as well as other Regular and Reserve medical units. It had two surgical teams, with one consultant general surgeon, one maxillofacial consultant surgeon, two anaesthetists (consultant and registrar), and other theatre staff. Further staff included a consultant physician, a General Duties Medical Officer (GDMO), a radiographer, a laboratory technician, four HQ staff, 14 nurses and Health Care Assistants [HCAs], and six Combat Medical Technicians. The Emergency Department had three resuscitation bays. There was a thirteen-bed ward, a two-bed intensive care unit and two operating theatres. A ten-bed ward was reserved as a Priority Two (P2) area for major incidents.

Op TELIC 1 (Kuwait and Iraq, 8 February - 10 April 2003)

33 Field Hospital, under the command of Lt Col Kevin Griffin, commenced internal preparations for deployment to Kuwait in October 2002. It received the formal Force Generation Order on 6 January 2003, requiring it to prepare to deploy a 200-bed and seven surgical team capability on Op TELIC, with some 400-plus clinical personnel being drawn from a wide variety of other units. The hospital was to be sited within the Tactical Assembly Area (Camp Coyote) to deal with DNBI patients, and then provide Role 3 support during the advance into Iraq.

Prior preparation and planning for medical force protection had resulted in the cadre staff already being almost 100% vaccinated as necessary – the augmentees were not as well prepared by their parent units, a lesson identified for the future. 33 Field Hospital was placed under the operational command of 102 Logistic Brigade (deploying from Germany) rather than its parent 101 Logistic Brigade, which presented a peculiar set of logistic and administrative challenges. The blockade of Marchwood Maritime Port on 28 January by the Greenpeace vessel *Rainbow Warrior* then caused significant delays in shipping the unit's 86 ISO containers' worth of equipment and necessitated the urgent interim deployment of a Hospital Troop from 22 Field Hospital.

On 8 February 2003, 33 Field Hospital staff deployed to Camp Coyote.[25] Little did anyone guess then that there would be another 12 six-month AMS deployments on Op TELIC before the end of British Army operations in Iraq in 2009.

The unit's equipment eventually arrived in Camp Coyote by 20 February and an impressively large 200 bed tented Hospital complex was erected within three days. This included a 50 bed COLPRO complex (providing Collective Protection against chemical and biological attack) erected solely by the two attached military bands. The hospital declared full operating capability on 6 March, taking over responsibility for medical support from 22 Field Hospital in preparation for receiving casualties from the impending ground war. The unit's impressive presence provided significant reassurance to deployed troops regarding medical cover.

33 Field Hospital was suddenly ordered to hand over the hospital complex on 17 March 2003, barely two days before the onset of the ground war, to the newly arrived 202 Field Hospital, a Territorial Army unit. Fearful predictions of potentially massive numbers of casualties had resulted in the wholesale, but belated, short-term mobilisation of medical reserves, and the political decision had been taken to utilise their clinical skills to the utmost. The staff of 33 Field Hospital, now in the strategic role of theatre reserve, sat out the rest of Op TELIC 1 in tents on the other side of the berm separating their camp from the hospital they had built, frustrated at watching casualties being offloaded by helicopter and treated by others, before they returned to UK on 10 April to prepare for a return deployment on Op TELIC 2.[26-27]

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[25] 33 Field Hospital – Unit Historical Records, 1 April 2003 - 31 March 2004, accessed at Historical Branch (Army)

[26] Rew, David. *Blood, Heat + Dust – Operation Telic and the British Medical Deployment to the Gulf in 2003* (Avonworld, 2005), Chapters 10-11. Available as a CD-ROM from the Museum of Military Medicine https://museumofmilitarymedicine.org.uk See next footnote regarding 2nd edition

[27] Rew, David. *Blood, Heat + Dust - Operation Telic and the British Medical Deployment to the Gulf 2003 -2009* (2nd edition). 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/

Between taking over from 22 Field Hospital on 6 March and handing over command on 17 March, 33 Field Hospital admitted over 360 patients, including minor orthopaedic and general surgery cases, a small amount of trauma, and a significant number suffering from medical conditions.[28]

33 Field Hospital at Camp Coyote, Kuwait (courtesy of Lt Col Derek Saunders)

Op TELIC 2 (Iraq, 2003)

33 Field Hospital deployed to Shaibah Logistic Base, in Al Basrah Province, Iraq over the period 11-18 July 2003, taking over a newly constructed tented hospital (BMH Shaibah) from 202 Field Hospital on 24 July.[29] Later, a Role 2+ Detachment was based at Al Amarah in the far north of Maysan Province.

Besides its medical commitments, the unit inherited the task of sorting and accounting for the vast amount of medical equipment that had been dumped at the BMH site by departing medical units. The unit completed this task in seven weeks. Much equipment had to be written off because it was damaged or had not been stored under the proper environmental conditions.

[28] 33 Field Hospital – Post Operational Report – OP TELIC, dated 4 June 2003

[29] 202 Field Hospital had redeployed from Camp Coyote to Shaibah Logistic Base in May 2003, taking over a temporary tented hospital facility from 34 Field Hospital, before constructing the more environmentally robust but still tented BMH Shaibah.

BMH Shaibah

33 Field Hospital handed over BMH Shaibah to 22 Field Hospital on 19 November 2003. During its tour the unit treated approximately 1700 patients and performed over 170 surgical procedures.[30]

Concerns about a potential new Gulf War Syndrome Following the return of Allied Forces from the First Gulf War (1990 – 1991, Op GRANBY), many soldiers had reported unusual symptoms variously ascribed to the cocktail of vaccinations they had received, or to exposure to depleted uranium or toxins from destroyed munitions. This led to speculation in the national press and long-lasting controversy about a 'Gulf War Syndrome'. 12 years later, following Op TELIC and further vaccinations, particularly against anthrax, there were similar concerns expressed nationally. [31] Soon after 33 Field Hospital returned from Op TELIC 2, reports appeared in the Portsmouth press about an apparent cluster of neonatal deaths among babies born to returning hospital staff.[32]

[30] 33 Field Hospital – Post Operational Report – Op TELIC 2, dated 19 November 2003

[31] *Sunday Mirror*, 1 Feb 2004, p. 9 'Gulf War Syndrome Victim. at 3 weeks' (copy held in 33 Field Hospital Unit Historical Record, 1 April 2003 – 31 March 2004)

[32] *The News,* Portsmouth, 1 Mar 2004. (Front page banner): 'Why did our babies die? - Families seek anthrax jab inquiry as six tragedies hit Gulf unit'', and similar articles on various dates 29 February – 24 March 2004 (copies held in 33 Field Hospital Unit Historical Record, 1 April 2003 – 31 March 2004)

Op TELIC 5 (Iraq, November 2004 – May 2005)

33 Field Hospital deployed a Hospital Squadron with 4 Armoured Brigade as part of the UK Medical Group, taking over the manning of BMH Shaibah from 256 Field Hospital on 17 November 2004.[33]

The UK Medical Group on Op TELIC 5 was a composite formation providing Role 1 to Role 3 medical support to UK and Multinational Forces (MNF) within the Multinational Division (South-East) [MND(SE)] Area of Operations. Its medical headquarters was formed by the Regimental Headquarters (RHQ) of 5 General Support Medical Regiment, with two squadrons under its command: pre-hospital care was provided by 16 Close Support Medical Squadron (drawn from 3 Close Support Medical Regiment), and Role 3 care was provided at BMH Shaibah by a Hospital Squadron provided by 33 Field Hospital. Both squadrons were supplemented by a wide range of Regular and Reservist augmentees, typically serving between six weeks and three months. The RHQ, Squadron HQs and BMH Shaibah were co-located at Shaibah Logistics Base. The Role 2+ facility at Al Amarah in Maysan Province and an A&E ward at Shatt Al Arab Hotel in Basra formed the rest of the Medical Group. The strength of the Medical Group was recorded on 27 November 2004 as 330 personnel.

Staffing. The Hospital Squadron OC was Major Lynn Adam QARANC. The BMH was staffed for 50 beds, with a surge capacity to 75 beds, and had two surgical teams, one of which was provided by the Czech Republic.

Whereas cadre staff deployed for the whole six months, consultant medical personnel usually deployed for only six weeks. The resulting administrative burden, and clinical upheaval, may be better appreciated when one considers that the following consultants all served at BMH Shaibah at some stage during this tour:

Surgeons: Wg Cdr Whitbread, Lt Col May, Col Galbraith, Surg Cdr Midwinter, Lt Col Waterworth, Gp Capt Watkins, Wg Cdr Venkatchalem, and Lt Col Olver.
ITU & Anaesthetists: Lt Col Hay, Lt Col Fraser, Surg Cdr Mellor, Lt Col Pambakian, Lt Col Hicks
Physicians: Col Hoad, Col Abdul-Aziz, Col Fabricius, Surg Cdr Fisher, Wg Cdr Temperley
A&E: Lt Col Greaves, Surg Cdr Evans, Lt Col Hartington, Lt Col Russell, Lt Col Sharma

Tempo of operations Perhaps the most noteworthy incident during this tour occurred on 20 Jan 2005, when a suicide bomber detonated his vehicle-borne Improvised Explosive Device (VB-IED) at the Main Gate of the camp, resulting in eight UK casualties (of whom four were evacuated to the UK), and 12 Iraqi civilian casualties including one fatality. In March 2005 the increasing threat to soldiers 'outside the wire' resulted in three Saxon ambulances replacing the vulnerable soft-skinned Battlefield Ambulances previously used by the Close Support Squadron.

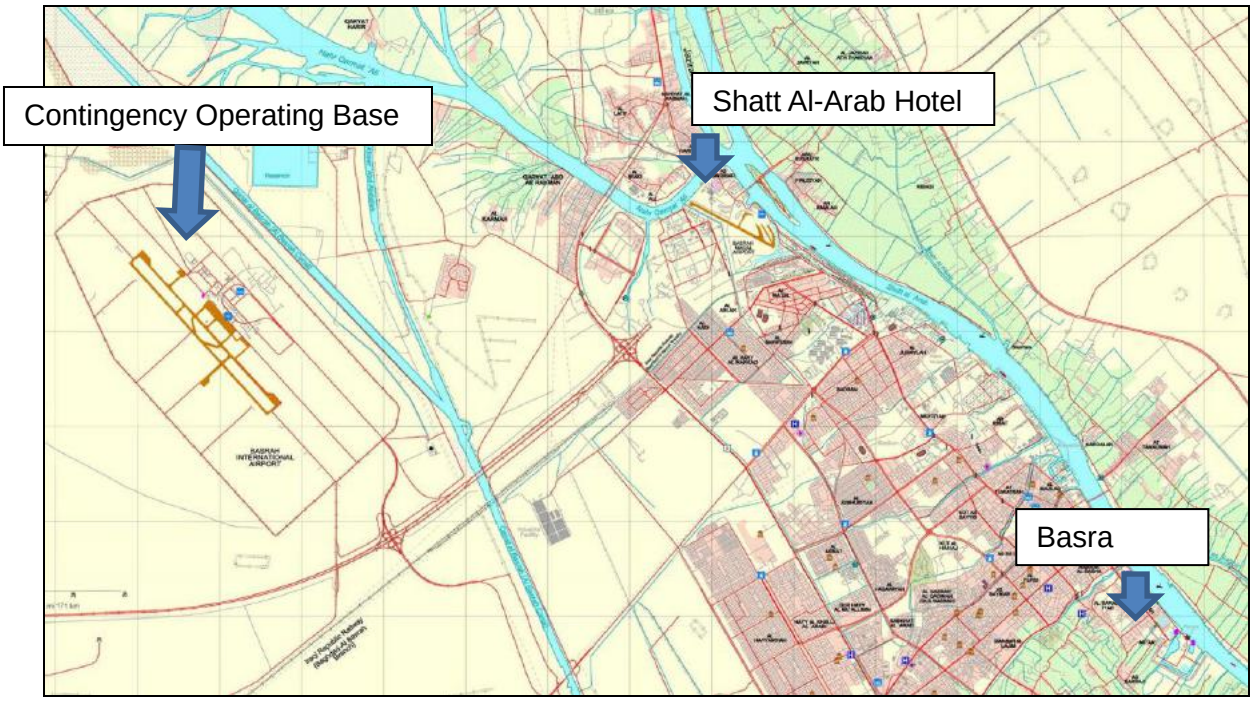
33 Field Hospital handed over BMH Shaibah to 205 Field Hospital in mid-May 2005.

[33] Post-Operational Report, 5 (UK) Med Gp – Op TELIC 5 dated 25 May 2005, by 5 General Support Medical Regiment

Op TELIC 9 (Iraq, November 2006 – May 2007)

33 Field Hospital, now under Lt Col Martin Toney, deployed for a fourth time to Iraq on 8 November 2006. It took command of the UK Medical Group in Horsley Lines, Shaibah Logistic Base on what was rapidly becoming the most dangerous Op TELIC tour to date. On this tour the UK Medical Group was a composite unit drawn from 57 units across the UK and Germany. Role 3 care was provided by 33 Field Hospital, initially at BMH Shaibah, while Role 1 care was provided by 24 (Light) Medical Squadron (detached from 3 Close Support Medical Regiment).

At the end of December the UK Medical Group moved from Shaibah Logistic Base to a new semi-permanent Tier 2 location, at the Contingency Operating Base (COB) on Basra Air Station.



The UK Medical Group would remain at the COB for the rest of Op TELIC. TELIC 9 witnessed a substantial increase in the tempo of Hostile Action resulting in casualties and fatally injured (see graphs below), which included injuries and two deaths from within the ranks of the Close Support (CS) Medical Squadron.[34]

Corporal Kris O'Neil and Private Eleanor Dlugosz from the CS Medical Squadron, together with three other soldiers, were killed by an IED on 5 April 2007 whilst travelling in a Warrior returning from patrol in Basra.

Lance Corporal Rory Mackenzie RAMC, Combat Medical Technician attached to the 1 Staffordshire Battle Group, sustained a traumatic above-knee amputation of his right leg due to an IED blast in a separate incident – his life was saved by the rapid application of a tourniquet,[35] and then by damage control resuscitation at the newly opened Role 2 Enhanced Hospital at the COB.

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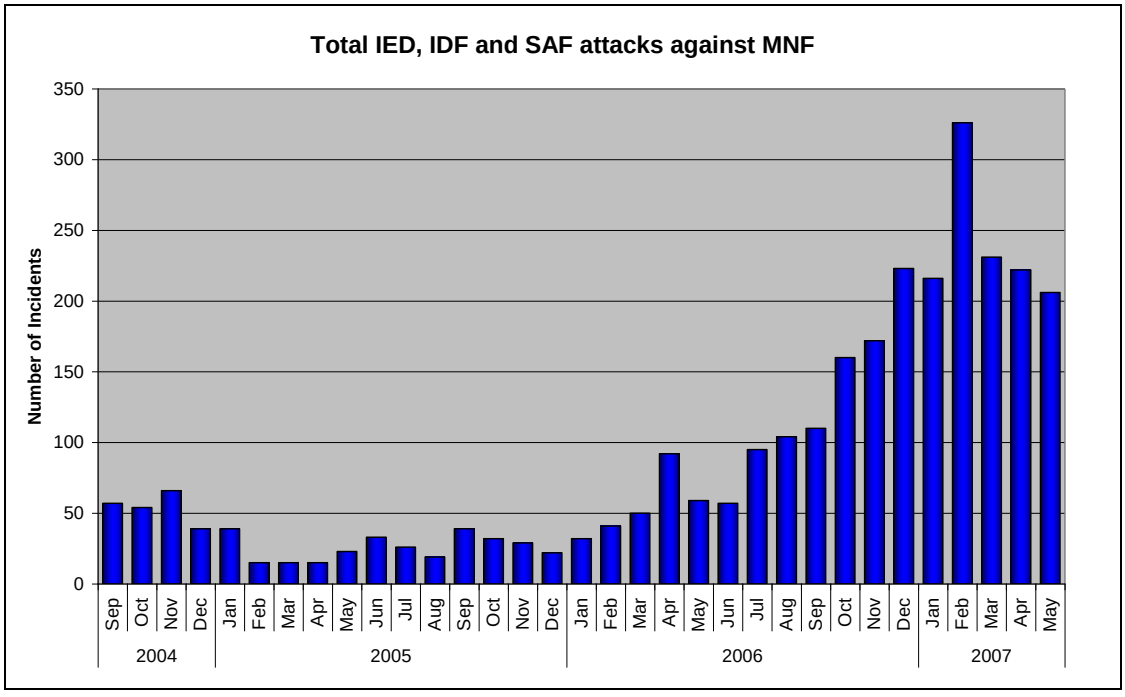
[34] Operation TELIC 9 – UK Medical Group Post Operational Report, dated 25 Jun 2007

[35] Froggatt, C. *Wounded—the legacy of war* (Germany: Steidl, 2013), pp.84-89

Tier 2 Hospital accommodation at the Contingency Operating Base, Basrah Air Station
(Note blast walls around hospital departments for protection against indirect fire)



Increase in the tempo of Hostile Action experienced on Op TELIC 9

***And that's what saved my life, putting that tourniquet on so high up and so effectively*.**

Lance Corporal Rory Mackenzie RAMC, Combat Medical Technician

'It's going to be OK, it's going to be OK.'

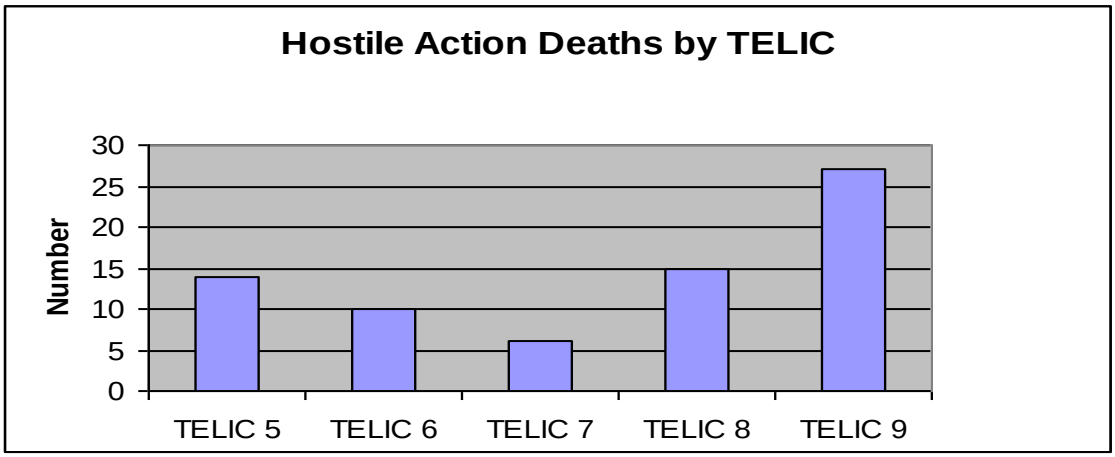
Incident Response Team (IRT) nurse to L/Cpl Rory Mackenzie

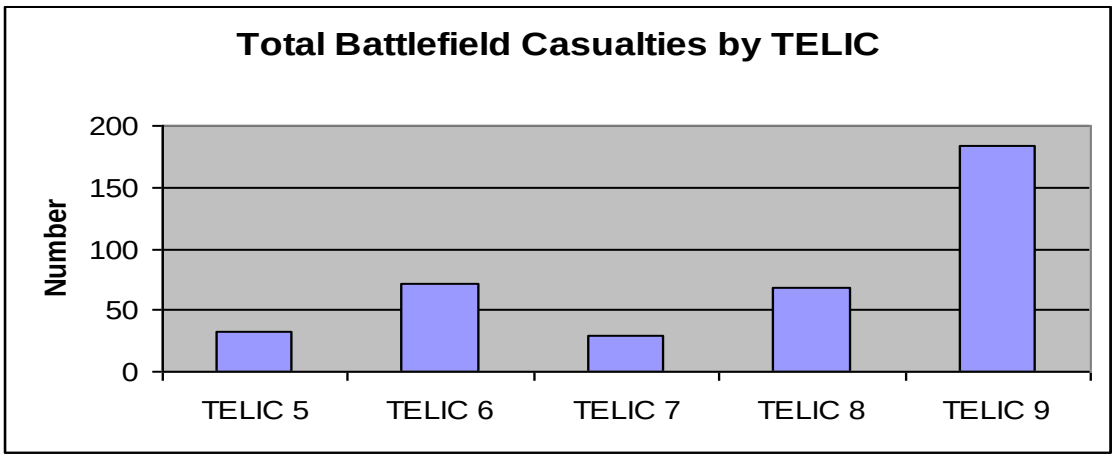
Lance Corporal Rory Mackenzie's story, recounted in Caroline Froggatt's *Wounded – the legacy of war,*[36] epitomises the life-saving techniques and procedures available to the Defence Medical Services by this stage of the conflict. He was a highly trained RAMC Combat Medical Technician, on his first operational deployment, attached to the 1 Staffordshire Battle Group on Op TELIC 9. Having cared for many casualties from insurgent activity in the three months since arriving in Iraq in November, he suddenly became a casualty himself, sustaining a traumatic above-knee amputation of his right leg in a massive IED blast on Sunday 21 January 2007. The blast instantly killed one soldier and injured three others in the same Warrior.

Rory was initially thought to be dead at the scene as no radial or carotid pulse could be felt, but tight application of a tourniquet by a fellow soldier elicited a response (a scream!), initiating further urgent management and evacuation. Combat Application Tourniquets and novel haemostatic dressings such as Hemcon and QuikClot had only just been introduced on Op TELIC and HERRICK within the last six months but were already saving lives. He was casevacced from the scene on the roof of another Warrior to a safe helicopter landing zone at the Shatt Al-Arab Hotel base. From there he was evacuated by Merlin helicopter (the Merlin carried the IRT, the TELIC equivalent of HERRICK's Chinook-borne Medical Emergency Response Team) to the newly opened Role 2 Enhanced Hospital (BMH Basra) at the Contingency Operating Base on Basra Air Station. The UK Medical Group at the time, under the command of 33 Field Hospital, comprised a Regimental Headquarters, Support, Close Support and Hospital Squadrons. Rory underwent damage control resuscitation and surgery at the COB before being aeromedically evacuated by a Royal Air Force Critical Care Air Support Team (CCAST) to Selly Oak Hospital, Birmingham for definitive surgery. Selly Oak was then the UK's Role 4 receiving hospital. This was followed by intensive rehabilitation at Headley Court. He was greatly helped on his road to mental recovery by the military programme Battle Back (launched in 2008 at Headley Court), to which he was introduced by the charity Help for Heroes (founded 1 October 2007 under the impetus of the Iraq and Afghanistan campaigns).

Rory has since then rowed the Atlantic with Row2Recovery to raise funds for military charities, delivered a rousing speech as Master of Ceremonies at the 2012 London Paralympics Closing Ceremony, and has become an inspirational military speaker www.militaryspeakers.co.uk/speakers/corporal-rory-mackenzie .

[36] Froggatt, Caroline & Adams, Bryan. *Wounded – the legacy of war*. (Germany: Steidl, 2013; pp.84-89).





33 Field Hospital remained at the COB until 29 May 2007, when they handed over to 34 Field Hospital.

Op HERRICK 11 (Afghanistan, 2009)

UK Joint Force Medical Group, Op HERRICK 11 (pre-deployment, alongside HMS Victory, Portsmouth)
(Photographer Trevor Morrison, reproduced with permission)

Op HERRICK 11 (October 2009 – 10 April 2010) was unusual in having a Regular Field Hospital (33 Field Hospital, under the command of Lieutenant Colonel Chris Millett) leading the UK Joint Force Medical Group. Under its command were 256 (City of London) Field Hospital (V), which provided the Hospital Squadron on HERRICK 11A (October 2009 – January 2010), and 205 (Scottish) Field Hospital (V), providing the Hospital Squadron on HERRICK 11B (January – April 2010).

In addition, 33 Field Hospital was responsible for the Close Support Medical Regiment (supplemented by augmentees from different medical regiments) and for four Primary Health Care medical treatment facilities, namely two in Helmand Province (Bastion and Lashkar Gah) and two in Kandahar and Kabul.

Award of the Freedom of the Borough of Gosport (2009)

25 November 2009 - Awarded the Freedom of Entry to the Borough of Gosport. The citation read:

"In recognition and acknowledgement of their eminent services and outstanding medical support not only to service personnel but also to the local populations in Iraq, Afghanistan and other war zones over many years."

Op HERRICK 18 (Afghanistan, 2013)

15 April to October 2013 - Deployed to Camp Bastion, Afghanistan in support of 1 Mechanised Brigade, as part of the UK Joint Force Medical Group alongside 5 Medical Regiment. The unit was given a rousing welcome on its return by the people of Gosport as its personnel paraded through the streets.[37]

33 Field Hospital and multinational staff of the Bastion Role 3 Hospital, Op HERRICK 18
(Photo composed by Trevor Morrison, reproduced with permission)

[37] A tonic for the troops as Army medics are welcomed home from Afghanistan *The Mirror*, 31 October 2013 http://www.mirror.co.uk/news/uk-news/army-medics-welcomed-home-2658370 (accessed 30 December 2014)

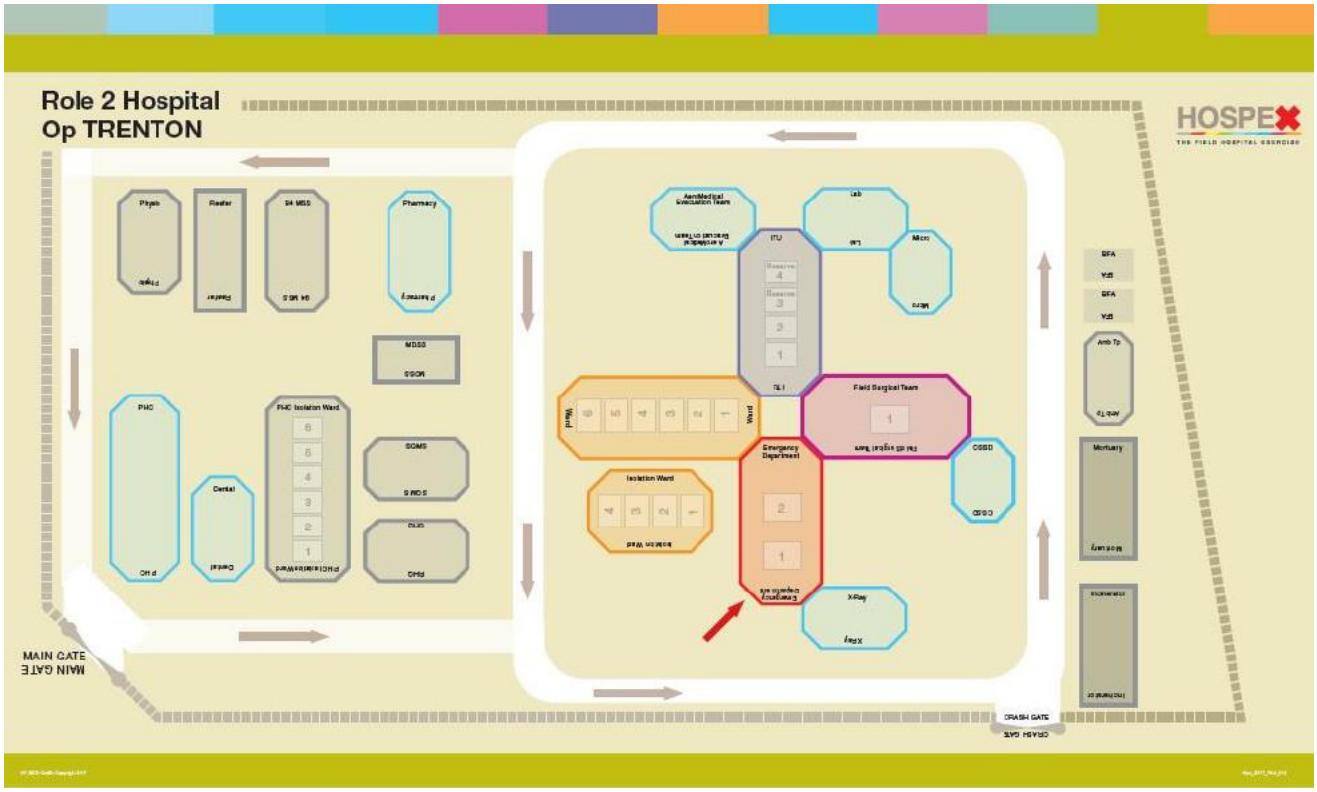
Bond of Friendship

33 Field Hospital held a Bond of Friendship with the French unit 1e Régiment Médical at La Valbonne.

Op TRENTON 3 (South Sudan, July 2017 – January 2018) – the last deployment

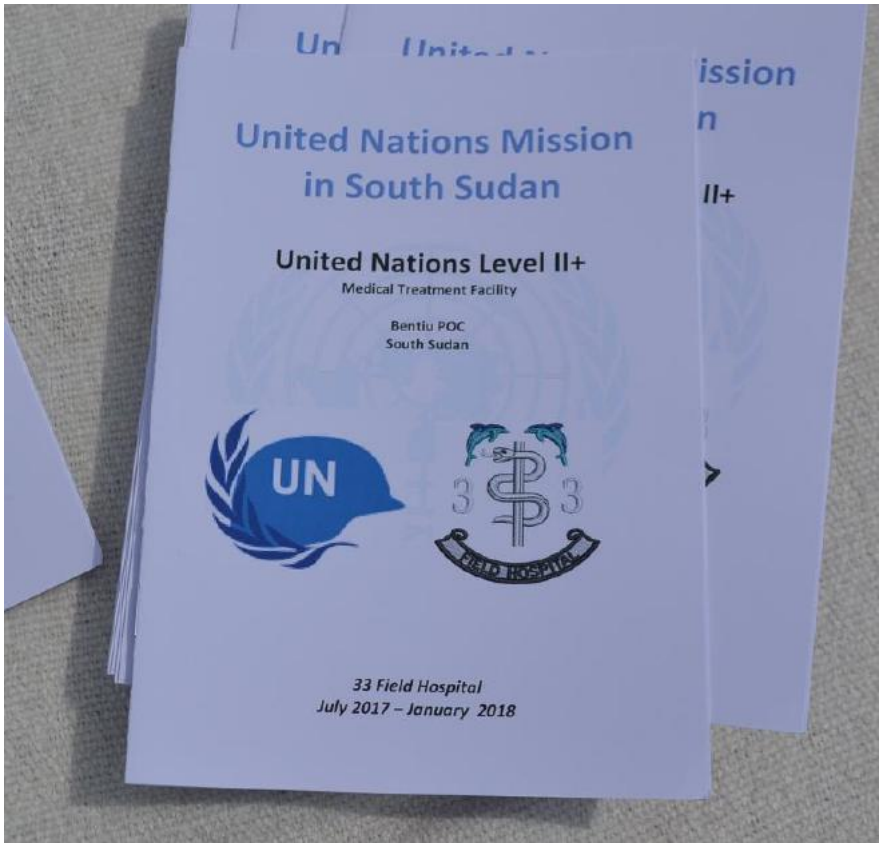
After years of guerrilla warfare South Sudan gained independence from Sudan in 2011. Fighting erupted the next year with Sudan over oil exports, and civil war broke out in 2013 before a peace deal was signed in 2015. Continuing political and security instability let to the United Nations Security Council establishing the United Nations Mission in South Sudan (UNMISS) to establish the conditions for a lasting peace. The UK Government deployed Armed Forces to South Sudan on Op TRENTON in support of UNMISS, primarily a Royal Engineers Task Force whose main role was to construct a Role 2+ hospital and camp at Bentiu. The AMS provided a temporary 2-1-2-10 medical facility (with two Emergency Department bays, one operating theatre, two intensive care beds, and ten ward beds) housed in DRASH tentage while the permanent UN hospital was being constructed.

During Op TRENTON 3, 33 Field Hospital deployed to the tented Role 2 Hospital at Bentiu to provide deployed hospital care for UK and UNMISS personnel.[38]



Layout of tented Role 2 Hospital at Bentiu during 33 Field Hospital's tenure (HOSPEX Tabletop pre-deployment training exercise playboard, designed by the author in collaboration with Army Graphics)

[38] Operation TRENTON. *The Medic (The RAMC Magazine)* 2018 (June), Vol 8 (1):17



Op TRENTON 3 Commemorative book and information booklet

Fond Farewells

The final 'Freedom of Gosport' parade (Fort Blockhouse, 19 July 2018) (photograph by the author)

Unit crest (provided by Terry Hissey, courtesy of Muzzo Cole)

Commanding Officers and Regimental Sergeant Majors of 33 Field Hospital

Commanding Officers 33 Field Hospital 1996 – 2015.
The last CO was Lt Col Gary Candlish RAMC (2016 – 2018)

Regimental Sergeant Majors 33 Field Hospital 1996 – 2015
(The author would be grateful for updated photos, contact: djvassallo@aol.com)

In memory of 33 Field Hospital, 1985 - 2018

Acknowledgements

The author would like to thank all those individuals he has had the pleasure of serving with at 33 Field Hospital over the years, too many to name individually, and the following in particular for their assistance with this history: Lt Col Abby DuBaree RAMC (Commanding Officer, 1999-2002), Lt Col Gary Candlish RAMC (last Commanding Officer, 2016 – 2018), Lt Col Derek Saunders RAMC (previously 2iC), Col (retd) David Rew L/RAMC, Neil Marshall (artist), Trevor Morrison (photographer), and Terry Hissey (Historical Branch Army). The author apologies for any errors or omissions.

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

Published by Friends of Millbank, see https://www.friendsofmillbank.org/previous-units/ .

Supporting the Museum of Military Medicine.