22 Multi-Role Medical Regiment

(Previously 22 Field Hospital, restructured in 2023)

Introduction (2024)

22 Multi-Role Medical Regiment was the first Multi-Role Medical Regiment (MMR) to join the British Army's ORBAT, forming up on 14 July 2023 during the reorganisation of the Army Medical Services under the Future Soldier programme.[1] This followed the re-subordination of **12 Medical Squadron** (*see Annex*) from 3 Medical Regiment on 28 February 2023 to **22 Field Hospital,** the senior of the two Regular field hospitals, which restructured over the next few months to form 22 MMR. The unit retains its status as the senior of the two Regular MMRs formed through Future Soldier.[2] It maintains the lineage of 22 Field Hospital and has thereby been involved, in one guise or another, in most major UK military operations for over 100 years, remaining in existence in peacetime as a cadre unit. The most dangerous recent deployment was arguably to Sierra Leone on Operation GRITROCK in 2014 – 2015, combating a deadly Ebola epidemic.

'What Matters Most'
(Detail from Stuart Brown's painting, see Operation GRITROCK section)

[1] 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)

[2] The other is 21 MMR, formed after 29 Medical Squadron was similarly re-subordinated from 3 Medical Regiment on its disbandment to 34 Field Hospital.

Future Soldier re-organisation (2023)

Major changes occurred within the AMS from 28 February 2023 under the Future Soldier programme, with a reduction in the number of Close Support Regiments and the formation of Multi-Role Medical Regiments.[3] There are now two Regular MMRs (including 22 MMR) and nine Reserve MMRs, in addition to four Regular Medical Regiments and three other Reserve units.[4]

Formation of 22 MMR - Flag change parade at Keogh Barracks, 14 July 2023

[3] It was also announced in Parliament on 15 October 2024 that 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) will amalgamate on 15 November 2024 to form the Royal Army Medical Service. See: https://www.army.mod.uk/news/the-royal-army-medical-service-created-to-ensure-british-army-healthcare-is-fit-for-the-future/

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

Location of 22 MMR

The unit traces its direct lineage (and therefore location) through **22 Field Hospital**, **2 Field Hospital** and **2 Casualty Clearing Station** to the beginning of the First World War. In recent years it was variably located in Aldershot at Thornhill Barracks and then Normandy Barracks, on the site of the old Connaught Hospital, alongside 4 Armoured Medical Regiment, before these two units moved into Keogh Barracks, Ash Vale in late 2015.

Army Medical Services mosaics, Regimental HQ, 22 Field Hospital[5]

Plaque at entrance to Regimental Headquarters, 22 Field Hospital, Normandy Barracks, Aldershot, 2014

A year after its formation, 22 MMR raised the unit flag in Dale Barracks, Chester, on 16 July 2024, having vacated Keogh Barracks and Fulwood Barracks, Preston (previously the home of 3 Medical Regiment, which disbanded on 28 February 2023, and 12 Medical Squadron).

[5] This set of mosaics was commissioned by WO1 (RSM) Steve Hall RAMC and originally decorated the entrance floor of 22 Field Hospital Regimental Headquarters at Thornhill Barracks, Aldershot. They were moved to Normandy Barracks in January 2012 and were presented to the unit in this location by WO1 (RSM) Andy Game RAMC in February 2012. They were hung in the unit's Training Wing at Keogh Barracks, before the move to Chester in July 2024.

22 Field Hospital staff & the former Cambridge Military Hospital, Aldershot, November 2011

(Photograph by Trevor Morrison, reproduced with permission)

Unit insignia (22 MMR)

The unit insignia incorporates the last insignia of 22 Field Hospital, now redesigned by WO1 (RSM) Andy Pettiford RAMC for the re-role to 22 MMR. The new design features the Serpent from 3 Medical Regiment's insignia on its disbandment to represent 12 (Medical) Squadron joining 22 Field Hospital to form the new unit.

Previous unit insignia - 22 Field Hospital

The last insignia (2015-2023) of 22 Field Hospital featured the Wilkinson Sword superimposed on a white cross and blue globe. It had been approved by the Army Dress Committee in February 2016 after a change to the unit emblem policy for Army Medical Services units.[6-7] The MOD directed that the use of the Red Cross emblem by military medical units (such as that featured on the previous 22 Field Hospital insignia) should be reserved for its primary protective purpose, necessitating removal of the Red Cross from unit insignia where it had previously been used as an indicative symbol.

Last insignia of 22 Field Hospital, in use 2015-2023, until formation of 22 MMR

The previous 22 Field Hospital insignia (2001-2015) featured the Wilkinson Sword of Honour [awarded in 2001] superimposed on a Red Cross and a globe to indicate its potential out-of-area commitments. It was designed by WO1 (RSM) Steve Hall RAMC.

Previous Insignia in use 2001-2015, discontinued March 2015 with the removal of the Red Cross

[6] Change to Unit Emblem Policy for Army Medical Services Units, directive from Col A C Boreham, AMS Corps Colonel, 11 March 2015

[7] Change to Unit Emblems – Army Dress Committee Approval, directive from AMS Corps Colonel, 18 February 2016

A History of 22 MMR's Predecessors

The unit is the direct descendant of **No. 2 Clearing Hospital** (formed in 1914),[8] followed by **No. 2 Casualty Clearing Station** (1915 – 1970) and **2 Field Hospital** (1970 – 1986), which was re-designated as **22 Field Hospital** on 1 April 1986. This reformed on 14 July 2023 into **22 Multi-Role Medical Regiment**.

No. 2 Casualty Clearing Station (2 CCS) [9-10]

First World War

Following the outbreak of hostilities, **No. 2 Clearing Hospital** deployed to France as part of the British Expeditionary Force, arriving at Bailleul on 18 October 1914 where it opened in a seminary [the Jesuit College] about a mile from the railway station.[11] It was re-designated **No. 2 Casualty Clearing Station** on 1 January 1915 when all Clearing Hospitals were so re-designated.

Location of 2 C.C.S., to the right of Rue du collège is the church of St. Amand and the Jesuit College.
(Source: Bailleul, see footnote)

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[8] It was customary until about 1970 to use the prefix No. [Number] as part of the unit's name, as in No. 2 Clearing Hospital. This usage is followed where contemporary documents indicate this to have been the case.

[9] *Location of Hospitals and Casualty Clearing Stations, British Expeditionary Force 1914 – 1919* (Ministry of Pensions, Westminster: July 1923) https://archive.org/details/lLocationww1hospitals-images#:~:text=Location%20of%20hospitals%20and%20casualty%20clearing%20stations, (accessed 30 Sep 2024)

[10] This unit must be distinguished from **No. 2 Stationary Hospital**, which also deployed with the British Expeditionary Force to France. This latter hospital was variously stationed at Nantes (September - 4 November 1914), Outreau (5 November 1914 to 17 September 1915), and finally Abbeville (18 September 1915 to 17 January 1920). For much of the First World War, Abbeville was headquarters of the Commonwealth Lines of Communication and No. 2 Stationary Hospital found itself stationed there alongside No. 3 British Red Cross Hospital (also known as the Friends' Ambulance Hospital) and No. 5 Stationary Hospital. Information obtained from *Location of Hospitals and Casualty Clearing Stations (ibid)*

[11] Bailleul – Mapping hospitals in Bailleul – Other C.C.S. Locations - 2 C.C.S. https://www.throughtheselines.com.au/research/bailleul (accessed 30 September 2024)

The unit was situated at Bailleul for most of the war (October 1914 – 2 September 1917), then moved to several other locations: Outhersteene (3 September 1917 – 15 April 1918), Abblinghem (16 April – 23 June), Affringues (27 – 30 June), Anvin (1 July – 11 October), Quevant (12 October – 15 November), Valenciennes (16 November 1918 – 23 July 1919) and finally Cologne.

Second World War [12-13]

No. 2 Casualty Clearing Station (CCS), under the command of Lt Col TL Fraser OBE RAMC, commenced mobilisation in York on 2 September 1939. It only had three regular officers (commanding officer, medical specialist and quartermaster), the majority of officers held wartime Emergency Commissions, and most of the unit was made up of Regular and Supplementary Reservists. The unit embarked from Southampton on the evening of 19 September, arrived in Cherbourg the next morning, and deployed with the British Expeditionary Force, making its way by train to the 1st British Corps area of operations, with its equipment following on separately.

It initially established itself *'in the Sunday School behind the R.C. Church*', capable of accommodating 100 beds and stretchers, in Rouvroy Sous Lens, outside Drocourt, on 9 October 1939, receiving its first casualties from 1 and 2 Corps on 11 October. The hospital tents were erected on a nearby racecourse, with the CCS thereafter functioning from there, with the school remaining in use as an acute surgical ward and operating theatre. One telling comment from the unit's December 1939 war diary bears repeating: '*The policy of separating a unit from its equipment cannot be discussed here but it is very strongly felt that the separation of a medical unit from its equipment is like separating the infantryman from his rifle.*'

For the next few months, despite the 'Phoney War', the hospital cared for a steady stream of hundreds of wounded and ill before evacuating them by ambulance train. The staff saw their first of several cases of gas gangrene on 8 November (a soldier who had suffered a gunshot wound through both buttocks as well as a fractured femur), successfully treating him with serum, a 4-pint blood transfusion and sulphonamide.

The unit moved to Beaumont Hamel on 26 March 1940. On 9 May an order was issued that helmets and gas masks should be worn at all times, and the next day air raids commenced in earnest in the vicinity, heralding the onset of the German Blitzkrieg. On 18 May, the unit commenced a withdrawal by rail and road, often under fire, and caring for casualties en route:

'21 May: After leaving Hazebrouck at 1215 [by train], at 1250 we experienced heavy air bombardment and machine gunning of refugees in GS [General Service] lorries which also carried Belgian soldiers, proceeding

[12] **No. 2 Casualty Clearing Station** The main sources of information consulted for the history of the unit in the Second World War are the 'Medical Quarterly Reports, No. 2 Casualty Clearing Station, 11 October 1940 – 31 December 1944' (TNA: WO 222/670), and the monthly War Diaries, 'September 1939 – 4 March 1945' (TNA: WO 177/627). There are also many references to No. 2 CCS in the *Official History of The Army Medical Services* by FAE Crew, the Italian Campaign being covered, with explanatory maps, in Volume 3 (London: HMSO, 1959)

[13] **2 Casualty Clearing Station**, some information on locations during the Second World War is obtained from 'Orders of Battle 1939 - 1945 RAMC', War Office File 0534 / 3, dated 2 May 1946, in 'Second World War - Orders of Battle RAMC', Historical Branch (Army).

along the road parallel and 3 yards from the railway line. The train was stopped and gave all available assistance to the wounded, about 40 in number. There were 7 dead…' [14]

The unit came close to being overrun en route, while caring for casualties as long as it could:

Steenvorde, 26 - 27 May: *Opened up in another building and have now 2 surgical teams working. 109 cases evacuated by Motor Ambulance Convoy during shelling ... At 1800 lorries arrived under Lt Thompson RASC who stated the enemy were 2 miles away and he had orders to convey us towards Hornshoote…* Coxyde, 29 May: *All unessential vehicles destroyed under orders; Orders to join with No. 11 CCS in opening up to receive cases in La Panne Casino. Continued air attacks … Our surgical teams working in Casino.* Coxyde, 30 May: *Took over a large air raid shelter and opened up there, took in cases to capacity. Evacuation proceeding by road to Dunkirk …*

The unit was eventually evacuated from Dunkirk on 1 June without any of its equipment:

'Having stayed on the beach all night with a naval commander who said evacuation would take place in the early hours, but no boats being seen, we marched at dawn [1 June] to Dunkirk, taking with us a number of wounded from the beach and eventually got on board ships there. Some of these were hit and sank, others were holed, and those on board transhipped to others, or limped home. 1900: Arrived Ramsgate having been taken off 'Prague' holed and down by the stern, abandoned on the Goodwins. Entrained for Tidworth…' [15]

No. 2 Casualty Clearing Station, after reconstituting itself at Rotherham (South Yorkshire) and Whiston (Lancashire), was to spend most of the rest of the war in the Middle East and Italy.

On 18 March 1941 the unit embarked in Liverpool for the Middle East, calling at Freetown in Sierra Leone and Cape Town in South Africa en route, before arriving in Suez on 6 May. It deployed forward to assist the campaign in Syria, in support of 1 Australian Corps, Middle East Force, taking over the ex-Italian Hospital in Haifa, Palestine from 168 Field Ambulance on 13 July 1941. It functioned here mainly as a staging section, with the vast majority of cases who arrived from Beirut, Damascus and elsewhere only staying for one night before evacuation to various Base Hospitals in Palestine. The tempo of work at Haifa can be gauged from the fact that 3868 medical patients and 1633 surgical cases were admitted up to the end of September, all suffering from disease and non-battle injuries.

The unit was renamed on 2 April 1942 as **No. 2 (UK) Mobile Casualty Clearing Station** and operated in Haifa until 29 April 1942 when it switched locations with 53 General Hospital and took over the ex-Italian Hospital in Damascus. Thereafter it functioned as a 200-bedded General Hospital in the Base Area of operations, as well as becoming the Rabies treatment centre for the area from 6 June (necessitating an urgent request for rabies vaccines).[16] Due to operational exigencies, the unit also took over the running of No. 1 New Zealand CCS (in Zahle, situated 47 miles distant from Damascus) until 21 August 1942. There were no battle

[14] Lt Col Graham, Commanding Officer. War Diary of No. 2 CCS (1 May – 31 May 1940) (TNA WO 177/627)

[15] Lt Col Graham, Commanding Officer. War Diary of No. 2 CCS (1 June – 30 June 1940) (TNA WO 177/627)

[16] War Diaries of No. 2 CCS (TNA WO 222 / 670)

casualties in this campaign, and the patients initially comprised approximately equal numbers of British, Polish, Greek and Basuto troops, with the occasional Greek civilian refugee, while from late 1942 – end 1943 the patients were principally British. Of note, a fatal case of haemorrhagic smallpox admitted to the medical ward in November 1942 resulted in the entire staff being re-vaccinated (with lymph delivered from the Government Laboratory, Jerusalem) and the hospital being placed in partial isolation for 16 days.

The main development in 1943 was the opening of a 200-bed detachment at Tripoli, Syria in conjunction with No. 11 CCS, in addition to the unit's commitments in Damascus. An equitable division of labour resulted in the unit running the medical division there, while No. 11 CCS ran the surgical division. A Light Section from the unit also deployed to Zahle.

On 2 December 1943 the unit embarked at Port Said for Italy, disembarking at Taranto on 9 December. On 28 December the unit moved to Turi (near Bari), setting up as a 200 bedded hospital in an old school building for a fortnight, receiving 244 casualties from the 8th Army front.

On 10 January 1944 the unit moved to the US 5th Army front to join the US VI Corps around Naples, mobilising rapidly for Op SHINGLES (the amphibious landings at Anzio). The unit landed at the Anzio Beachhead on 23 January and set up in the abandoned Italian School of Artillery at Anzio, admitting battle casualties the next day. Unfortunately, the continued shelling and bombing, during which a shell exploded in the middle of the unit and wounded two NCOs, '*reacted enormously on the patients' nerves*', so on 28 January the unit relocated to a large open field three miles outside the city, on the Rome-Anzio road.

Even here, the hospital was not spared the attentions of the enemy: *'During the month of February the Hospital area was frequently subjected to the dangers of Anti-Personnel bombs, although the casualties were comparatively light, two Other Ranks of the unit only being injured.*' There was a lucky escape on 22 February: '*One High Explosive Bomb dropped near one of the theatres but did not explode*.' See map overleaf.

By 31 March 1944, 4,580 casualties had been admitted from Op SHINGLES, almost all due to enemy action. An interesting note, presaging modern practice, was written by the surgical specialist who compiled the quarterly report covering the Anzio landings, Major A Orlek RAMC: '*In certain large bowel injuries, I have sutured the perforation and replaced the intestine rather than exteriorise and perform colostomy. These few cases have been successful.*' Major Orlek also recorded that there had been 24 post-operative deaths during Op SHINGLES, including one on the table and four within four hours of surgery, describing their injuries in many cases as too extensive to hope for survival. *'This I attribute to the fact that the CCS was receiving cases which normally would not have reached the CCS [alive], our position being so near the front line.'*

One wonders how many of these soldiers might have survived if their injuries had been sustained on the battlefields of Helmand 70 years later and they had been admitted to Bastion Hospital (set up in 2006 by the successor to No. 2 CCS), given the advances in military medical practice and damage control resuscitation since then.[17]

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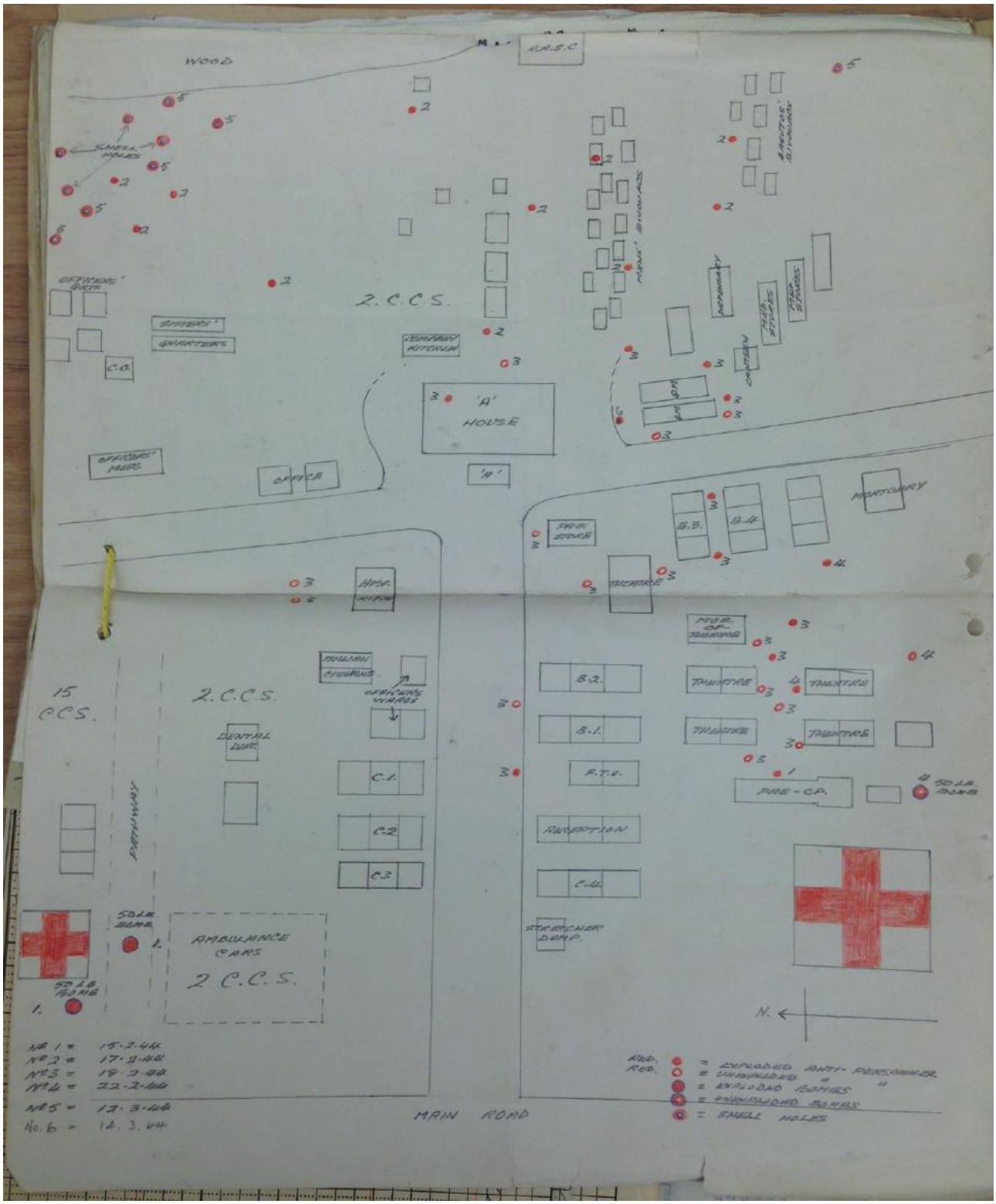
[17] Vassallo D. *Military Medical Revolution – How the UK's Defence Medical Services transformed in conflict, 1990 – 2015.* (Published 2018). Available in print from the Museum of Military Medicine. Also online at https://www.friendsofmillbank.org/milmedrev/ (accessed 18 October 2024)



Anti-personnel and high explosive bombs dropped upon the unit, February – March 1944[18]
(Anzio beachhead, sited in a large field three miles outside Anzio)

[18] WO 222 / 670 – Map contained in War Diaries of No. 2 CCS

It was due to the support that No. 2 Casualty Clearing Station provided to the US 5th Army from January to March 1944 that its Commander awarded the unit a plaque and commendation for meritorious service. This plaque has pride of place in the Command Group Corridor in the RHQ of the modern-day 22 Field Hospital.

Plaque presented to the unit by Army Commander, US 5TH Army

Headquarters

FIFTH ARMY

COMMENDATION

To all whom it may concern

NUMBER 2 MOBILE CASUALTY CLEARING STATION

is hereby commended for outstanding performance of duty

CITATION

NUMBER 2 MOBILE CASUALTY CLEARING STATION is awarded the Fifth Army Plaque and Clasp for meritorious service during the month of February 1944. Often in the face of serious obstacles, this organization has established an outstanding record in the performance of services invaluable to Fifth Army. Working long and arduous hours, this unit was able to give comfort and care to the wounded despite the hazards of battle. Reliance is put upon Number 2 Mobile Casualty Clearing Station to maintain its record in the days that lie ahead.

Mark W. Clark

MARK W. CLARK,
Lieutenant General, U. S. Army,
Commanding.

Fifth Army Commendation, by Lieutenant General Mark Clark, US Army: 'Number 2 Mobile Casualty Clearing Station is awarded the Fifth Army Plaque and Clasp for meritorious service during the month of February 1944. Often in the face of serious obstacles, this organisation has established an outstanding record in the performance of services invaluable to Fifth Army. Working long and arduous hours, this unit was able to give comfort and care to the wounded despite the hazards of battle. Reliance is put upon Number 2 Mobile Casualty Clearing Station to maintain its record in the days that lie ahead.'

On 1 April 1944 the unit was relieved by No. 14 CCS and embarked for Naples. While still in Anzio harbour a shell landed alongside causing seven casualties to the unit, including one fatality. In Naples the unit underwent a period of reorganisation, before beginning a series of moves up the Italian peninsula, initially under command of 13 Corps, reporting to Deputy Director Medical Services, 8th Army. For instance, it functioned at San Vittore between 20 May and 6 June, in the Rome area from 9 June to 2 July, at Ossaia from 7 July – 6 August, and at Malignano (near Siena) from 7 - 31 August (where it functioned as an Air Evacuation Centre).

The peak period was 17 – 23 July when it received 1,366 patients, including British, South African, New Zealand and Indian forces. A survey of 100 successive battle casualties admitted to the CCS during this period showed that the 'time-lapse' between wounding and arrival at the first medical unit where they were operated on averaged 9 ½ hours.

The unit joined 10 Corps on 17 September, moving from Fabriano to Arezzo and then Siena. The unit continued to function in Siena, at San Marco Hospital, until 7 February 1945 when it was disbanded to form 'N' and 'O' Field Dressing Stations, with personnel being posted to these units.[19] The last War Diary of No. 2 (UK) Mobile Casualty Clearing Station ends on 4 March 1945 when 'N' Field Dressing Station assumed responsibility for the remaining hospital patients in Siena.

Op MUSKETEER (Suez Crisis, 1956)[20,21]

On 26 July 1956 Egypt's leader, Colonel Gamal Abder Nasser, nationalised the Suez Canal, which Britain regarded as being vital for the defence of its interests in the Far East. Op MUSKETEER, the Anglo-French operation to capture the Suez Canal, commenced on 5 November 1956, with a six-man field surgical team (FST) from 23 Parachute Field Ambulance, under Captain Norman Kirby as surgeon,[22] taking part in the airborne assault. This was the last time that a British surgical team has parachuted into action.

In the meantime, 2 CCS had deployed with the invasion fleet from Malta, coming ashore on 6 November with 40 and 42 Commando RM to set up a medical facility at the Casino Palace Hotel. A seaborne Surgical Team from 23 PFA had also come ashore, and now worked alongside surgeons from 2 CCS operating on some British but mainly Egyptian wounded. They were joined by 15 Field Ambulance.

2 CCS had a rough time being reunited with their equipment. Their first load had been loaded straight from the Army Medical Department (AMED) in the UK onto shops bound for the Canal and all sight of it was lost in transit. A second load was sent from the AMED in Cyprus. Both ships arrived at Port Said simultaneously

[19] Formation of New Units – RAMC. Allied Force Headquarters, CR/1156/G-1(Br) dated 26 January 1945. Copy held in War Diary, No. 2 (UK) Mob CCS, February 1945 (TNA: WO 177/627)

[20] Parker PJ, Kirby N Operation MUSKETEER – The Suez Crisis 1956 *J R Army Med Corps* 2008;154(4):231-235

[21] ***Airborne to Suez***, Sandy Cavenagh, Medical Officer 3 Para (Gludy Publications, 1965) (copy held at the Museum of Military Medicine)

[22] Captain Kirby would go on to update and edit, as a major general, the ***Field Surgery Pocket Book*** (HMSO, 1981), essential reading for all military doctors since the first edition in 1944, covering all aspects of military surgery. He deployed to Jordan on Ferrie Force in 1970, as a lieutenant colonel in charge of a field surgical team.

and unloaded side-by-side. None of the cases had been tactically loaded, there were no markings on the outside, and no packing lists. The first 20 cases unloaded contained only cotton wool and dressings. It took five hours to find the much-needed surgical packs. In the meantime, 23 PFA were able to help the CCS by donating their spare seaborne scales.

The British casualties for this operation were 22 killed and around 100 wounded, with active combat operations ceasing within 48 hours due to political pressure. The Anglo-French withdrawal was announced on 3 December and completed on 23 December.

In the static period after the ceasefire, 15 Field Ambulance remained in the Casino Palace Hotel functioning as a 40-bed Medical Reception Station. 2 CCS took over a large school on the sea front, opposite the Lady Strangford British Hospital, opening on 14 November. It had been the intention to site the CCS in this Hospital but it was found to be too small and too seriously damaged. 2 CCS now functioned as a garrison hospital of 150 beds, and a little later were joined by 3 and 4 FSTs and 12 Field Transfusion Team.[23]

Medical lessons from Op MUSKETEER

Important lessons were drawn in the aftermath of this ignominious drawdown from Empire. It was evident that the Parachute Brigade and Commando Forces would have to be better supported in future expeditionary warfare. Moreover, it was clear that permanent FSTs had to be always available and able to train with their own equipment. Similarly, it was apparent that a permanent Field Hospital was required to be fully trained, staffed, equipped and ready to move at short notice.

Training in the principles of War Surgery was clearly essential for all surgical team members, who would also need practical experience. In addition, a Consultant Surgeon needed to be responsible for all surgical policy in the force. The short campaign highlighted the importance of early blood administration in the management of trauma victims. It was also obvious that field training was needed for all ranks to enable them to live under active service conditions, and that advanced first aid training was essential for infantry soldiers.

Many of these lessons had been learned in the First and Second World Wars and sadly been forgotten after each, they were re-learned at Suez, and again partially forgotten by the First Gulf War of 1990-91. They have been reinforced in the Iraq and Afghanistan campaigns of 2001 – 2015. The challenge remains to ensure they are not forgotten again.

[23] Report by Commander 2 (BR) Corps on Operation Musketeer - Report No 14 - Medical, by DDMS Brig WJ Officer OBE (accessed at Historical Branch (Army))

2 Field Hospital

On 1 March 1970, the RAMC Casualty Clearing Stations were all re-designated as field hospitals with a 200-bed capacity.[24] As a result, 2 Casualty Clearing Station, which was the only cadre CCS, became **2 Field Hospital**. The other units affected were the British Army of the Rhine hospitals, whose war roles were as casualty clearing stations. Thus, BMH Rinteln's war-time designation became 21 Field Hospital, and BMH Hannover's became 32 Field Hospital.

Op SHOVELLER (Jordan, September – November 1970)

Operation Shoveller was a short-term medical relief operation carried out at the urgent request of the Jordanian Government in 1970, because of severe civil unrest. The Force (known as **Ferrie Force** after its commander) included 2 Field Hospital and a FST (the latter under now Lt Col Norman Kirby). Ferrie Force was deployed from the United Kingdom to Cyprus on 21 September 1970 and entered Jordan on 30 September, functioning in Amman for one month before withdrawing from Jordan on 2 November.

While awaiting clearance to enter Jordan, a detachment of 2 Field Hospital and the Field Surgical Team set up at British Military Hospital Dhekelia, where on 30 September they received and treated the first Jordanian casualties allowed to leave the country, 18 badly wounded and dehydrated casualties including three women and two children.[25]

Plaque commemorating Ferrie Force, in Regimental Headquarters, 22 Field Hospital

[24] General Staff Order: Authority for Re-designation, MOD(AMD 1) Enclosure 5 to 20/Med/1097(ASD 2) dated 23 February 1970. Reviewed at Museum of Military Medicine.

[25] Operation Shoveller *Army Medical Services Magazine* 1971;25(2):52-54

Ferrie Force was a composite team which comprised:

- a small command element from 3 Division under the leadership of Colonel A M Ferrie
- a 50 bedded element of 2 Field Hospital RAMC
- a section of 19 Field Ambulance RAMC
- J Division Field Hygiene Section
- a detachment of The Prince of Wales's Own Regiment of Yorkshire from Cyprus
- Signals detachments from 14 Signal Regiment, 30 Signal Regiment, 262 Signal Squadron and 38 Group Support Unit, RAF

The experiences of each medical unit within **Ferrie Force**, and the important lessons learned from this contingency deployment, were fully documented in five articles in the *Journal of the Royal Army Medical Corps* in 1971.[26,27,28,29,30] Fifty years on, these articles, together with contemporary photographs, personal reminiscences, press cuttings, official signals, and a covering article, were collated as a commemorative online supplement of the RAMC Reunited Newsletter.[31]

Mark of appreciation by The International Committee of the Red Cross to Ferrie Force (Certificate in Regimental HQ, 22 Field Hospital)

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[26] Goodall, TM Operation Shoveller: The Deployment and Task of 2 Field Hospital RAMC *J R Army Med Corps* 1971;117:59-66

[27] Fraser, IC Operation Shoveller: Army Health Aspects *J R Army Med Corps* 1971;117:67-70

[28] Barry, NA Operation Shoveller: Anaesthesia in Jordan *J R Army Med Corps* 1971;117:71-75

[29] Boyd, NA, Davies, AK. Operation Shoveller: The Surgical Commitment of 2 Field Hospital RAMC *J R Army Med Corps* 1971;117:76-85

[30] Kirby, NG. Operation SHOVELLER: Surgery in Cyprus *J Roy Army Med Corps* 1971;117:86-93

[31] Nash, N. Operation Shoveller – 50 Years On – September to November 1970. *Supplement to the Quarterly RAMC Reunited Newsletter October to December 2020 - Operation Shoveller*. http://ramcreunited.co.uk/files/03a-RAMC-REUNITED-QUARTERLY-EDITION---Supplement--DEC-2020.pdf (accessed 20 Jan 2021; not accessible 18 Oct 2024)

Formation of 55 Field Surgical Team (1972 – 1985)

''Authority is given for the formation of 55 Field Surgical Team RAMC at 2 Field Hospital RAMC, Aldershot. Effective 1 Jan 1972.' [32]

The necessity to provide a high readiness surgical capability short of full mobilisation of the field hospital led to the formation of 55 Field Surgical Team (comprising two actual general surgical teams) as a sub-unit of 2 Field Hospital in January 1972. Its first deployment was to RAF Salalah, Oman in spring 1972, on Op STORM.[33] This counter-insurgency deployment would include the battle for Mirbat and an attack on the officers' mess. The active role of British forces in training and operating alongside the Sultan of Oman's Armed Forces helped turn the tide against the insurgents. The Sultanate of Oman still maintains close links with the UK.

55 FST also deployed during the 1982 Falklands conflict (see Op CORPORATE section below), but was disbanded shortly thereafter, in 1985.[34]

Op MOTORMAN (The Troubles, Northern Ireland, 1972)

The Troubles in Northern Ireland commenced in 1969. The introduction of internment in August 1971 led to an upsurge in support for both wings of the Irish Republican Army, the Provisional and the Official IRA. Nationalist no-go areas were established within the Bogside and Creggan areas of Londonderry (Derry) and in Belfast, wherein the IRA operated openly in armed patrols. At the same time, loyalist no-go areas were established throughout the province. These no-go areas made a mockery of law within Ulster, proving an embarrassment to the Unionist government at Stormont, and contributed to its suspension and the introduction of Direct Rule by Westminster in March 1972.

1972 would see the IRA detonate some 1,300 bombs in Northern Ireland. Matters came to a head in Belfast on 'Bloody Friday', 21 July 1972, when the Provisional IRA exploded 22 bombs which, in the space of 75 minutes, killed 9 people and seriously injured some 130 others. 'Bloody Friday' led directly to the British Government implementing 'Op MOTORMAN' ten days later (commencing 31 July 1972) when, in the biggest British military operation since the 1956 Suez crisis, the British Army entered and ended the 'no-go' areas of Belfast and Derry, dismantling the barricades with Centurion bulldozer tanks landed from HMS *Fearless*.[35]

Thirty thousand British troops were involved, including 38 regular battalion-sized formations (27 of which were infantry battalions and two armoured regiments) and 5,500 members of the Ulster Defence Regiment.

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[32] General Staff Order - Authority for Formation, AMD1b A/79/MOB/5515(ASD2) dated 12 Jan 1972

[33] 55 Field Surgical Team RAMC http://www.55fstramc.com/ (created by anaesthetist Bill Debass; accessed 18 Oct 2024)

[34] General Staff Order – Authority for Disbandment D/SG(Ops)468/2/24/1 (ASD 3a) dated 10 Apr 1985

[35] CAIN Web Service – A Chronology of the Conflict – 1972 https://cain.ulster.ac.uk/othelem/chron/ch72.htm (accessed 18 Oct 2024)

The operation met with almost no resistance in the no-go areas, as repeated warnings about the imminent military operation had persuaded the loyalist and nationalist diehards to flee the areas.[36]

An eyewitness account of Op MOTORMAN
(Janet Gillies QARANC, Theatre Sister, 2 Field Hospital)[37]

As a member of the FST in Aldershot I was mobilized with the members of 2 Field Hospital and a FST from Germany. We congregated at Keogh Barracks [late July] and were equipped for service, but destination unknown.

After a very long wait we left by coaches making our way South and drove to Southampton where we embarked on an LSL [Landing Ship Logistics]. Neither we nor they knew as yet where we would be going, but by this time we guessed it was Northern Ireland. We had read in the newspapers that the Army intended to take down the Barricades in Belfast and Londonderry but not when.

Two days later we arrived in Belfast where we were coached to Ballykelly and by midnight we were ready to admit casualties. The FST from Germany set up their Operating Theatre in the Medical Centre and we set up ours in the 'Mortuary'. We knew by then that the removal of Barricades would start at midnight and we would be covering Londonderry.

No one in Londonderry attempted to stop the Army that night but the two people who did in Belfast were shot dead. They had been warned.[38]

Over the next few days we did a couple of appendicectomies and tended to a few accidental discharges but no real casualties, so by the end of the week the Field Hospital returned to UK, the FST to Germany and our FST remained sleeping at Ballykelly but travelling to work every day in civilian clothes in unmarked Military transport to the Altnagelvin Hospital in Derry. For the civilian nurses this was difficult as being seen with me made them very uncomfortable so I stopped going to the dining room.

The theatre Superintendent would not let 'a nice girl like me' work much with my team so I asked to go to Belfast where I knew they were busy. This I did and a theatre sister there was then able to have some leave. That was where I witnessed the horrors of the nail bombs and the excellence and bravery of our soldiers. After 2 or 3 weeks I returned to CMH [Cambridge Military Hospital Aldershot].

[36] The National Archives – The Cabinet Papers 1915 – 1986: No-go areas and Operation Motorman https://webarchive.nationalarchives.gov.uk/ukgwa/20230801101312/https://www.nationalarchives.gov.uk/cabinetpapers/themes/no-go-areas-operation-motorman.htm (accessed 18 Oct 2024)

[37] Personal account by Janet Gillies, provided to David Vassallo 26 February 2015. Janet's FST consisted of John Carter (surgeon), Tony (anaesthetist, surname unknown), herself as theatre sister, and three operating theatre technicians.

[38] There had been warnings, but the circumstances were disputed. Details are given in: *Lost Lives – The stories of the men, women and children who died as a result of the Northern Ireland troubles.* David McKittrick, Seamus Kelters, Brian Feeney, and Chris Thornton. (Mainstream Publishing, Edinburgh, 1999)

Op CORPORATE (Falklands Conflict, 1982)[39,40,41,42,43]

By 1982, 2 Field Hospital's cadre strength was three officers and 38 soldiers. This would increase in war to 48 officers and 141 soldiers sufficient to staff a 200-bed hospital with four surgical teams. The unit's primary role was to train for war in Europe, but its secondary role was to be prepared to deploy anywhere around the world in response to any contingency. The cadre staff was permanently on 7 days notice to move, with potential reinforcements being nominated from other regular units for a 12-month period. These reinforcements were divided into two categories. Category 1 personnel included a surgical team which together with the cadre would provide a 50-bed capability. The addition of Category 2 personnel (which included a second surgical team) would enable the hospital to expand to 100 beds. The balance of personnel required to establish the 200-bed hospital would only be called out on full mobilisation.

In April 1982, following the invasion of the Falkland Islands by the Argentines, 2 Field Hospital was mobilised and deployed in three phases and in three differing roles.

Phase 1: The two surgical teams (later known as FSTs 1 and 2) from 55 FST and the equivalent of a field ambulance holding section, totalling 7 officers and 29 servicemen drawn from cadre and selected Category 1 and 2 personnel, were detached to 16 Field Ambulance RAMC, sailing for the Falklands on 1 May 1982 aboard the *Queen Elizabeth 2*. FST 1 was led by Major David Jackson with Major Bannerjee as anaesthetist and Lt Col Watt RADC as resuscitation officer.[44] FST 2 was likewise led by Major Jim Ryan supported by Lt Col Anderson and Major Aitken RADC.[45, 46] Major Millar took charge of the holding section. After transferring to the *Norland* off South Georgia, 16 Field Ambulance (and its 2 Field Hospital staff) disembarked at Ajax Bay, San Carlos Water, on 1 June, ostensibly to relieve the Parachute Clearing Troop FSTs (5 and 6 FST) who had been hard at work since the landings had begun. As the situation had eased their services were not required so they established themselves at San Carlos settlement. After a few days they re-embarked, this time on the Logistic Landing Ship RFA *Sir Galahad*.

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[39] 2 Field Hospital and the Falklands Conflict *Army Medical Services Magazine* 1983(June);37:2-35

[40] Jackson DS et al, The Falklands War – Army Field Surgical Experience. *Ann Roy Coll Surg Engl* 1983;65:281-285. Reprinted in: 'Falklands War – 25th Anniversary' Supplement *J Roy Army Med Corps 2007;153(S1):44-47.*
See also following article in this Supplement: Ryan JM. Commentary on The Falklands War - Army Field Surgical Experience *J Roy Army Med Corps 2007;153(S1):48-49*

[41] Williams JG, Riley TRD, Morley RA. Resuscitation experience in the Falkland Islands campaign *Br Med J* 1983;286:775-777

[42] Chapman P Operation Corporate – The Sir Galahad Bombing *J Roy Army Med Corps* 1984;130:84-88

[43] Jackson DS Sepsis in soft tissue limb wounds in soldiers injured during the Falklands Campaign 1982 *J Roy Army Med Corps* 1984;130:97-99

[44] David Jackson published his memoirs in 2021, including personal reminiscences of the Falklands Conflict and an excellent account of the work of FST 1. See: 'Aim for the Ocean, The Falklands War, 1982' in: *Surgeon in the Raw – a memoir* (co-authored with Nicola Jackson) (Mereo Books, 2020), pp.191-224.

[45] Jim Ryan published his reminiscences of working with FST 2 in 'Falklands War – 25th Anniversary' Supplement of the Corps Journal: A personal reflection on the Falklands Islands War of 1982. *J Roy Army Med Corps* 2007; 153(S1): 88-91

[46] Jim Ryan would eventually become Professor of Military Surgery. See 'College Personalities - Colonel Jim Ryan' https://www.friendsofmillbank.org/downloads/jim%20ryan.pdf (accessed 18 Oct 2024)

RFA *Sir Galahad* - At approximately 1400 hours local time on 8 June 1982, while preparing to unload soldiers and equipment in Port Pleasant, RFA *Sir Galahad* was attacked by three Argentinian Skyhawks, hit by two or three 500 lb bombs and set alight. On board were members of 1st Bn Welsh Guards, 2 Field Hospital and 16 Field Ambulance, though most of FST 1 had just disembarked. A total of 48 soldiers and seamen were killed in the explosions and subsequent fire. Sergeant Pierre Naya RAMC was later awarded the Military Medal for his gallant actions during this episode.[47] All medical stores for the two surgical teams of 55 Field Surgical Team and for 16 Field Ambulance were lost in the ship, critically limiting them in their ability to function thereafter, especially in the initial management of casualties landed at Fitzroy before their transfer to ships and Ajax Bay. They were eventually replenished by ships' surgical stores from HMS *Hermes* and HMS *Intrepid*.

The FSTs eventually re-assembled at Ajax Bay. From here FST 1 was redeployed to Fitzroy to work alongside one of the Parachute Regiment FSTs. FST 2 remained at Ajax Bay in partnership with the naval surgical team. Both teams were kept busy over the next week, with most of the casualties being received on 12, 13 and 14 June – the day the Argentines surrendered. The FSTs eventually relocated to the King Edward Memorial Hospital (KEMH) in Stanley where they would be joined by the Phase 2 party of 2 Field Hospital.

Village Hall at Fitzroy Settlement, in use by FST 1 and 6 FST (Parachute Clearing Troop, 16 Field Ambulance)
Note the Red Cross and frost-covered ground
(Photograph by David Jackson, with permission)

[47] Naya M. *War Medic Hero: A Portrait of Sergeant Pierre Naya, Military Medal RAMC* (Mereo Books, 2014). Sgt Pierre Naya's story is also recounted in Max Arthur's *Above All, Courage: The Eyewitness History of the Falklands War*. (Cassell, 2007)

Phase 2: A second group, comprising 6 officers and 25 soldiers from 2 Field Hospital, was assembled as an 'Administrative Control Cell and Medical Holding Unit,' with the aim of caring for the anticipated large numbers of Argentine Prisoners of War. This group left RAF Brize Norton for Ascension Island on 6 June, eventually reaching Port Stanley on 19 June. As hostilities had already ceased and repatriations were underway, this unit was dissolved, and personnel were relocated elsewhere, particularly to the KEMH.

Phase 3: The rear party sailed from Southampton on 19 June and arrived at Port Stanley on 11 July, where they relocated to KEMH. With their arrival, 2 Field Hospital was complete, though the military hospital in Stanley was to be officially named 'The British Station Hospital, Falkland Islands'. Although hostilities had ceased, the staff still had to deal with the aftermath of conflict. Several severe trauma cases, including traumatic amputations, resulted from separate incidents, including the accidental discharge by a Harrier of a Sidewinder missile that burst amongst a party of Welsh Guardsmen clearing snow on the airfield on 13 July.[48]

Formation of 60 Field Psychiatric Team (1986)

Authority is given for the formation at 2 Field Hospital of a shadow unit 60 Field Psychiatric Team RAMC. Effective 1 January 1986.[49]

Re-designation as 22 Field Hospital (1986)

In 1984, with the Cold War still a major concern, it was decided that the UK mainland military hospitals should have formal mobilization roles as opposed to merely providing manpower for 2 Field Hospital and the BAOR hospitals (such as BMH Rinteln, BMH Munster, and BMH Hannover which on mobilisation would become 21 Field Hospital, 31 General Hospital and 32 Field Hospital).

This resulted in the formation in 1985 of 33 Field Hospital (as a shadow unit of the Cambridge Military Hospital) and 34 Evacuation Hospital (as a shadow unit of the Duchess of Kent's Military Hospital Catterick), with the re-designation of 2 Field Hospital as **22 Field Hospital** to fit into the naming sequence:

'Authority is given for the re-designation at Thornhill Barracks, Aldershot of 2 Field Hospital RAMC as 22 Field Hospital RAMC. Effective: 1 April 1986.'[50]

[48] A Grey Dawn Breaking. Chapter One, in: Pugh, Nicci. *White Ship Red Crosses – A nursing memoir of The Falklands War* (Ely: Melrose Books, 2010)

[49] **60 Field Psychiatric Team** General Staff Order - Authority for Formation, D/SG(OPS)468/2/24/2(ASD 3a) dated 20 Dec 1985

[50] General Staff Order, Authority for Re-Designation: D/SG(Ops)468/2/24/3 (ASD 3a) dated 3 Mar 1986.

22 Field Hospital / 22 MMR – its history at a glance (1986 – 2023)

- Re-designation of 2 Field Hospital as 22 Field Hospital (1 April 1986)
- Op NIGHTINGALE (Nepal, 1988)
- Op ORDERLY (United Kingdom, 1989)
- Op GRANBY (Bahrain/Saudi Arabia, 1990 – 1991)
- Op GRAPPLE (Bosnia/Croatia, 1992 – 1995)
- Op DRIVER (Kuwait, 1994) (MST deployment)[51]
- Op CHANTRESS (Angola, 1995) (MST deployment)[52]
- Op HAMDEN (MST deployment) [53]
- Op RESOLUTE (Bosnia Herzegovina, 1995 - 1996)
- Op LODESTAR (Bosnia Herzegovina, 1997 – 1998)
- Op BOLTON (Kuwait, 1998 – 1999)
- Op AGRICOLA (Kosovo, 1999)
- Op PALATINE / Op AGRICOLA (2000)
- Awarded Wilkinson Sword of Peace (2001)
- Exercise SAIF SAREEA II and Op ORACLE (Oman, 2001)
- Op OCULUS (Balkans, 2002 – 2003)
- Op TELIC 1 (Iraq, 2003)
- Op TELIC 3 (Iraq, 2003 – 2004)

[51] *Army Medical Services Magazine*, 1995;50(June):7-8 (see details therein)

[52] *Army Medical Services Magazine*, 1996;52(1):7 (see details therein)

[53] *Army Medical Services Magazine*, 1996;52(1):7-8 (see details therein)

- Op HERRICK 4 (Afghanistan, 2006)
- Op TELIC 8 (Iraq, 2006)
- Op TELIC 13 (Iraq, 2008 – 2009)
- Op HERRICK 16 (Afghanistan, 2012)
- Assumed the Very High Readiness (VHR) commitment (2013)
- Op GRITROCK (Sierra Leone, 2014 – 2015)
- Op NEWCOMBE (Mali 2014) (Detail to be provided)
- Op RESCRIPT (The military response to COVID-19 in the UK, 2020 - 2022)
- Op SHADER 6 (Wider Middle East 2023) (Detail to be provided)
- Op INTERLINK (support to Eastern Europe 2023 -) (Detail to be provided)

Photograph courtesy of Andy Game

- Re-subordination of 12 Medical Squadron from 3 Medical Regiment (28 February 2023)
- Formation of 22 Multi-Role Medical Regiment (14 July 2023)

22 Field Hospital – its history in depth (1986 – 2023)

Op NIGHTINGALE (Nepal Earthquake, 1988)

At 0450hrs on 21 August 1988, an earthquake, measuring 6.7 on the Richter scale and lasting about 40 seconds, devastated parts of the town of Dharan and many hill villages in East Nepal. 715 people were killed, 1,135 injured, and about 18,000 dwellings were destroyed or damaged.

Operation NIGHTINGALE was the official British response to this disaster. The British Military Hospital (BMH) in Dharan, an earthquake-resistant single storey 80 bed hospital in the military cantonment there, was the only surgical facility in East Nepal and provided the initial medical relief, admitting 89 badly injured patients in the first 14 hours. The BMH was augmented after 48 hours by teams flown out from 22 Field Hospital and from BMH Hong Kong. In all, 888 victims were treated at BMH Dharan in the 18 days after the earthquake.

The many lessons drawn from this experience were fully documented in the *Journal of the RAMC*, particularly highlighting the importance of major incident and contingency planning.[54]

One comment from this article has lasting resonance:

'Currently, air-portable military field hospitals probably offer the best available facilities in response to natural disasters.'

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

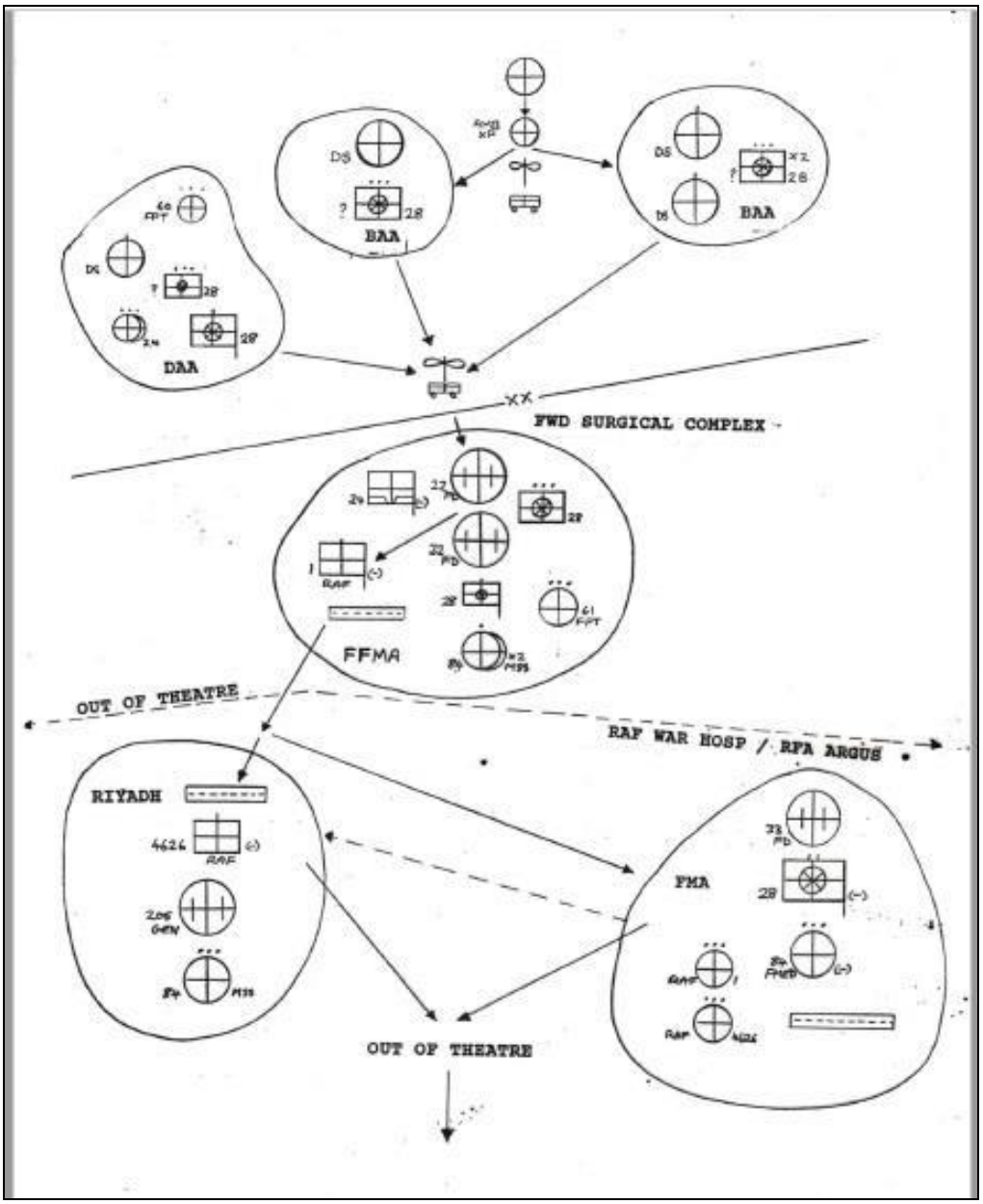
Following the invasion of Kuwait on 2 August 1990 by Saddam Hussein's Iraqi forces, 22 Field Hospital initially deployed a 30-man medical support team, including a surgical team and nurses, to Dhahran in mid-August. The whole unit then deployed in early September, initially to the old RAF hospital at Muharraq in Bahrain and later to Saudi Arabia.[55] The unit was under the command of Lt Col Chris Town RAMC, assisted by Major Kathy Bland QARANC as Matron. In Saudi it set up in the Forward Surgical Complex, in the form of a 200 bed, eight surgical team medical facility at Al Qaysumah airfield some 75 km south of the Iraq/Saudi border, alongside the similarly configured 32 Field Hospital, in advance of the Ground War. It was prepared to forward deploy a 50 bed, four surgical team facility in support of the fighting troops after they breached the defences of Iraq's occupying forces.

During the Ground War casualties were evacuated to Regimental Aid Posts (RAPs) and then to Dressing Stations (DS). The field ambulance dressing stations were reinforced with field surgical teams to provide expert resuscitation to the most seriously injured casualties. They were then moved by ambulance or

[54] Guy PJ et al. Operation Nightingale: The role of BMH Dharan following the 1988 Nepal Earthquake, and some observations on Third World Earthquake Disaster Relief Missions. *J Roy Army Med Corps* 1990:136:7-18.

[55] Craig RP. Preparations Made and Lessons Learned by the United Kingdom Defence Medical Services during Operation Granby. *Journal of the US Army Medical Department* 1992, pp. 26-30 https://medcoeckapwstorprd01.blob.core.usgovcloudapi.net/achh/AMEDDODS4Craig.pdf (accessed 18 Oct 2024)

helicopter to the Forward Surgical Complex, being admitted either to 22 or 32 Field Hospital.[56] The workload in each hospital was similar, though only 32 Field Hospital published its results.[57] Casualties would then be moved by C130 Hercules aircraft to 33 General Surgical Hospital (with its head & neck, ophthalmic and neurosurgical teams) at Al-Jubail or to 205 General Hospital (with its specialist Burns Unit) in Riyadh, before eventual repatriation to the UK.[58]



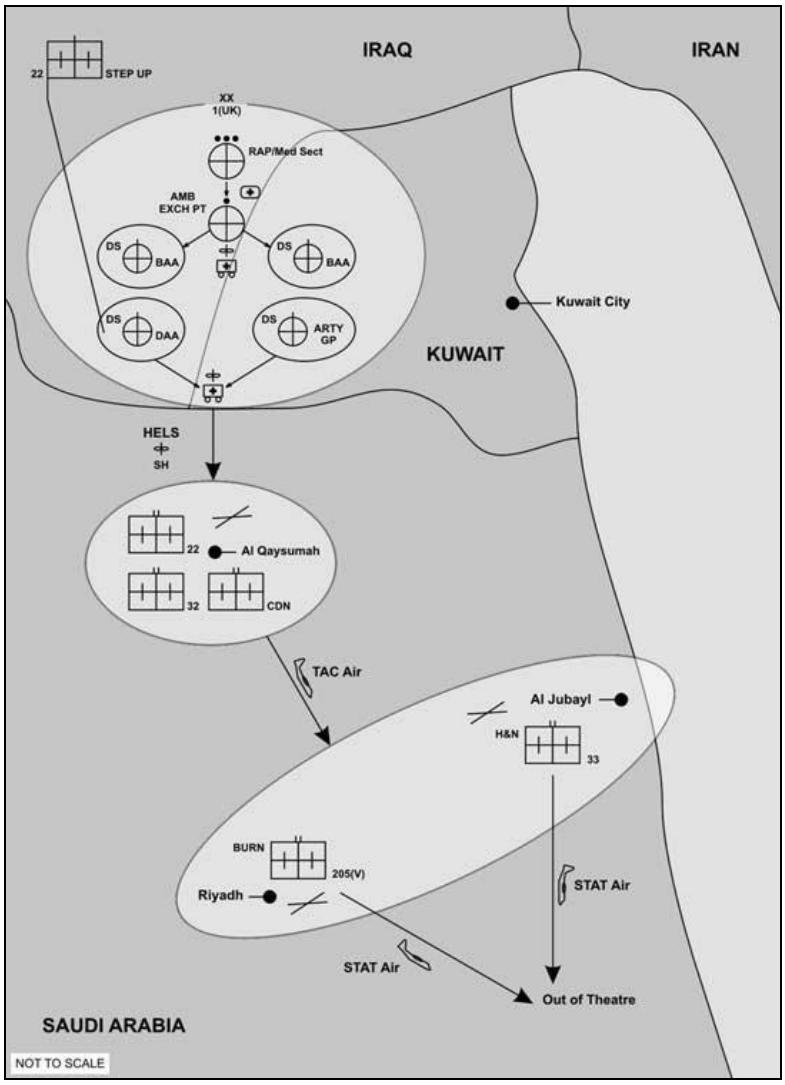
Medical units on Op GRANBY, at the outbreak of the Ground War (early draft)[59]

[56] Bricknell, MCM. The Evolution of Casualty Evacuation in the British Army in the 20th Century (Part 3) – 1945 to Present *J R Army Med Corps* 2003;149:85-95

[57] Spalding TJW, Stewart MPM, Tulloch DN and Stephens KM. Penetrating missile injuries in the Gulf War 1991 *Br J Surg 1*991;78:1102-1104.

[58] Martin TE. Al Jubail – an aeromedical staging facility during the Gulf conflict: discussion paper *J Roy Soc Med* 1992;85:32-36.

[59] This contemporaneous schematic was created by Lieutenant General Louis Lillywhite, who notes it was not the final version:



UK Casualty Evacuation Chain during Op GRANBY 1990 - 91 [60]

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a. This early schematic does not show the Canadian Field Hospital in the Forward Surgical Complex.

b. It does not show 22 Field Hospital forward of the Divisional Rear Boundary.

c. It does not show the Mobile Air Operations Teams (MAOTs) co- located with two Puma Support Helicopters (SH) at each of the two forward Dressing Stations (DS), and the DS deployed forward of the Brigade Assembly Area (BAA). Evacuation from RAP to DS was by Armoured Ambulances.

d. It does not show the ONMA ("Other Nations Medical Assistance") hospitals in the Force Maintenance Area (FMA) – used for Prisoners of War (PW).

e. In the later stages, evacuation from Battlegroups to DS was by PUMA, and from DS to the Forward FMA (FFMA) by SEA KING and CHINOOK.

f. It omits the Artillery Brigade (Arty Bde) which had its own DS and 28 Gurkha Ambulance Recovery (GAR) Section.

g. The DAA had a DS from 24 Field Ambulance (tbc).

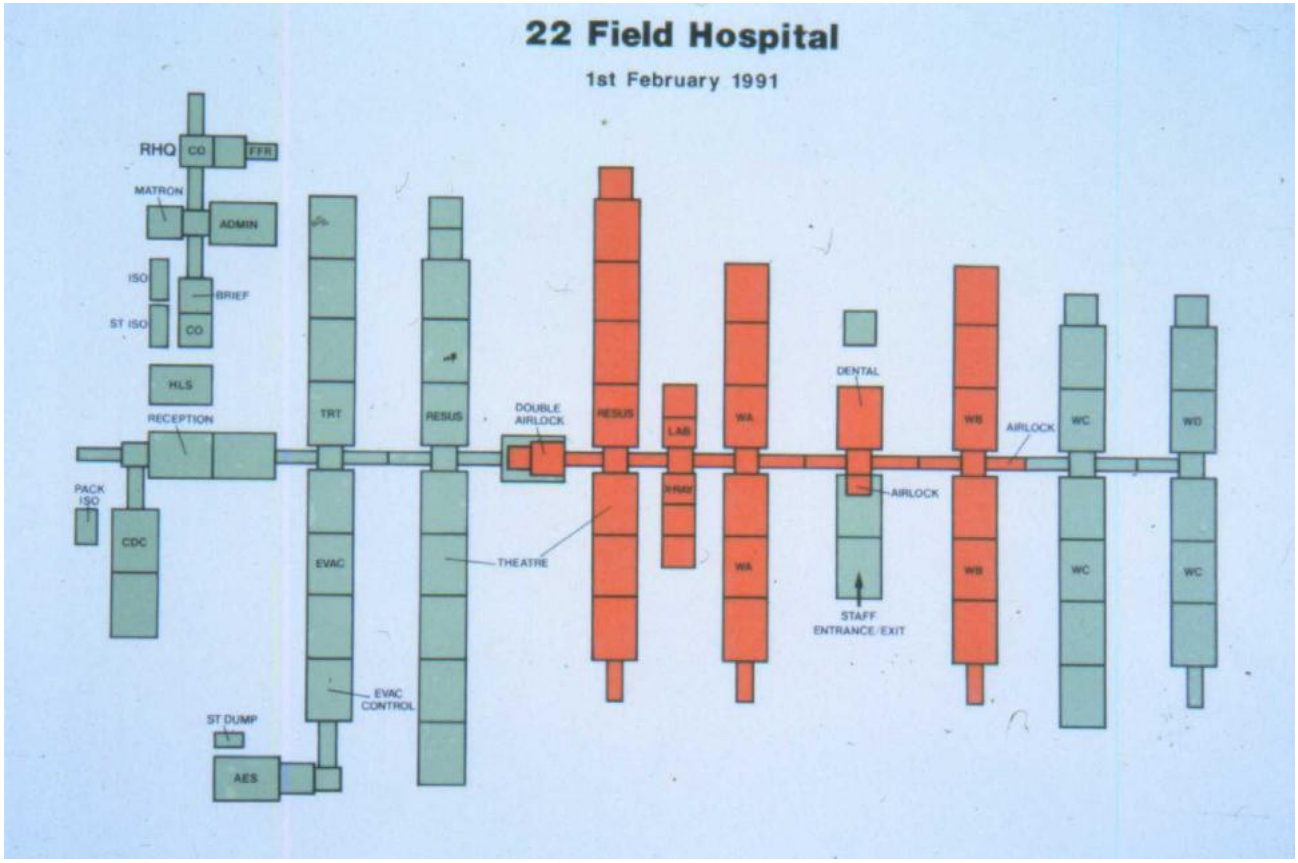
h. From the FFMA two headed arrows to and from the US.

i. HQ Med Bde Fwd was in the FFMA and HQ Med Bde Rear was in the FMA; Commander Medical British Forces Middle East (Comd Med BFME) was at Riyadh.

j. US Med Bde HQ was adjacent to the FFMA.

[60] MCM Bricknell. The Evolution of Casualty Evacuation in the British Army in the 20th Century (Part 3) – 1945 to Present. *J R Army Med Corps* 2003;149:85-95

22 Field Hospital, at Al Qaysumah airfield, Saudi Arabia, February 1991



Configured as 200 bed, eight surgical team medical facility (Collective Protection area highlighted in red)
(Photographs supplied by Lt Gen (retd) Martin Bricknell)

Op GRAPPLE (Bosnia/Croatia, 1992 – 1995)

22 Field Hospital deployed a Medical Support Troop (MST 1) in 1992 as part of Op GRAPPLE 1, the British support to the United Nations Protection Force (UNPROFOR). This was based at Vitez, northern Bosnia. A second MST (MST 2) was deployed from 22 Field Hospital in October 1994 to support the British battalion (BRITBAT 2) in central Bosnia. MST 2 was initially based in a tented facility within an abandoned sheepskin factory in Bugojno alongside and in support of an isolated infantry company,[61] four km from the frontline. MST 2 was paradoxically far further forward than the primary healthcare centre and regimental aid post some 20 km rearwards at Gornji Vakuf, until it moved to purpose-built portakabin facilities in Gornji Vakuf in January 1995. These MSTs were administered by 22 Field Hospital, with personnel being deployed from different units on a six-month rotational cycle from 1992 – 1996.

Medical Support Troop 2, Gornji Vakuf (January 1995 – May 1996)
(Photograph supplied by Lt Col David Edwards)

[61] The infantry company in Bugojno at the time was C Company, 1st Battalion Royal Gloucestershire, Berkshire and Wiltshire Regiment (1 RGBW), commanded by Major Farren Drury. The first consultants on the clinical staff at **Medical Support Troop 2** were Lt Col David Vassallo (general surgeon, author) and Lt Col Paul Sadler (anaesthetist).

Op DRIVER (Kuwait, 1994)

A personal account by Major M Evans QARANC, Matron of 22 Field Hospital in 1994. [62]

In early October 1994, 22 Field Hospital in Aldershot was tasked to deploy a Medical Support Troop (MST) to Kuwait in support of 45 Commando Royal Marines (45 Cdo RM) in response to Iraq's movement of troops south to the border with Kuwait. Reinforcements for the MST from Cambridge Military Hospital, Queen Elizabeth Military Hospital, Duchess of Kent Military Hospital and AMS Training Group were rapidly mobilised and kitted out by the staff of 22 Field Hospital, in time for the MST to depart on 15 October by Hercules aircraft.

On arrival the MST was accommodated with the rest of the rapidly growing 45 Cdo Gp at Al-Jahra Camp, a Kuwaiti army camp. This camp had been badly damaged during the 1991 Gulf War and not repaired. Living quarters were in leaking buildings or under canvas and yes, it does rain in Kuwait in October, as the Matron found to her cost! Sanitary facilities were stretched to breaking point and as temperatures reached 36 C during the day it was clear that a suitable location for the MST was a priority.

The CO, consultant general surgeon Lt Col Barry Price RAMC, quickly chose the ideal location – a civilian hospital at Al-Jahra. After some negotiation, generous facilities were offered at this hospital, tactically the most suitable for the defence of Kuwait from the north. The 500 bed hospital run on similar lines to a British District General Hospital had closed 150 beds ready to take casualties from the emergency and was able to offer the MST a ward as well as staff accommodation.

After further negotiation other facilities such as X-ray, Physiotherapy and Pharmacy were offered.
It soon became clear that Iraq had begun to move its troops north again thus defusing the situation and indicating that patients would be Disease and Non-Battle casualties. Thus, the MST was able to offer its services to US and Kuwait soldiers as well as British.

As well as the Field Surgical Team the MST included 5 RGNs, 9 Combat Medical Technicians, and Environmental Health Technician, Medical Supply Technician and Driver, all ably organised by SSgt Ofori, the administrative SNCO. One RGN, Sgt Quinton, was from the PMRAFNS and was responsible for the aeromed evacuation of casualties.

Being extremely fit the troops supported by the MST acclimatised rapidly and casualties were relatively few. The Kuwait soldiers referred to the MST provided a challenge as far as language and culture was concerned. Most patients were wary at first but once settled on the ward proved to be generous and charming. The language problem was overcome by the presence of a local nurse on duty with the MST staff. This was a great help. The majority of qualified nurses at Al-Jahra were Filipino or Bangladeshi with some Pakistani and Egyptians and were closely monitored by departmental Matrons, the Director of Nursing and her assistant. The FST was well looked after by the civilian Theatre and Recovery Room staff and it was interesting to note that the set up was not dissimilar to that at home.

Although Field Medical Documentation forms were used, Al-Jahra Hospital procedures for admission and discharges, diet requisitions and bed states were followed: the admission procedure being the most difficult to get used to with no computer system in use. It also took some time to understand

[62] 22 Field Hospital RAMC, Operation DRIVER – Kuwait, 1994. *Army Medical Services Magazine*, 1995;50(June):7-8

that the working day being from 0700 hrs to 1400 hrs non urgent investigations could not take place outside these times.

Al-Jahra is a sizeable town west of Kuwait City and maintains its traditions more so than its more affluent neighbour. Consequently the culture shock was considerable. In order not to offend local sensibilities but to maintain 22 Field Hospital's reputation for fitness PT [physical training] was held at 0615 hrs 5 days a week. SSgt Ofori who was also the resident PTI beasted and cajoled everyone and from the results of the two BFTs run during the tour everyone's standard of fitness improved considerably. The few onlookers that were there at that time of day were amazed at the 'antics' of the British on PT.

As the threat diminished opportunities for rest and recreation arose. Invitations were received from various expatriates who were extremely vocal in their appreciation of our being there. Personnel were able to use sports facilities at 2 hotels and a US recreation centre. Although it became cooler during November most people 'worked on the tan' before coming home.

President Clinton visited in November after which it became clearer that all troops would be home by Christmas. By working in a civilian hospital and treating Kuwaiti soldiers the MST had a unique opportunity to experience at first hand another culture and realised very quickly how different and at times how difficult this culture is to understand. Without a doubt however, everyone has gained from this deployment whether professionally or personally.

Op RESOLUTE (Bosnia/Croatia, 1995 – 1996)

After the Dayton Agreement was signed on 21 November 1995, a robust NATO-led Implementation Force (IFOR) replaced UNPROFOR in the largest operation ever undertaken by NATO, *(IFOR - Operation JOINT ENDEAVOUR).* IFOR had a one-year mandate to enforce the peace, from 20 December 1995 – 20 December 1996.

All British elements deployed under Op GRAPPLE were re-assigned to IFOR, and the expanded British contribution was re-designated Op RESOLUTE. For the British this was a Divisional deployment led by 3 UK Division to which 22 Field Hospital was assigned as the Divisional Hospital. This was the largest single deployment of British military capability since Op GRANBY in 1991.

22 Field Hospital deployed in January 1996 to Tomislavgrad (just within the Bosnia-Herzegovina border), setting up as a 50-bed hospital in a 2 / 2 / 2 / 44 configuration,[63] having previously despatched a reconnaissance team in mid-December to find a suitable site (see account below). The Medical Support Troops continued to run in Bugojno and Vitez even after the Hospital was established. MST 2 at Gornji Vakuf closed in May 1996, with its personnel being re-assigned to the Hospital, and its facility was converted to a primary healthcare centre.

[63] The 2 / 2 / 2 / 44 configuration means two emergency department bays, two operating tables, two intensive care beds and 44 intermediate care ward beds.

Personal account by Lt Col Ewan Cameron, then a 2nd Lieutenant on the reconnaissance team

22 Field Hospital, then under the command of Lt Col Brooke Bailey, were given orders to deploy in early December 1995. The unit was not held at any level of readiness. 2Lt Ewan Cameron RAMC and SSgt 'Chops' Lamby were tasked with forward deploying to Tomislavgrad to conduct a reconnaissance, select a site and submit a hospital design to 3 UK Division by mid-January 1996. Major 'Mac' McHale, who was the QM and a Falklands War veteran, provided Hospital laydowns to the forward team. The forward team arrived in Split with personal weapons and personal equipment only. They did not have communications or means of transport to take them the 40 miles in country and across combatant lines. 5 Field Ambulance provided transport to the team who collocated with a Royal Logistics Corps Transport Squadron. Daily recces were conducted with interpreters on foot again with no communications. The school was discounted as weapons and vehicles were hidden there by Croat forces in contravention of the Dayton Agreement; this was reported to Divisional HQ. The wire factory in Tomislavgrad was selected, a design was drawn on squared paper after 'two beers' in the bar of the RLC Transport Squadron, and we awaited the forward loading of the Hospital from the UK. The rest of the Forward Troop arrived (23 personnel) and we got to work building the Hospital. The ground was flattened by use of AM2 matting that normally was used for airstrips. ISO containers arrived with a DROPS Squadron lift. Lt Col Bailey and the rest of 22 Field Hospital arrived in mid-January by which time we had built (90%) the hospital.[64]

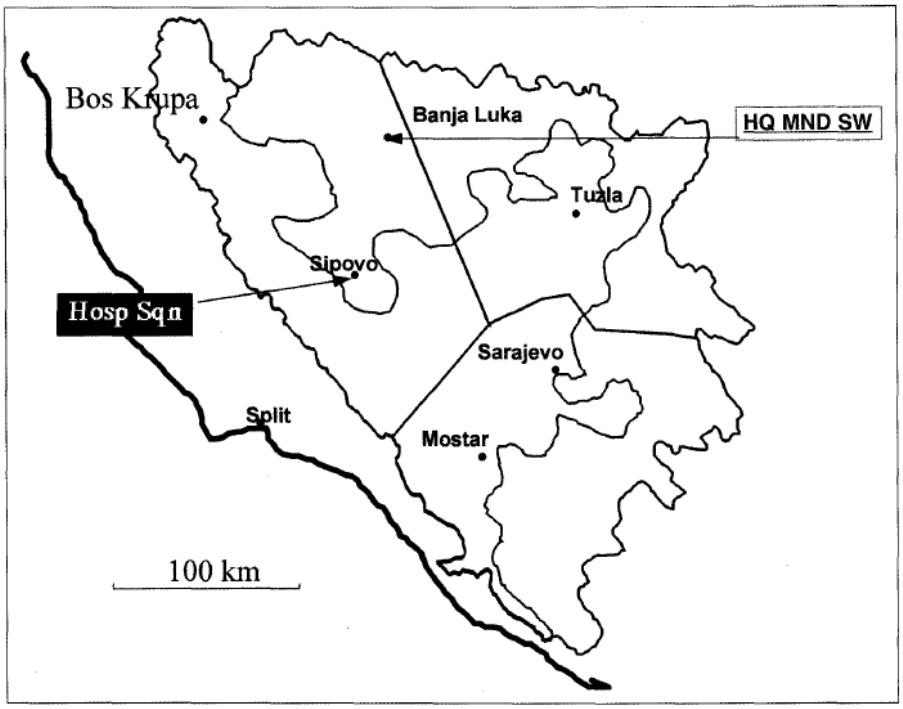
22 Field Hospital remained at Tomislavgrad until June 1996 when it handed over the facility (now designated as a Hospital Squadron) to 23 Parachute Field Ambulance and returned to UK.[65]

The Hospital Squadron remained at Tomislavgrad until August 1996 when flooding from the nearby river precipitated an urgent relocation to a new site in a warehouse at Sipovo, alongside 16 Armoured Field Ambulance, where it became Hospital Squadron Sipovo.

Perhaps a more experienced reconnaissance team would have sited a hospital elsewhere than on a river's flood plain.

[64] Personal account supplied to the author by Lt Col Ewan Cameron, January 2015

[65] Bricknell MCM The Evolution of Casualty Evacuation in the British Army in the 20th Century (Part 3) – 1945 to Present. *J Roy Army Med Corps* 2003;149: 85-95



Bosnia, showing site of Hospital Squadron Sipovo (January 1998 political boundaries)

Op LODESTAR (Bosnia Herzegovina, 1997 – 1998)

A NATO-led Stabilisation Force (SFOR), of Brigade+ strength, replaced IFOR on 20 December 1996, the date the IFOR mandate expired. The role of SFOR (Op JOINT GUARD / Op JOINT FORGE) was peace enforcement, to stabilise the post-conflict situation. The British contribution was labelled Op LODESTAR and lasted until 2004.

On 8 January 1998, during 22 Field Hospital's stint at Sipovo, the Hospital Squadron was involved in managing 17 casualties (including six with severe injuries) arising from a Czech Hip helicopter crash in Bos Krupa, north-western Bosnia (see map above). This was the largest major medical incident dealt with by the British Defence Medical Services since British troops deployed to Bosnia in 1992.[66-67]

[66] Vassallo D J, Sargeant I D, Sadler P J, Barraclough C J, Bhatt B M, & Wilcock A C. Mass Casualty Incident at Hospital Squadron Sipovo, Bosnia following a Czech Hip Helicopter crash, 8 Jan 1998. *J Roy Army Medical Corps* 1998;144:61-66

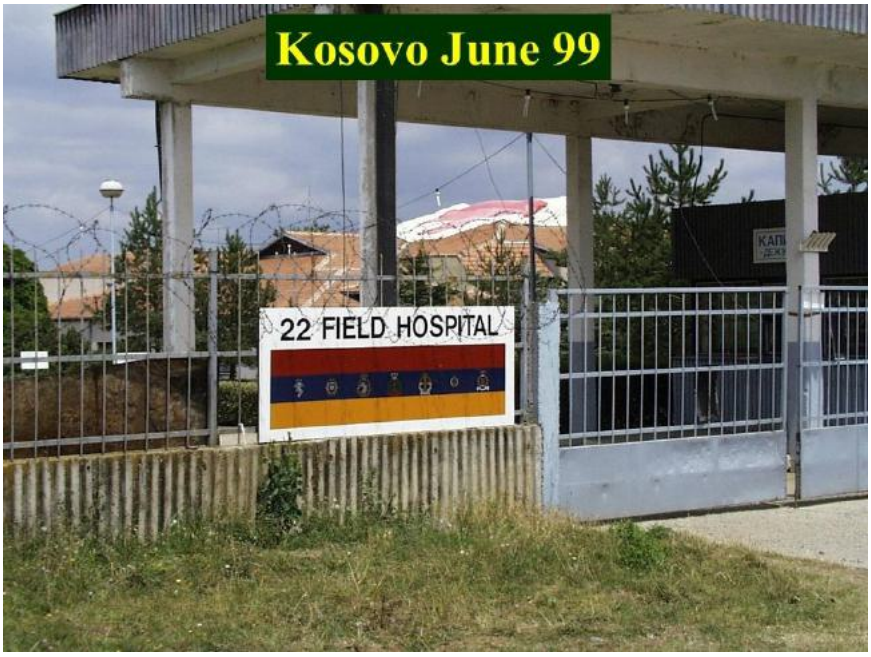
[67] Vassallo D J, Klezl Z, Sargeant I D, Cyprich J, Fousek J. British - Czech co-operation in Mass Casualty Incident, Sipovo - From aeromedical evacuation from Bosnia to discharge from Central Military Hospital, Prague. *J Roy Army Medical Corps* 1999;145:7-12

Czech Hip helicopter crash in Bosnia, 8 January 1998 (with permission of RMP SIB)

The Hospital Squadron in Sipovo was manned by each of the three regular field hospitals in turn until 1999, when it evolved into a Multi-national Integrated Medical Unit (MIMU), with several NATO nations (UK, Holland, Canada and Iceland), as well as the Czech Republic, providing the staff, and with the UK, Holland and Canada providing lead nation roles in turn.

Op AGRICOLA (Kosovo, 1999 - 2000)

Further NATO involvement occurred with the crisis in Kosovo when 22 Field Hospital deployed to Pristina (the capital city) in June 1999 in support of Op AGRICOLA. It set up the hospital in a disused detention centre in the nearby village of Lipljan.



22 Field Hospital in Lipljan, Kosovo. Photograph by David Vassallo

The hospital moved on 6 December 1999 to a new 25-bed tented location alongside HQ Multinational Division (South West) in Pristina. The hospital here was named Reynolds Hospital in honour of Surgeon Major James Henry Reynolds, awarded the Victoria Cross for his part in the Battle of Rorke's Drift in the Zulu War of 1879.

This deployment saw the first operational emergency medicine deployment for the Defence Medical Services.[68-69] The extended role of the emergency medical physician was exploited for humanitarian purposes to design, build and equip an emergency department at the University Hospital of Pristina, fully supported by 22 Field Hospital's emergency department staff and the UK's Department for International Development (DfiD).

The unit was also an early pioneer in the use of telemedicine during this deployment, using a simple, cheap and effective store-and-forward telemedicine system (using a digital camera and email) to obtain specialist support via the newly established DMS Telemedicine Unit at Royal Hospital Haslar. This system was used most dramatically from 22 Field Hospital to facilitate the management and catalyse the aeromedical evacuation of several seriously wounded Kosovar children and adults to hospitals in Manchester.[70]

Poster demonstrating the DMS telemedicine system as used by 22 Field Hospital, 1999

The two facilities used by the unit (Lipljan and Reynolds Hospital) treated 847 local civilians between June 1999 and December 2000.[71] Reynolds Hospital remained in use until mid-2001 when the British and US Army agreed to work together from a medical facility set up in the US base at Camp Bondsteel.

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[68] Hodgetts TJ, Kenward G, Masud Lessons from the first operational deployment of emergency medicine. *J Roy Army Med Corps*, 2000;146:134-142

[69] Hodgetts TJ, Kenward G. Emergency medicine in Kosovo *Emergency Nurse*, 2000;7(9):8-13.

[70] See: 'Telemedicine kept simple' and 'Digital camera telemedicine for British and NATO forces' at https://www.friendsofmillbank.org/telemedicine (accessed 18 Oct 2024)

[71] The number of local civilians is mentioned in the Citation for the Wilkinson Sword of Peace Special Award, 2001.

The Wilkinson Sword of Peace, 2001

Awarded for services in the Balkans

In January 2000, 22 Field Hospital took over responsibility for the management of the British field hospitals in both Bosnia (Op PALATINE) and Kosovo (Op AGRICOLA). This task involved the co-ordination, operational training and deployment of personnel from all three Services, both Regulars and Reserves, to the Role 3 Multi-national Integrated Medical Unit (MIMU) in Sipovo and to Reynolds Hospital at Banja Luka. The work in each theatre also involved extensive co-operation with local non-government organisations and health facilities, such as the Gracinica Hospital in Kosovo, which was restored to use as a community hospital largely through the efforts of 22 Field Hospital. At the completion of this role on 26 January 2001, some 698 personnel had rotated through the British field hospital facilities in the Balkans.

As a result, the Unit was awarded the Wilkinson Sword of Peace for its services in the Balkans. The award was presented on a parade held at Thornhill Barracks Aldershot on 7 December 2001.[72]

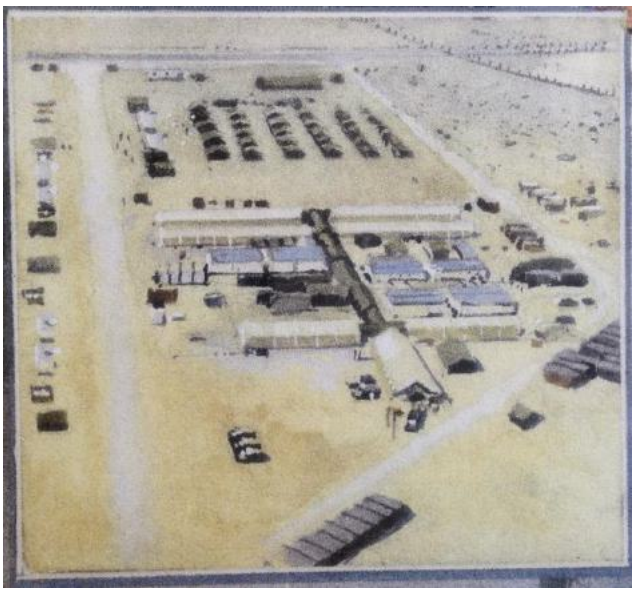
Exercise SAIF SAREEA II

In summer 2001, some 22,000 British Forces deployed to Oman in a three-month major combined exercise with the Sultan's forces, preparing for possible conflict in the Middle East. 22 Field Hospital (augmented by many regular and reserve personnel) deployed on this exercise from 2 July – 18 November in support of 102 Logistic Brigade, setting up three individual hospitals to treat real casualties as the exercise unfolded: a 100-bed base hospital at Thumrait, a small 25-bed Convoy Support Centre along the Main Supply Route, and another 100-bed Forward Hospital, separated by several hundred miles of desert. The 9/11 attacks on the

[72] Award of Wilkinson Sword of Peace 2001, 22 Field Hospital Unit Historical Record, 1 April 2001 – 31 March 2002

United States, occurring halfway through the exercise, added extra urgency and poignancy to the preparations, and several of the medical staff on Exercise SAIF SAREEA II would deploy to Bagram Airfield in Afghanistan (in support of 34 Field Hospital) before the year was out.

22 Field Hospital on Exercise SAIF SAREEA II
(Painting presented to Major David Bates QARANC, reproduced with permission)



22 Field Hospital at Thumrait (detail from above painting)

Op TELIC 1 (Iraq, February – April 2003)

22 Field Hospital was not due to deploy in the preparatory phases of Op TELIC 1. 33 Field Hospital's equipment had been loaded onto a ship at Marchwood Military Port, Southampton Water, but the ship was prevented from departing due to a Greenpeace protest. 22 Field Hospital was therefore stood to at short notice on 30 January, loaded its equipment onto a chartered Ukrainian Antonov aircraft, and then flew to Kuwait on 10 February to build and man a 25-bedded Role 3 facility at Concentration Area Coyote a few miles from the Iraq border, pending the delayed arrival of 33 Field Hospital. This again proved the worth of a rapidly deployable airportable hospital.

During the three weeks this 25-bed hospital was open it saw over 600 patients and had 240 admissions, reaching a peak of 74 inpatients on one day. Once 33 Field Hospital had conducted a relief-in-place with 202 Field Hospital on 17 March, 22 Field Hospital's equipment and personnel were subsumed into 33 Field Hospital to become the theatre medical reserve at Camp Coyote. Thirty days after the invasion of Iraq, the theatre reserve was stood down and both 22 and 33 Field Hospitals returned to the UK.[73]

Op TELIC 3 (Iraq, November 2003 – April 2004)

22 Field Hospital deployed to BMH Shaibah barely six months later, under the command of Lt Col Paul Cain, taking over the Hospital Squadron component of the UK Medical Group from 33 Field Hospital. Operations in Iraq during TELIC 3 proved very demanding. The first two months of the campaign were dominated by the counter terrorist battle against fanatical Fedayeen and foreign fighters. Success in this battle produced a temporary mid-tour lull in clinical activity. The final month was dominated by a sudden surge in combat casualties during the First Sadr Uprising, which saw the first use by insurgents of multiple co-ordinated suicide car bomb attacks, together with 122mm rocket attacks against all British bases.[74]

[73] 22 Field Hospital Op TELIC – After Action Review, dated 25 May 2003

[74] Vassallo D. Organisation of the medical services in Iraq and Afghanistan. In: *Military Medicine in Iraq and Afghanistan – a comprehensive review* (Ed: Greaves; CRC Press, 2019), pp.53-54. Available online at https://www.friendsofmillbank.org/op-telic-and-op-herrick/ (accessed 18 Oct 2024)

BMH Shaibah

Op HERRICK 4 (Afghanistan, April – October 2006)

> *This has been a particularly challenging time for 22 Field Hospital. We managed to get our Hospital Squadron out of the gates and out to Op HERRICK, closely followed by Regimental Headquarters and most of Support Squadron who disappeared out the gates on to Op TELIC 8*.[75]

22 Field Hospital deployed its Hospital Squadron to Camp Bastion in April 2006 in support of 16 Air Assault Brigade, to set up a tented (Tier 1) 25 bed facility, the BSN Role 2 Enhanced (UK) hospital. This was manned by 86 tri-service staff and expandable to 50 beds. This was concurrent with 22 Field Hospital's RHQ and Support Squadron also deploying to Iraq for six months (on Op TELIC 8, see below), so for the duration of its time on HERRICK the Hospital Squadron was placed under the command of 16 Close Support Medical Regiment.[76]

[75] Commanding Officer's Post-operational Report

[76] Vassallo D. Organisation of the medical services in Iraq and Afghanistan. *Op cit*, pp.61-63.

Entrance to Camp Bastion Hospital, Op HERRICK 4 (Defence Images, crown copyright)

Camp Bastion Hospital moved to a purpose-built Tier 2 facility in February 2008.[77] It developed into a powerhouse of medical innovation, reputedly the best trauma hospital in the world, and certainly the busiest in Afghanistan, during the relatively short time of its existence.[78]

Op TELIC 8 (Iraq, April – November 2006)

> *22 Field Hospital deployed straight from Pre-deployment training at the Army Medical Services Training Centre (ASMTC) in Strensall, York onto Op TELIC 8 in May. Given the number of Royal Navy, Army and Royal Air Force personnel also deployed, we have a prime example of a tri-service working environment outside of a major Headquarters. Providing medical support to the outstations involves manning emergency treatment facilities along with providing clinics like dentistry, specialist health advice and physiotherapy. We were nobly reinforced by the RAF, who commanded the Hospital Squadron. We also received D (63) Squadron complete from 5 General Support Medical Regiment.*[79]

The RHQ and Support Squadron of 22 Field Hospital, under the command of Lt Col Ashleigh Boreham, and the other elements of the UK Medical Group, deployed straight into Theatre in Iraq from pre-deployment HOSPEX training in York in order to maintain the operational tempo and focus. This proved invaluable as,

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[77] Vassallo D. A short history of Camp Bastion Hospital: the two hospitals and unit deployments. *J R Army Med Corps* 2015;161:79-83.

[78] Vassallo D. A short history of Camp Bastion Hospital: part 2—Bastion's catalytic role in advancing combat casualty care. *J R Army Med Corps* 2015;161:160-6.

[79] Personal account by Capt D Clifford QARANC; quoted with permission from Colonel David Rew's online book *Blood, Heat + Dust: Second Edition – Operation Telic and the British Medical Deployment to the Gulf 2003 – 2009* 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/ (Both accessed 18 Oct 2024)

immediately upon taking over in theatre, both the Close Support Squadron and the Hospital Squadron were faced with casualties from a crashed Lynx helicopter and an IED attack upon Multi-National Force troops. This set the scene for the rest of the tour as insurgent activity steadily increased, resulting in more casualties from IEDs and from complex direct and indirect fire attacks within the urban environments of Basra City and Al Amarah.

During this tour, the Med Group was also preparing to move the Hospital Squadron from BMH Shaibah (in the Shaibah Logistics Base) to a new Tier 2 purpose-built location nearing completion by the Royal Engineers at the Contingency Operating Base (COB) at Basra Air Station. This move would occur in the first week of January 2007.[80]

Op TELIC 13 (Iraq, November 2008 – May 2009)

This was the final TELIC roulement. Having been the first field hospital to deploy on Op TELIC (to Bahrain), it was only fitting that 22 Field Hospital should also have the distinction of being the last British field hospital to deploy to Iraq, in command of the UK Med Group.

During this tour the UK Med Group moved from an enduring to a more expeditionary footing. The Role 2 Enhanced Hospital [BMH Basra] reconfigured internally to a reduced 2 / 2 / 2 / 10 capacity (2 Emergency Bays, 2 Operating Theatres, 2 ITU beds and 10 intermediate care beds) while absorbing and successfully integrating US Army medical teams (2/4 BCT 'Charlie' Med Company and 274 Field Surgical Team) prior to transfer of authority. It handed over to US forces in April 2009.[81]

[80] Vassallo D. Organisation of the medical services in Iraq and Afghanistan. *Op cit*, pp.55-56.

[81] *Ibid*, p.60.

The repatriation of the Basra Cross
(a personal account by Capt Andy Game RAMC)

When 22 Field Hospital Deployed to Iraq in 2008 there was no realisation that this tour would be the final British deployment to Iraq. It wasn't until approximately eight weeks into the tour that the orders were given that Op TELIC 13 was the final tour. It now fell to us to close down a Field Hospital and Close Support Sqn and return all of the equipment that had been in theatre for 6 years in 'good order' as laid down in the redeployment orders which was named Op BROCKDALE.

Maj Mike Thomkins was the QM and I was deployed as the RQMS, with a strong G4 team we set about the unenviable task of back-loading tons of general equipment, weapons, ammunition and medical modules.

Standing outside the Hospital on Brady Lines in the Contingency Operation Base (COB) at Basra Airport was the Basra Cross. This memorial to the AMS soldiers who had been Killed in Action had become the focal point for memorial services within the UK Medical Group. It displayed the names of the three RAMC Soldiers who had paid the ultimate sacrifice: LCpl Dennis Brady RAMC (KIA 2006), Cpl Kris O'Neal RAMC and Pte Eleanor Dlugosz RAMC (both KIA in the same incident in 2007). As soon as we were told of the redeployment it was clear to me that this needed to be repatriated to the UK and to the AMS Museum [now the Museum of Military Medicine] at Keogh Barracks.

The process wasn't as straight forward as I had hoped. The cross had been constructed from two wooden railway sleepers and for it to pass the bio restrictions and be allowed back into the UK it needed to be sterilised. After lengthy enquires we were able to get it processed through a kiln in Kuwait to kill any potential hazards that may have been in the wood. Cpl Bob Morris and I set about carefully excavating the cross from its foundations, removed the brass plaques and cleaned the Cross. After careful packaging it was booked and loaded onto a Combat Logistic Patrol (CLP) heading to Kuwait.

After a week of hoping and keeping our fingers crossed the Cross returned fully sterilised and stamped to that effect. It was now ready to head back to the UK. After further careful packaging it was placed into the reverse supply chain, and we hoped to see it again once we returned to the UK. At the end of the tour I returned to Aldershot carrying the precious brass plaques from the Basra Cross in my hand baggage, Plan B being that if the Cross never made it back at least we had the plaques. We arrived back in the UK and went on post tour leave and then returned to work to find that the Cross had still not arrived. With the thousands of tons of supplies being shipped back we had no idea when or if it would appear. Then to our great relief approximately five months after returning to the UK the Cross arrived safe and sound on a supply delivery. We tentatively un-wrapped it while hoping that it had survived the journey and it had!

The following month the Commanding Officer, Lt Col R Heatlie RAMC along with the G4 Team witnessed the Basra Cross being rededicated in the AMS Chapel at the AMS Museum [now Museum

of Military Medicine] by Rev John Harvey where it still stands as a fitting Battlefield Memorial to our three comrades who gave their lives for Iraq's Freedom.

The Basra Cross, photographed in the former Chapel, Museum of Military Medicine

The Basra Cross (detail), in the Museum of Military Medicine, Keogh Barracks

Op HERRICK 16 (Afghanistan, April – October 2012)

22 Field Hospital returned a second time to Helmand Province, Afghanistan on Op HERRICK 16. Included in the ORBAT for the tour were 85 US Army Surgical and Nursing staff, a surgical team from the Estonian Army and an ICU Nurse from the Dutch Army Medical Services. The Commanding Officer was Lt Col Andrea Lewis QARANC who would receive the Royal Red Cross (RRC) Decoration for her command of the Hospital during a busy and kinetic tour. She was supported by WO1(RSM) Andy Game RAMC who would receive a Queen's Commendation for Valuable Service during this tour.

The most noteworthy event during Op HERRICK 16 was the audacious ground attack against Camp Bastion's airfield by 15 Taliban insurgents disguised in a mixture of US Army uniforms and civilian contractor clothing, on the night of 14 September 2012. Bastion Hospital was locked down and guarded by hospital staff during the attack, while the wounded and dead (both Allied and Taliban) were brought in. All who arrived alive, including one critically wounded insurgent, survived.[82]

The Taliban Attack on Bastion
(A personal account by Capt Andy Game RAMC)

On the evening of Friday 14 September 2012, the Taliban launched a daring attack on Camp Bastion, they attacked in three 5-man teams, gaining entry by cutting through the perimeter fence before splitting into their teams and attacking the Air Side of the camp. To add to the confusion the teams were dressed in a mixture of American Army Uniforms and Civilian Contractor clothing.

At the time none of this was known, the first I knew was when someone came to the RSM's Office and told me that there was a large fire on the airfield. I headed outside to look across at the airfield and a large plume of black smoke and high flames could be seen, this was soon followed by another. The sounds of small arms fire could be heard but as no alarms had sounded this was put down to maybe aircraft ammunition exploding in the fire. Expecting possible casualties, I stood to the Front of House team and went to the Med Group Ops Room to see if any Ambulances had been called to the scene.

At this point everything started to happen at once, the Bastion alarm started to sound calling Op Lock Down, this meant everyone was to secure themselves in a building and guard the entrances, I activated the Hospital QRF which along with my Front of House team gave me 10 people to secure the Hospital as it was starting to filter through that we were under a ground attack. Shortly after this the alarm changed to Op Round Up, I never really found out why this was but it now meant that everyone was to report to their place of work and 100% accounting of all personnel was to take place. As far as security goes this now meant that I had over 250 hospital staff converging on the hospital in all forms of dress, when it was just starting to be reported that the attackers were dressed in US Army uniforms and Civilian clothing! The Quick Reaction Force (QRF) and Front of House teams had their work cut out for them but soon we had everyone identified and located in the hospital.

[82] Vassallo D. Organisation of the medical services in Iraq and Afghanistan. Op cit, pp.74-75.

Shortly after it was confirmed that we were under ground attack, the sound of small arms fire increased, and US Marine Corps Cobra Gunships were hovering over the airfield engaging targets on the ground, and then the casualties started to arrive. I pulled my Front of House team from security to start the process of sanitising the wounded, as RAF Regiment casualties started to arrive, some on Ambulances from 4 Armoured Medical Regiment and some on RAF Regiment Land Rovers. I needed more manpower.

The RSM sanitising Casualties at the Bastion Role 3 Hospital, HERRICK 16

I went to each department and detailed three people from each to kit up and collect extra ammunition from those staying in the department and to report to the QRF Commander, Cpl L McDonald RAMC, at the front of the hospital. As they arrived she detailed them off into fire positions surrounding the hospital and issued orders and arcs of fire. Now that I knew the hospital to be secure, even if it was with 30 people who hadn't expected to be doing this when they got up that morning! I was able to get back to the front of house and help out my FoH 2ic, SSgt M Baker RAMC who was busy checking over two RAF Regiment casualties and my SQMS, SSgt A Fleming RAMC who was holding an ambulance back. He came and informed me that the Ambulance had a US Marine Colonel on board who had been killed. This was shortly followed by a US Marine Sgt also killed in action. After the current casualties had been checked and moved into the ED we brought the ambulances up to the mortuary and carefully unloaded the deceased into the care of my US Marine mortuary team.

In total 16 casualties (mostly RAF Regiment, along with two Locally Employed Civilians) came in from the attack. In amongst all of these casualties an RAF Regiment Land Rover approached the hospital at speed and was halted by Cpl McDonald and her Guard Force, she reported to me over the radio that they had an Enemy WIA on board. The vehicle was sent through and the casualty assessed, he was not in a good way, with multiple gunshot and shrapnel wounds and an amputated lower arm from a

grenade explosion. He was quickly assessed by the FoH team and taken into ED for treatment. He very quickly went into theatre for surgery and his life was saved.

By now it was dark and the multiple fires on the far side of the Airfield could be seen, mixed reports came in that all of the other insurgents had been killed but that they had managed to destroy a number of aircraft. The hospital staff was still busy processing and treating the wounded, and my Front of House team knew that we would have the task of dealing with and processing the enemy dead as soon as they were cleared of explosives and deemed safe to move. Cpl McDonald reduced her Guard Force on perimeter and split them down into shifts to continue to guard the Hospital for the next 36 hours.

Unloading casualties at the Bastion Role 3 Hospital, Op HERRICK 16 (SSgt Barber, photo)

The recovery of the 14 deceased Taliban Insurgents took the best part of the next 36 hours. They came into the mortuary and were processed by myself and my team. Some of the injuries were horrific, with one of the insurgent teams (five Enemy Dead) having been in a bunker that was hit by helicopter rocket fire, and the team worked together over that period supporting each other while we processed. The deceased were treated with respect while in our care and once all the procedures had been followed I contacted the International Committee of the Red Cross to help me in repatriating the dead to their families.

The whole hospital, all departments and every staff member performed their duties over that 48-hour period without complaint and with the utmost professionalism. Every casualty who arrived at the hospital alive was treated quickly and efficiently and all survived their injuries. The Front of House team performed quickly and efficiently ensuring that all of the wounded were checked and cleared of weapons etc. before moving into the hospital and ensured their care and the safety of the staff was not compromised. They also ensured that the dead were looked after with respect and dignity regardless of the side they had chosen to be on.

I was extremely proud to be the RSM on Op HERRICK 16 working with complete professionals that took it all in their stride.

22 Field Hospital and other multinational personnel of UK Medical Group, Op HERRICK 16
(Photo composed by Trevor Morrison, reproduced with permission)

Op GRITROCK (Sierra Leone, October 2014 – May 2015)

An Ebola epidemic broke out in West Africa in early 2014 and rapidly spread throughout several countries causing thousands of fatalities, becoming the largest such epidemic in history. In October, the same month as British troops ended combat operations in Afghanistan, the UK deployed medical, engineering and logistic personnel in response to an appeal by the Sierra Leonean Government.

On 25 October 2014, 22 Field Hospital deployed under the command of Lieutenant Colonel Alison McCourt ARRC QARANC, setting 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'), 19 miles from the capital Freetown. This was followed by the setting up of an adjacent 80-bed Ebola Treatment Centre (ETC) for the local population run by the charity Save the Children. The goal for deploying the EVD TU was to demonstrably deliver a level of care to infected healthcare workers and other entitled patients as close as safely practicable to that provided in Western national infectious disease containment facilities, thereby providing crucial

reassurance to the volunteers at the ETC.[83] The care delivered in this military medical facility was the most advanced within West Africa.[84] Both facilities were constructed by Specialist Teams of Royal Engineers, and the Kerrytown Unit became operational on 5 November. Overall, there were only six weeks between the Activation Order by the MOD to the admission of the first patient into the EVD TU in Sierra Leone. The unit surged to 20 beds in January and February, before scaling back in size.

The unit was accompanied by training teams from 5 Armoured Medical Regiment, and offshore was RFA *Argus*. The deployment was initially scheduled to last two months, but lasted seven in all, until the unit was relieved by 34 Field Hospital in May 2015. The EVD TU was handed over by the military to Aspen Medical on 30 June, with over 130 patients having been cared for between November and June; the World Health Organisation declared Sierra Leone free from Ebola Virus Disease on 7 November, and Operation GRITROCK formally came to an end on 11 November 2015.[85]

'What Matters Most'
A commemoration of the fight against Ebola, commissioned by the QARANC Association (painting by Stuart Brown, unveiled by Her Royal Highness the Countess of Wessex GCVO, Patron, on 18 November 2016 at HQ AMS, Robertson House, Royal Military Academy Sandhurst)

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[83] 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

[84] Connor P, Bailey M, Tuck JH et al. UK Defence Medical Services Ebola Treatment Facility. *Lancet* 2015 (21 Feb); 385:685-686

[85] 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 (accessed 18 Oct 2024)

Op GRITROCK
(A personal account by Lt Col Scott Marshall, Senior Nursing Officer)

The devastating effects of the Ebola Virus Disease (EVD) epidemic which swept across Western Africa during the Spring/Summer of 2014 compelled the President of Sierra Leone to request assistance from the British Government to combat this overwhelming event. This assistance came in the form of a Department for International Development operation, within which there was to be a Military deployment to the pre-constructed EVD Treatment Unit at Kerry Town (KTTU), to open a 12-bedded facility intended to care for international healthcare workers. The planning for this deployment started in July 2014 and involved the selection and procurement of Personal Protective Equipment (PPE) and the subsequent development of the training associated with it.

At the end of September 2014, the nominated team assembled in Aldershot and commenced their Pre-Deployment training with 22 Field Hospital. This was followed by an intense but succinct Mission Specific Training package at AMSTC in Strensall. It became apparent very early on that the clinical personnel including nurses, HCAs and CMTs were predominantly a young group of individuals who despite their lack of operational experience were none the less enthusiastic to deploy on an operation, the likes of which was an unknown entity to all involved.

For once, medicine and indeed nursing was the spearhead of the operation and never before had the training of this group, so keen to perform, been so important as they would be at the greatest risk. The knowledge of the PPE and practice in the skills of donning and doffing was paramount to the operational success, and this was exemplified by what was to become a team of experts.

The nature of EVD meant that the approach to patients was a paradox to what the team were so much more used to in their Firm base roles. Rather than placing the safety of the patients as the principal mindset for all entries into the Red Zone, the clinical staff were directed to ensure that their own safety and that of their colleagues had to be at the forefront of their minds at all times with the mantra “Is it safe for me to do this?” reverberated at every task outset.

The zest for learning and the drive to provide the highest possible level of care for the EVD patients never waned, despite the austere and degrading conditions of the KTTU ‘Red Zone’. The safe return of the whole clinical contingent from the initial phase of the operation bore testimony to the fitness levels, both mental and physical, of the individuals who entered the Red Zone during that time, when so many unknowns were still unknown. The moral courage of those staff paved the way ahead for the remainder of the operation.

Op GRITROCK
(Another personal account, by Major Pelagia Reidy, SO2 Infection Prevention & Control (IPC))

I was fortunate to have been involved from the outset of MOD involvement in July 2014 - in my capacity as SO2 Infection Prevention and Control, being pivotal in the development of Infection Prevention and Control (IPC) SOPs; linking with Public Health England (PHE), National Ambulance

Resilience Unit, and Health and safety Executive (HSE) as well as suppliers to establish required PPE to top specification for MOD workers.

I subsequently became part of the training and validation team at AMSTC; assisting in the formulation of a curriculum and materials to deliver a robust programme to enable safe working practices. I was also heavily involved in the assessing of PPE and working with DfID [Department for International Development] procurement teams to identify required consumables and healthcare equipment. The sound thinking behind the requirement for each piece of equipment had to be clearly expressed, showing how each element was essential to delivery of the operational capability and in particular staff safety.

Whilst a health-related issue prevented me from deploying on Tranche 1, an unexpected IPC practitioner gap for Tranche 2 gave me the opportunity to deploy at very short notice which I embraced wholeheartedly. At the Kerry Town Treatment Unit we were co-located with the charity Save the Children. This meant an opportunity to work with the locals often employed in the logistics and hygiene teams. Our team consisted of British and Canadian Military personnel. Notwithstanding the heat, humidity and working in a 'boil in a bag suit', this was a challenging working environment requiring infection control measures beyond the conventional.

I was the Lead of three Infection Prevention and Control Nursing Officer (IPCNO) practitioners. I utilised the in-depth knowledge and expertise I had acquired in the preceding months to guide and supervise my IPC colleagues on Ebola Virus Disease Treatment Unit (EVDTU) processes; and ours was considered an extremely strong IPC team giving assurance to all personnel. Assessing and ensuring the correct equipment was provided formed a large part of my workload. A clear impact statement had to be given that unequivocally presented on why a specific capability was essential to the operation. I had to support this with evidence and present a coherent argument for every piece of equipment prior to its procurement. Our actions had to be compliant with UK legislation and staff safety was paramount. Failure to comply not only had the potential to pose a significant risk to patient and staff safety, but also to expose the organisations to the risk of litigation and adverse publicity.

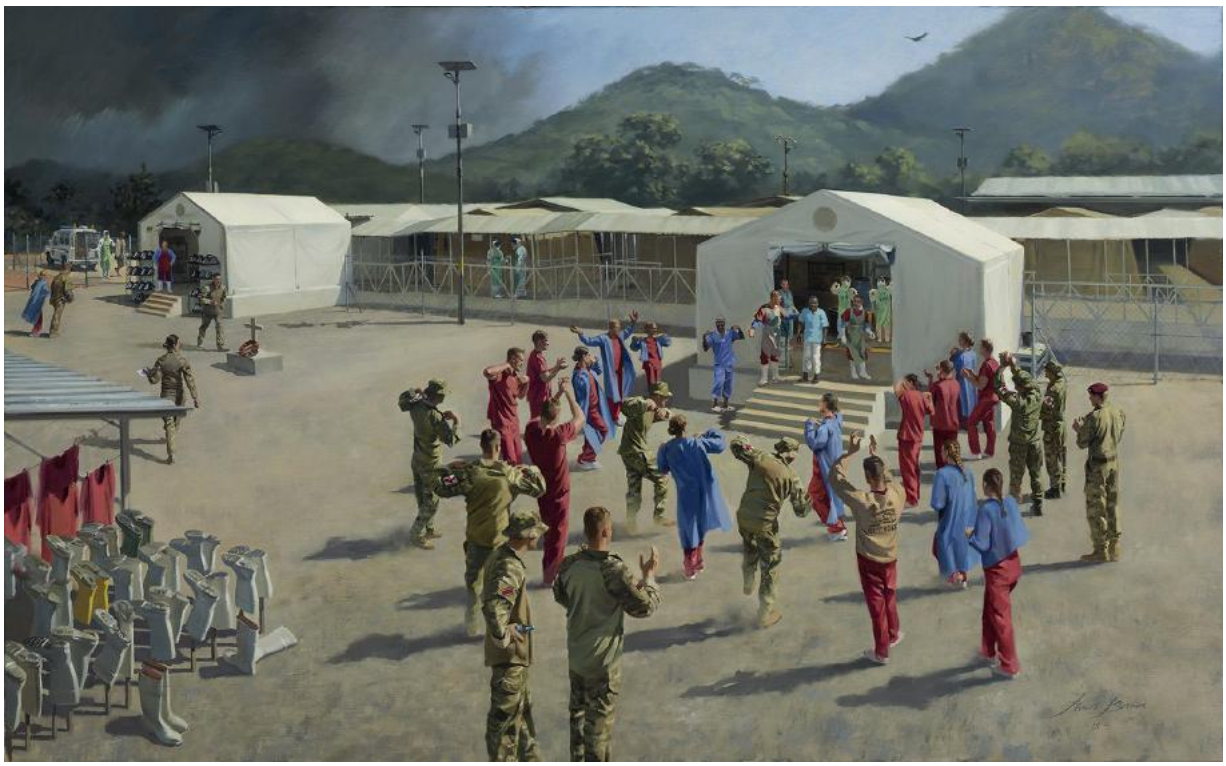
My raison d'être was ensuring all IPC standards were achieved to the highest level, particularly in 'Red Zone'. This Zone is the patient area where all healthcare workers had to wear full PPE at all times to deliver care; in the face of 'Ebola' - a lethal, unforgiving and tenacious virus. We had strict protocols in terms of practice and movement flow in the Red Zone.

I provided direct teaching and supervision to ward shift personnel, feeding back to Shift Leads, delivering IPC audits in a thorough and timely manner and reporting to the Chain of Command (CoC) on all relevant matters. For any IPC related significant events, I supplied comprehensive reports and analysis as required. I responded rapidly to requests for IPC SME advice from the CoC; that always demanded clear aptitude in problem analysis and resolution. The main areas included significant Personal Protective Equipment (PPE) supply and material failings. I had to remain calm and controlled; maintaining my IPC SME stance, advice and opinion, often being challenged. It was critical to provide as much evidence base but remain practical and pragmatic.

There were two areas critical to force protection in the Red Zone - Donning & Decontamination Out (Doffing). IPC control for both was vital in maintaining staff safety. I ensured that best practice was maintained at all times. I also managed, monitored and supported the PPE monitors. In addition I worked closely with Environmental Health Practitioners particularly on chlorine monitoring and also with Primary health in relation to force health. As a protocol there was an overall monitoring process carried out on entry and exit of the accommodation and of the treatment unit. Hand wash stations were abundant everywhere, and for once as an IPCNO I found myself 'rich' in the hand washing department. Audits showed almost one hundred per cent compliance.

Op GRITROCK was a unique deployment where IPC was at the heart of the care that was delivered. Treating Ebola patients was working in the shadow of death, and indeed for those who died the symptoms were unforgiving. Better clinical management; aggressive fluid resusitation and basic nursing 'care' were at the core of our treatment unit.

I was touched and amazed by the course of this merciless disease as we looked after each Ebola patient. Every death strengthened my resolve to help and show human kindness, whilst every survivor represented a success story. Each survivor was celebrated in true African style by a singing and dancing ceremony (see image below) with a certificate of clearance presented to the individual. Given the fear and stigma associated with Ebola disease, looking after fellow healthcare workers was a real privilege and one of the highlights of my nursing career.[86]



Ebola Survivors' Dance
(Stuart Brown, artist, with permission)

[86] Major Pelagia Reidy, SO2 IPC, Army Medical Directorate, personal account 6 May 2015

Further Operations

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Op NEWCOMBE, 2014

Operation Newcombe was the code name for two separate and concurrent British non-combat military operations in Mali. 22 Field Hospital was involved in support of the peacekeeping element, the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA). Detail To be provided

Op RESCRIPT and Op BROADSHARE (UK, March 2020 – 2022)

The years 2020 - 2022 were dominated by the coronavirus-2 (SARS-CoV-2) pandemic. 22 Field Hospital supported efforts within the UK 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 as required.

Op SHADER 6 (Wider Middle East 2023)

Operation Shader is the operational code name given to the contribution of the United Kingdom in the ongoing military intervention against the Islamic State of Iraq and the Levant. 22 Field Hospital was involved during 2023. Detail To be provided

Op INTERFLEX (support to Eastern Europe 2023 -)

Operation Interflex is the operational code name for the British-led multinational military operation to train and support the Armed Forces of Ukraine. Detail on 22 Field Hospital's contribution is to be provided

Re-designation as 22 Multi-Role Medical Regiment (July 2023)

On 28 February 2023, under the Future Soldier programme, 12 Medical Squadron was re-subordinated from 3 Medical Regiment to 22 Field Hospital. The unit then restructured to form 22 MMR on 14 July 2023, the occasion being celebrated with a flag change parade at Keogh Barracks.

The new unit moved to Dale Barracks, Chester a year later, on 16 July 2024, having vacated Keogh Barracks and Fulwood Barracks (home of the disbanded 3 Medical Regiment).

Very High Readiness role

22 MMR has continued in the role of its predecessors as a Very High Readiness deployable unit, being prepared to deploy anywhere in the world at short notice into dangerous or hostile environments. This capability has been rotated regularly since 2018 between 22 and 34 Field Hospital (and now 22 and 21 MMR). The unit currently holds a Role 2 (Basic) Field Hospital Troop and a Role 1 Medical Troop at short notice to deploy worldwide. Watch this space …

Commanding Officers and Regimental Sergeant Majors

COMMANDING OFFICERS

2 CCS

Lt Col J.D. HUGHES, LRCP, LRCS	May 1966 - July 1967
Lt Col N.E. QUIN, MB	July 1967 - Aug 1969

2 FIELD HOSPITAL

Lt Col T.M. GOODALL, OBE, MB	Aug 1969 - Aug 1971
Lt Col J.A.R. WORTHY, MB, DTM&H	Aug 1971 - June 1974
Lt Col R.H. MacKEITH, MB	June 1974 - Dec 1976
Lt Col A.S.B. DICKSON, MB, ChB	Dec 1976 - Nov 1977
Lt Col H.A. WILLIAMS, MBBS, DTM&H, MRCGP.	Nov 1977 - Sep 1980
Lt Col TAM COOK	Sep 1980 - Jan 1984
Lt Col T.R. COOPER-TYDEMAN,	Jan 1984 - Mar 1986

22 FIELD HOSPITAL

Lt Col T.R. COOPER-TYDEMAN,	Apr 1986 - Feb 1987
Lt Col A.J.D. CAMERON, RAMC.	Feb 1987 - Jan 1989
Lt Col C.J. TOWN	Jan 1989 - May 1991
Lt Col A.M. McCULLOUGH	May 1991 - Feb 1992
Lt Col R.J. TURFORD	Feb 1992 - Oct 1994
Lt Col B.K. BAYLEY	Oct 1994 - Feb 1997
Lt Col J.D. KEELING MRCGP	Feb 1997 - Oct 1999
Lt Col M.C.M. BRICKNELL DM, MFOM, MRCGP	Oct 1999 - Jan 2002

COMMANDING OFFICERS

22 FIELD HOSPITAL

Lt Col R. DIXON. RADC		Jan 2002 - Aug 2003
Lt Col P.A. CAIN. RAMC		Aug 2003 - Jan 2006
Lt Col A.C. BOREHAM. RAMC		Jan 2006 - Jul 2008
Lt Col R.J. HEATLIE. RAMC		Jul 2008 - Jan 2011
Lt Col A.J. LEWIS. RRC, QARANC		Jan 2011 - Jul 2013
Lt Col A.L McCOURT. OBE, ARRC, QARANC		Jul 2013 - Nov 2015
Lt Col H.S. WINDER QARANC		Nov 2015 - Aug 2017
Lt Col D.A WILSON. RAMC		Aug 2017 - Jan 2020
LtCol P. HALE. RAMC		Jan 2020 - Jul 2022
LtCol J.H.D. GREENER. RAMC		Jul 2022 - Jul 2023

22 MULTI-ROLE MEDICAL REGIMENT

LtCol J.H.D. GREENER. RAMC	Jul 2023 -

REGIMENTAL SERGEANT MAJORS

22 FIELD HOSPITAL

WOI (RSM) C. MARSH. RAMC	Apr 2002 - Mar 2004
WOI (RSM) N. RIGBY. RAMC	Apr 2004 - Mar 2006
WOI (RSM) P. YATES. RAMC	Apr 2006 - Mar 2008
WOI (RSM) J. JONES. RAMC	Apr 2008 - Mar 2010
WOI (RSM) A.J. GAME. RAMC	Apr 2010 - Apr 2013
WOI (RSM) Z. HEYES. RAMC	Apr 2013 -

ANNEX – The history of 12 Medical Squadron (successor to 12 Field Ambulance)

12 Medical Squadron was previously known as **12 Close Support Medical Squadron**, through which it traced its lineage to **12 Field Ambulance**. This Field Ambulance delivered medical support on the Western Front to 12 Infantry Brigade within 4th Division throughout the First World War.[87,88,89] It also served in the campaigns in North Africa and Italy during the Second World War.[90]

12 Field Ambulance – a short history

12 Field Ambulance was raised in 1906 in the aftermath of the Second Boer War to support 12 Infantry Brigade. Its role was to treat and transport casualties from the frontline to field hospitals.

First World War

When war broke out on 4 August 1914, 12 Field Ambulance was part of 12 Infantry Brigade, 4th Division. The 4th Division was held back from the original British Expeditionary Force by a last-minute decision to defend Britain against a possible German landing. The precarious situation of the BEF in France and the lack of any immediate German attempt to cross the Channel reversed this decision and the unit proceeded to France in late August 1914.

12 Field Ambulance missed the action at Le Cateau as it was still en route from England. It then took part in the Battles of Mons, Marne, Nery and Aisne before participating in the 'Race to the Sea', as the opposing armies attempted to outflank one another, before the front stabilised into static trench warfare.

In 1915, 12 Field Ambulance took part in the Second Battle of Ypres, in Belgium. The following year it moved with the Division to France to provide support at the Battle of the Somme where the British Army suffered 60,000 casualties including 20,000 fatalities on the first day alone. and approximately 400,000 before winter halted the slaughter. There are accounts of medical officers treating up to 2,000 men in a day, working around the clock without breaks, showing tremendous resilience. In 1917, 12 Field Ambulance participated in the Battle of Arras and the Third Battle of Ypres before returning to the Somme in 1918, finishing the war there. The unit demobilised with the rest of 4th Division at the beginning of 1919.

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[87] See: 4th Division – The history of 4th Division. In: *The Long, Long Trail.* https://www.longlongtrail.co.uk/army/order-of-battle-of-divisions/4th-division/#:~:text=The%20history%20of%204th%20Division.%20This%20division,%20initially (accessed 29 September 2024)

[88] See: Field Ambulances in the First World War. In: *The Long, Long Trail* https://www.longlongtrail.co.uk/soldiers/a-soldiers-life-1914-1918/the-evacuation-chain-for-wounded-and-sick-soldiers/field-ambulances-in-the-first-world-war/#:~:text=The%20Field%20Ambulance%20was%20a%20mobile%20front%20line%20medical%20unit (accessed 29 September 2024) See also: The Defence Medical Services in the Great War. https://www.friendsofmillbank.org/ww1

[89] The National Archives. WO 95/1474/2 Divisional Troops: 12 Field Ambulance War Diary, 1 January – 31 December 1915. https://discovery.nationalarchives.gov.uk/details/r/C14053067#:~:text=Divisional%20Troops:%2012%20Field%20Ambulance.%20Date:%201915%20Jan%201%20-

[90] Imperial War Museum Photograph Collection: The British Army: No 12 Field Ambulance, RAMC, North Africa And Italy, 1942 – 1944 https://www.iwm.org.uk/collections/item/object/205009421#:~:text=One%20album%20of%20photographs,%20postcards,%20cartoons,%20facsimiles%20of (accessed 29 September 2024)

The table below details most of the major actions 12 Field Ambulance would have taken part in on the Western Front as part of 4th Division.

1914	Battle of the Marne Battle of the Aisne Battle of Messines
1915	Second Battle of Ypres
1916	Battle of Albert Battle of Le Transloy
1917	First Battle of the Scarpe Third Battle of the Scarpe Battle of Polygon Wood Battle of Broodseinde Battle of Poelcapelle First Battle of Passchendaele
1918	First Battle of Arras Battle of Hazebrouck Battle of Bethune Advance in Flanders Battle of the Scarpe Battle of Drocourt-Queant Battle of the Canal du Nord Battle of the Selle, and of Valenciennes

Its history in the interwar years is uncertain: its name probably went into abeyance before presumably being reformed in the prelude to the Second World War. ***(Details to be obtained)***

Second World War

(Details on 12 Field Ambulance's involvement to be obtained)

ANNEX (continued) - 12 Medical Squadron

12 Close Support Medical Squadron became operational in 2001 (shortly after formation of 3 Close Support Medical Regiment).

It was initially based in Swanton Morley, Norfolk, before relocating in August 2009 to join the rest of 3 CSMR in Catterick.

During its short history as such, the Squadron deployed to the Balkans and then to Iraq on TELIC 2, 6 and 12.[91]

12 Medical Squadron on Op HERRICK 12

The Squadron then supported operations in Afghanistan, providing close medical support to 4 Mechanised Brigade during 3 Medical Regiment's deployment on HERRICK 12 (April – October 2010).

During Op HERRICK 12, the UK Joint Force Medical Group was formally divided into a Close Support Medical Regiment (provided by 3 Medical Regiment) and the Bastion Role 3 (UK) Hospital (its core being 34 Field Hospital), both under functional command of Commander Medical JFSP(A).[92]

Although the Mastiff Protected Mobility Vehicles operated well in Iraq, providing superb Role 1 armoured ambulance support, a smaller more manoeuvrable platform was required for the tighter confines of Afghanistan's villages. Four of the new Ridgeback Protected Battlefield Ambulances (PBFA) were deployed to Helmand with 3 Medical Regiment in April 2010.

Army 2020 and Future Soldier reforms

Under the Army 2020 structure (effective 1 August 2014), **12 Medical Squadron** was temporarily the only Regular Medical Squadron in 3 Medical Regiment between1 August 2014 and 1 December 2018,.

Under the Future Soldier programme, 12 Medical Squadron was resubordinated on 28 February 2023 to 22 Field Hospital which then restructured to form 22 Multi-Role Medical Regiment on 14 July 2023.

[91] For an overview of the medical commitment to Op TELIC, see: *Organisation of the Defence Medical Services on Operations TELIC and HERRICK*. https://www.friendsofmillbank.org/op-telic-and-op-herrick

[92] See: Op HERRICK 12. In: *Organisation of the Defence Medical Services on Operations TELIC and HERRICK*. https://www.friendsofmillbank.org/op-telic-and-op-herrick

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

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