34 Field Hospital
(Restructured to form 21 Multi-Role Medical Regiment on 1 August 2023)

Introduction

Before the major Future Soldier re-organisation of 2023, 34 Field Hospital was the younger of the two remaining regular field hospitals in the British Army.[1] It was formed on 1 April 1996, allocated real estate in Queen Elizabeth Barracks and Towthorpe Lines in Strensall, Yorkshire, and declared operational on 1 October 1996.

'What matters most'
34 Field Hospital staff caring for Ebola patient in Sierra Leone, on Op GRITROCK, 2015
Oil painting at HQ AMS, Robertson House, Camberley (Stuart Brown, artist, with permission)

[1] The other was 22 Field Hospital, following the disbandment of 33 Field Hospital on 1 December 2018. Regular field hospitals were manned by a small cadre staff in their UK location, being brought to full strength on deployment by augmentation of staff from other regular or reserve units. Cadre strength was around 121 Officers and Soldiers.

The unit has had an eventful career. By the end of its fifth year it had already deployed four times (to Bosnia, Kosovo, Sierra Leone and Afghanistan). This tempo continued apace with three deployments to Iraq and another two to Afghanistan by the end of 2014, and elsewhere thereafter.

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

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

Future Soldier re-organisation (2023)

Major changes occurred from 28 February 2023 under the Future Soldier programme, with a reduction in the number of Close Support Regiments and the formation of Multi-Role Medical Regiments (MMRs), which contain both Role 1 pre-hospital and Role 2 hospital squadrons).[2-3] There are now two Regular and nine Reserve MMRs, in addition to four Regular Medical Regiments and three other Reserve units.[4-5]

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

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[2] 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)

[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/ (accessed 15 October 2024)

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

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

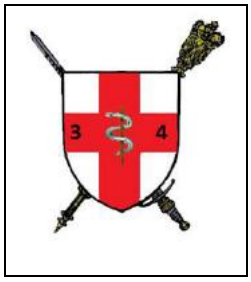
The unit insignia

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

The erstwhile use of the Cross of St George shows the strong English influences and the former importance of the city of York when King Edward III made it the capital during the fighting against Scotland. The crossed Sword and Mace refers to the creation of the office of Lord Mayor of York in the 14th century by King Richard II. The King had presented a sword to the City in 1387 to be used in civic ceremonies and, in 1397, the right to also carry the mace was ensconced in a royal charter. The base of the York coat of arms has been embellished with the serpent-entwined Rod of Asclepius (which in Greek mythology was wielded by the Greek god Asclepius, a deity associated with healing and medicine) and, finally, there is the Arabic numerical representation of 34 Field Hospital.[6]

Superseded unit insignia

Superseded 2019, the Cross of St George was replaced by a black cross on a green background



Superseded May 2015, when the serpent symbol was revised

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

34 Field Hospital – its history at a glance

- Formation (1 April 1996)
- Op PALATINE (Bosnia, 1998 and 1999)
- Op AGRICOLA (Kosovo, 1999)
- Op SILKMAN (Sierra Leone, 2001)
- Op FINGAL (Northern Afghanistan, 2001 – 2002)
- Op TELIC 1 (Iraq, 2003)
- Op TELIC 7 (Iraq, 2005 – 2006)
- Op TELIC 10 (Iraq, 2007)
- Op HERRICK 12 (Afghanistan, 2010)
- Awarded Freedom of the City of York (2013)
- Op HERRICK 20 (Afghanistan, 2014)
- Op GRITROCK (Sierra Leone, 2015)
- Op RESCRIPT and BROADSHARE (UK, 2020 – 2022)
- Op NEWCOMBE (Mali, 2020-2021)
- Future Soldier re-organisation (2023):
    - Re-subordination of 29 Medical Squadron from 3 Medical Regiment (28 February)
    - Re-designation as 21 Multi-Role Medical Regiment (1 August)

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

Formation

34 Field Hospital was formed on 1 April 1996 in Queen Elizabeth Barracks and Towthorpe Lines in Strensall, Yorkshire and declared operational on 1 October 1996.[7]

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

Deployments, 1996 - 2023

Within five years of its formation, reflecting the tempo of overseas operations during Prime Minister Blair's government, 34 Field Hospital had already deployed five times. It cared for deployed troops as well as local civilians on Op PALATINE in Bosnia (1998 and 1999), Op AGRICOLA in Kosovo (1999), Op SILKMAN in Sierra Leone (January – July 2001) and Op FINGAL in Bagram, northern Afghanistan (December 2001 – July 2002), thereby becoming the first British field hospital to deploy into Afghanistan.

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

Op PALATINE (Bosnia, 1998 and 1999)

1998: 34 Field Hospital provided the nucleus for the Hospital Squadron in Sipovo for the period March – September 1998. The Squadron, led by Major Chris Townend RRC, was based in a tented facility within a warehouse that had previously housed a clothing factory, and was under the command of **5 Field Ambulance** (who took over from **24 Armoured Field Ambulance** on 18 March). An early feature of this deployment was Exercise Neushoorn Serpent, involving the Dutch Medical Support Team and 5 Field Ambulance Group. This paved the way for a multinational approach to care within MND (SW). On average

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

the Hospital Squadron dealt with one major incident every 5 weeks, mainly due to mine explosions or Road Traffic Accidents (the latter being the commonest cause of major trauma, with two members of 5 Field Ambulance being killed in such accidents). During this tour plans were approved to rebuild the Hospital facilities to create a better clinical environment, before the site became multinational in July 1999.[8]

1999: **34 Field Hospital** deployed a Hospital Squadron to Sipovo from March – October 1999, as part of the UK Field Ambulance Group (led by **4 Field Ambulance** under the command of Lt Col Mark Pemberton)**.**[9]

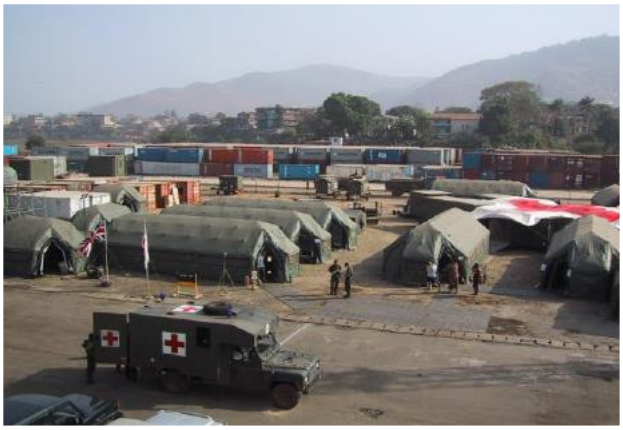
Op AGRICOLA (Kosovo, 1999)

(detail to be obtained)

Op SILKMAN (Sierra Leone, January – July 2001)

Towards the end of the 1990s civil war broke out in Sierra Leone with the Revolutionary United Front attempting to capture the capital, Freetown. The turning point came with the intervention by British Forces who deployed on Op PALLISER between May – June 2000 at the request of the Sierra Leone Government. British Forces also bolstered the United Nations' mission (UNAMSIL) with training teams in support of the Sierra Leone Army. [10]

Role 3 medical support was initially supplied by UNAMSIL's Indian Hospital. The Indians withdrew in January 2001 and were replaced by a Jordanian Hospital. Uncertainty regarding this hospital (which was initially assessed as having inadequate nursing and surgical capabilities) resulted in the deployment of a UK Role 3 designated facility. This was provided by 34 (UK) Field Hospital Troop which established a 10-bed tented facility (including a GIAT containerised operating facility) on the quayside at Freetown alongside a Royal Fleet Auxiliary LSL, which provided logistic support. This deployment lasted until summer 2001 when the British training teams were replaced by an international force.

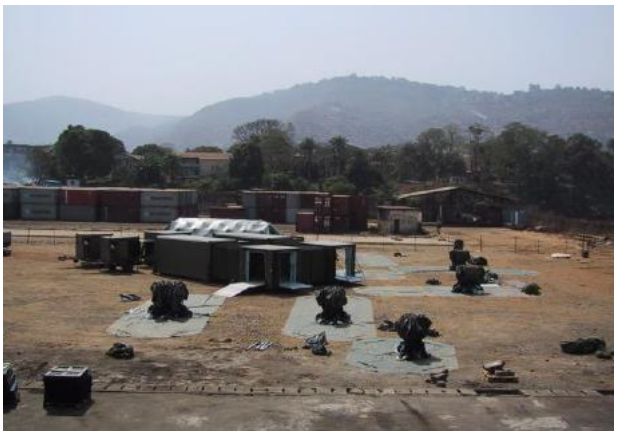


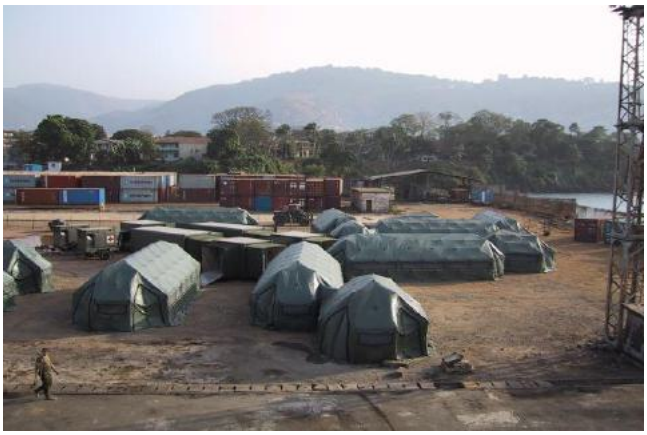
34 Field Hospital Troop on the quayside at Freetown, using Drash tentage, Op SILKMAN

[8] 34 Field Hospital - Historical Record: Operation PALATINE Mar-Sep 98, dated 28 January 1999 (copy held in Unit Historical Record 1 April 1998 – 28 February 1999)

[9] 4 Field Ambulance – Unit Historical Record 1 April 1998 – 31 March 1999. Annex B1: Change of Location, Op PALATINE March 1999 – October 1999

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





GIAT containerised operating facility, Op SILKMAN

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

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

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

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

Over the next few months the unit dealt with several major incidents. One arose when a US refuelling plane crashed into a mountainside at night on 9 January 2002 (splitting in two on impact, with all crew in one half, and the fuel in the other, which exploded as a massive fireball. Amazingly all the crew survived without critical injuries or burns). Another incident arose from a USAF Chinook crash on 29 January 2002 when the pilot lost visibility carrying out a night landing. In the latter incident 14 casualties were processed through

the Hospital Troop, with several undergoing surgery, before they were all evacuated to Uzbekistan only four hours after arrival.[11] An image of the interior of the emergency department just before casualties arrived, and an account of the working conditions at this hospital and the optimism of these early days in Afghanistan, from a physician's viewpoint (Lt Col Mark Bailey), was posted on the BBC News website ten years later.[12]

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

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

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

The main medical event associated with this tour however was an outbreak of a severe contagious disease from 13 - 19 May 2002 which arose within the hospital itself, necessitating it being placed in quarantine.[13-14] There were 29 cases of vomiting, diarrhoea, and fever among the staff, three were classified as seriously ill with circulatory collapse (with suspected meningitis), ten were flown back to the UK for treatment and one to an American hospital in Germany. Fortunately all recovered fully. Tests confirmed the outbreak was due to a Norwalk-like virus behaving in a previously unknown manner – later named the Bagram strain.[15]

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

Op TELIC 1 (Iraq, February – May 2003)

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

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

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

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

of Az Zubayr. Once battle commenced, this meant British casualties were transferred almost directly from point of wounding (Role 1) to the Field Hospital (Role 3).

Detail – the medical perspective

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

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

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

Building 34 Field Hospital – The Royal Engineers' perspective

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

PHASE THREE – THE CONTACT BATTLE The early days of the ground war also saw the Squadron build its second 200-man enhanced Field Hospital in Shuaiba (just south-west of Al Basrah) and enable the opening of Umm Qasr Port…'[16]

The Royal Engineers Field Squadron perspective

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

Which leads me to my final observation. The medical world is laced with competing priorities and officers of senior rank who insist on getting involved on the ground – let's face it, when did you last see a Brigadier erecting tents? At SHAIBA there was more than one. **Field Hospitals need to learn from the experiences in both Kuwait and Iraq to establish in peacetime the requirements of each department in war. The delays in construction caused through de-conflicting the requirements of each department could lead to unnecessary loss of life next time around**.'[17] (emphasis added)

Resume

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

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

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

The hospital also treated numerous injured civilians, but it was the large number of paediatric casualties, and the lack of basic paediatric equipment, that created the most angst – especially as requests for paediatric equipment had been repeatedly staffed but had been consistently rejected or demands diluted.[18] **(emphasis added)**

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

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

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

Op TELIC 10 (Iraq, May – November 2007)

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

The first two months of Op TELIC 10 had an exceptionally heavy UK military casualty load from Hostile Action, before a temporary ceasefire was negotiated with al-Fartusi's *Jaish al-Mahdi* (JAM) militia in July. The tour began with the difficult challenge of conducting the Relief in Place of a force in contact, with the exceptionally high tempo carrying on from Op TELIC 9. In these first two months alone, more casualties were received by the unit at BMH Basra than during the whole of Op TELIC 8, with Indirect Fire (IDF) attacks causing practically as many casualties as Improvised Explosive Devices (IEDs). The hospital itself was not immune from IDF, with four 122mm rockets exploding on or immediately around it in July and August.[19]

Op HERRICK 12 (Afghanistan, April – October 2010)

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

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

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

Op HERRICK 20 (Afghanistan, April – September 2014)

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

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

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

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

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

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

Op GRITROCK (Sierra Leone, April – July 2015)

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

At the start of this mission 22 Field Hospital had set up a 12-bed high level Ebola Virus Disease Treatment Unit (EVD TU) to manage infected healthcare workers, at Kerry Town (the 'Kerry Town Unit'), outside the capital Freetown, alongside an 80-bed Ebola Treatment Centre (ETC) for the local population run by the charity Save the Children.[21] The military medical presence and expertise provided a high level of reassurance to the volunteer healthcare workers and international staff at the ETC.

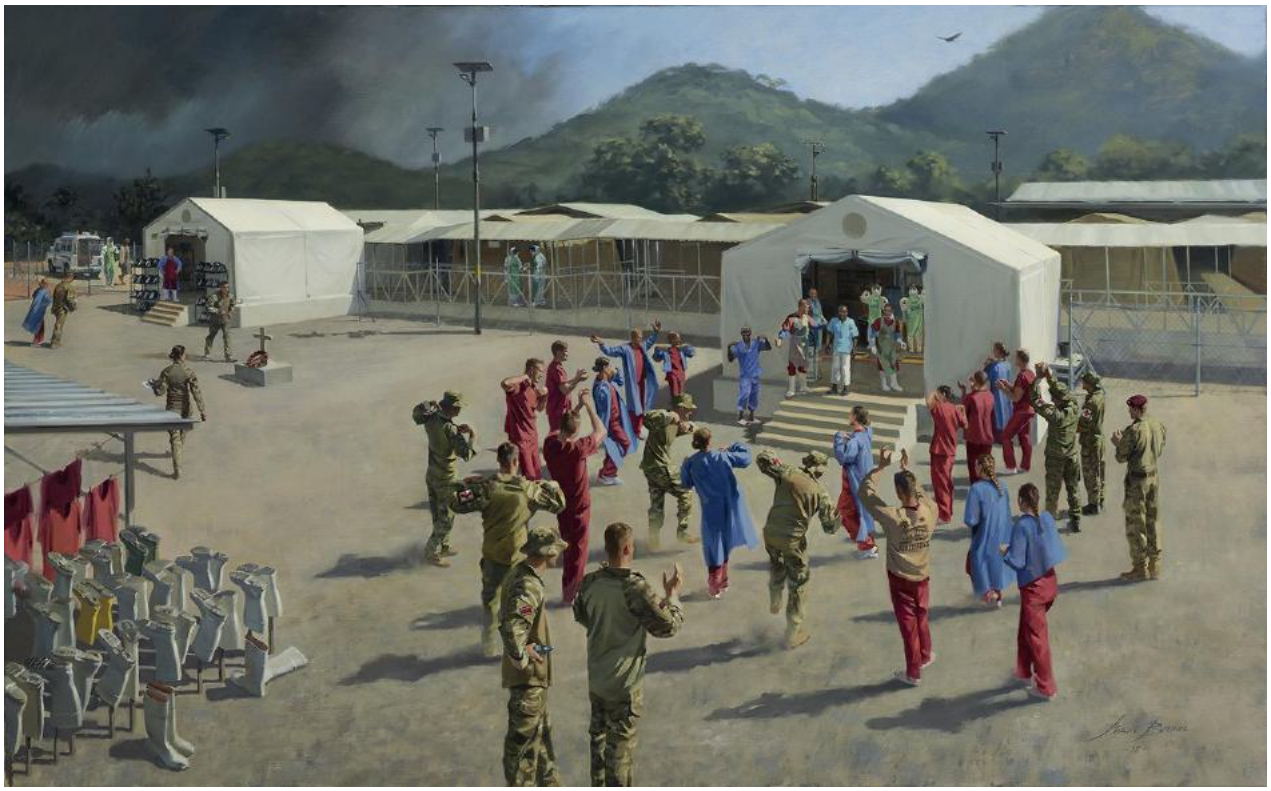
Barely six months after returning from Afghanistan 34 Field Hospital took over the EVD TU in Sierra Leone, on what turned out to be a three-month operational tour. The medics of 34 Field Hospital formed part of a team of 100 Regulars and Reserves from all three services including 18 members of the Canadian Armed Forces. 34 Field Hospital handed over the facility to Aspen Medical on 30 June before returning to the UK in July. The military medical services had treated over 130 patients between November 2014 and June 2015.[22]

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.[23]

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

[22] 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

[23] 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



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

On return from Op GRITROCK 34 Field Hospital staff received their operational tour medals at a special parade. The medals were presented by Her Majesty's Vice Lord-Lieutenant of North Yorkshire, Mr Peter Scrope and the Director General of the Army Medical Services, Major General Jeremy Rowan, on his last engagement before leaving the Army.[24]

Very High Readiness role

In late 2015, one year after returning from Op HERRICK 12, 34 Field Hospital became the Army's Very High Readiness deployable unit, being prepared at short notice to deploy anywhere in the world into friendly or hostile environments. In this role the unit took the lead in developing a new capability with Air Delivered and Sea Delivered options, preparing for 'The return to Contingency' on cessation of the HERRICK campaign. The unit exercised this air-deployable capability as the Vanguard Field Hospital on Exercise SHAMAL STORM in Jordan in 2016, when it set up ready to receive casualties within 11 hours of arrival.[25]

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

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

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

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

Op RESCRIPT and BROADSHARE (UK)

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

Op NEWCOMBE (Mali, December 2020 – June 2021)

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

With the UK's peacekeeping deployment to South Sudan (Operation TRENTON) coming to an end in early 2020, the UN Security Council authorised the UK to send a peacekeeping force to Mali, also under Op NEWCOMBE, with the deployment in December 2020 of a light cavalry-based Long Range Reconnaissance Group in support of MINUSMA. This Group, initially based on the Light Dragoons and Royal Anglians, would conduct long range patrols and be capable of operating independently for periods up to 28 days as far as 2,000 km from base, in temperatures up to 51C.[26] The UK peacekeeping force withdrew from Mali almost two years later, on 14 November 2022, due to increasing political instability in the country.

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

Links with the City of York

Freedom of the City 34 Field Hospital is justly proud of the links that it has established with the City of York, and it has endeavoured to maintain this close partnership, taking part in regular fund-raising events as well as other public relations opportunities. The City reciprocated, showing its appreciation by presenting the 'Freedom of the City' to 34 Field Hospital on 9 March 2013, shortly after its return from Op HERRICK 12.[27-28]

Local hospital - York NHS Foundation Trust 34 Field Hospital has forged a deep and lasting relationship with York NHS Foundation Trust where mutual leadership and development training opportunities are

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

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

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

offered and the military clinical staff can maintain their currency and competency, whilst giving something to the community.

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

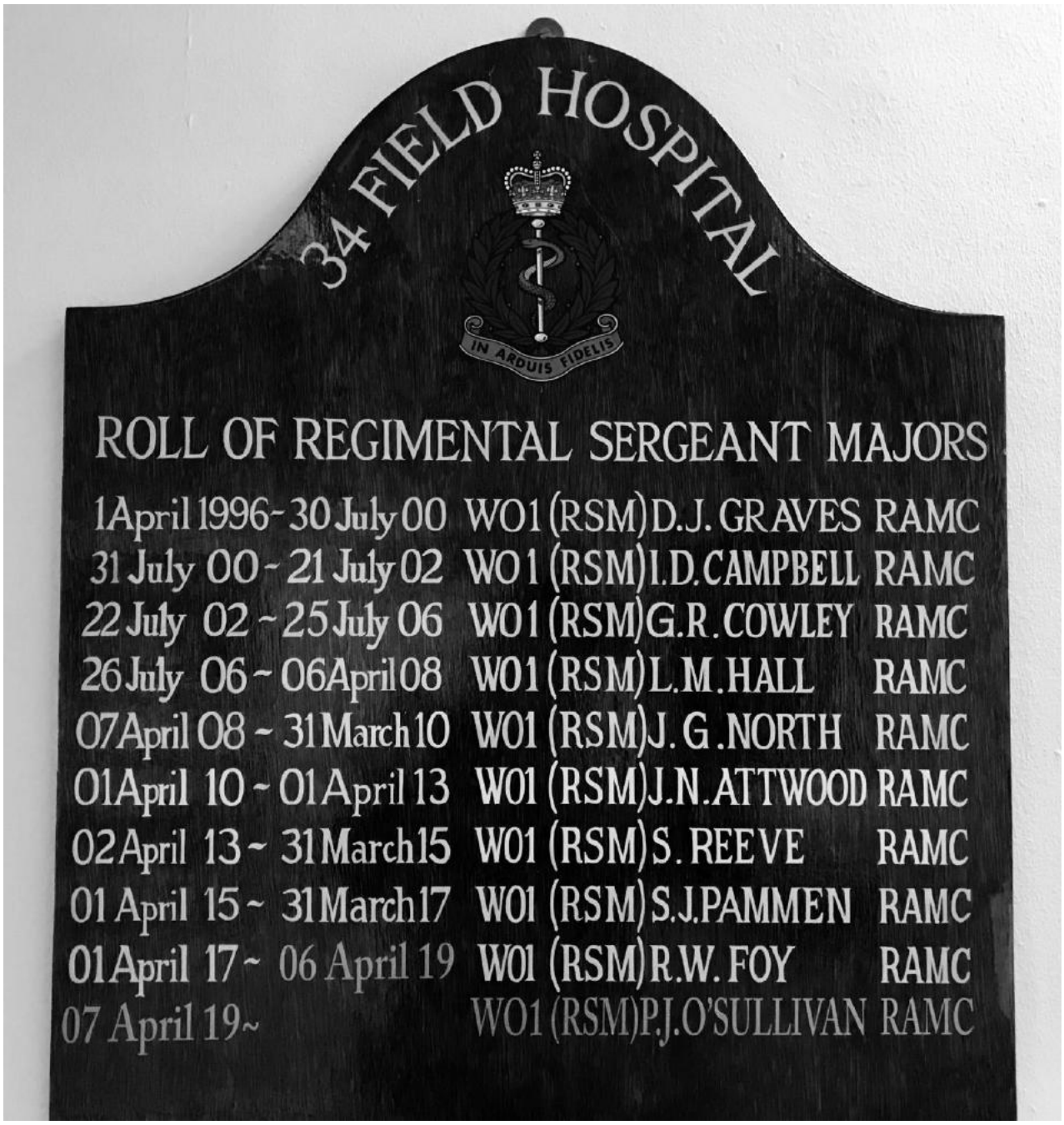
Future Soldier re-organisation (2023)

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

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

Commanding Officers of 34 Field Hospital, 1996 – 2022

Regimental Sergeant Majors of 34 Field Hospital, 1996 – 2022



Acknowledgements

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

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

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

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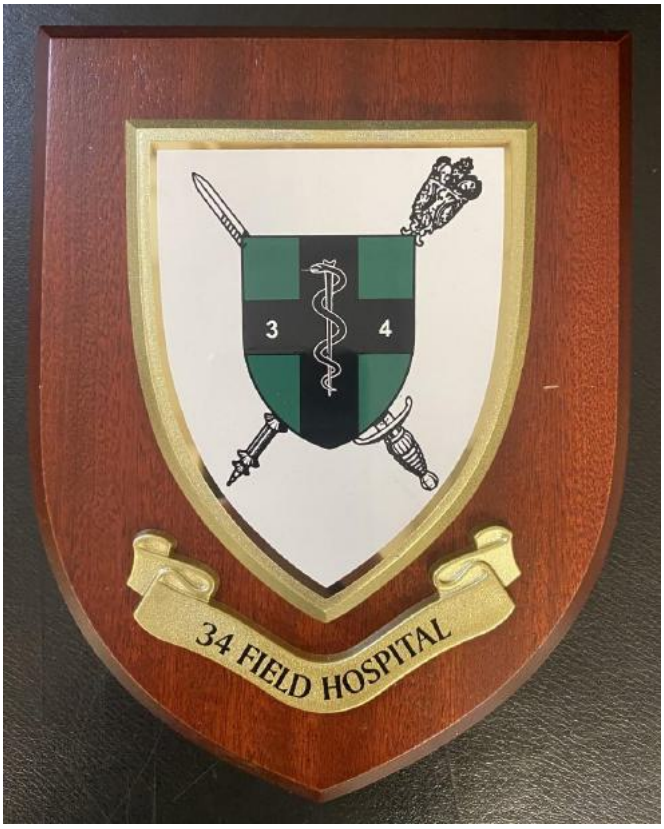

The unit shield (2022)
(courtesy of Capt Roma Coates RAMC, Adjutant)