

A personal reflection on the Falklands Islands War of 1982

JM Ryan OStJ, FRCS, MCh, DMCC, Hon FCEM, Col L/RAMC(V)

Emeritus Professor of Conflict Recovery, UCL, UK & International Professor of Surgery, USUHS, Bethesda, MD, USA

Introduction

On April 2nd 1982 Argentine troops invaded the Falkland Islands by sea and air. By April 5th the first ships of the British task force had put to sea. Civilian liners and ferries were requisitioned as troop ships, and a 200 mile exclusion zone was declared on April 12th. In seven weeks a task force of 28,000 men and over 100 ships was assembled and sailed 8,000 miles. The invasion to re-take the islands took place on the 21st May – war was joined. 10,000 men were landed on a barren shore and within three and a half weeks the Islands were re-taken and the war was over.

The war would create novel problems for the Defence Medical Services. Lines of communication and re-supply lines were over 8,000 miles. The war would take place in winter with virtually no usable buildings or other infrastructure in which to locate medical assets, including field surgical teams.

Personal Background

In 1982 the author was a 37 year old Senior Specialist in Surgery (in modern parlance – a Specialist Registrar) in the sixth and final year of higher professional training programme and seconded to St Peter's Hospital in Chertsey. It is worth pausing for a moment to reflect on this old and discarded training programme. Three years of general professional training, followed by six years of higher training had resulted in exposure to the generality of surgery. It included postings to nine separate hospitals including three NHS secondments to St Bartholomew's, Hackney and St Peters Hospitals with training in general, orthopaedic, plastic, neurosurgical, thoracic and vascular surgery – an unimaginable variety today. All military surgeons in training at that time had very similar training programmes. The aim was to produce a surgeon trained in the generality of surgery ready to work alone or in small groups in field surgical facilities. This system of training probably gave the surgeons who would deploy a training edge not available to civilian trainees of the period.

This was also the age before war surgery workshops, Definitive Surgical Trauma Skills (DSTS) courses and the myriad of other training opportunities, including overseas secondments, available to today's military surgeons and their teams. Training in the art and science of war surgery prior to 1982 was not easy. Military surgeons 'cut their teeth' during secondments to the Military Wing, Musgrave Park hospital in Northern Ireland. The 'Troubles' were in full swing and a generation of surgical trainees worked with an earlier generation of military surgery consultants such as Bill McGregor, Bill Thompson and Brian Mayes who had learnt their trade during a myriad of post colonial conflicts in far flung places like Cyprus, Aden, Malaya and Borneo. There was, in short, an institutional memory for the surgery of war which would become evident as the Falkland Islands war progressed. The military surgeon's bible and almanac at that time was the latest edition of the Field Surgery Pocket book edited by Kirby and

Blackburn and which became essential reading for all deployed military surgeons, irrespective of previous experience or colour of cloth.

Medical Support

Before turning to the main body of this paper – a reflection on events - it is worth giving an overview of the medical support for the task force which includes the Fleet at sea and the ground invasion force. The Medical Branch of the Royal Navy was doubly tasked and had the greatest impact on medical operations. They had to provide medical support, not only for the Fleet, but had the additional responsibility of providing comprehensive care ashore for the Marines of 3 Commando Brigade, 2 Battalions of the Parachute Regiment and the Brigade support elements including special forces and air assets. At sea the Royal Navy Medical branch provided what would now be described as 1st Role and enhanced 2nd Role assets throughout the Fleet and had the additional tasking of manning the only hospital ship – the SS Uganda and its support ambulance ships tasked with medical evacuation by sea. On land each Commando Battalion was provided with 2 Commando Medical Officers RN and supporting medical elements. On the beach head at Ajax bay they deployed the Marine Commando Medical Squadron with two Royal Navy Surgical Support Teams (SSTs) with their supporting elements acting as an Advanced Surgical Centre (ASC).

The Royal Army Medical Corps provided Regimental Medical Officers (Army) to each major field unit (2 to the Parachute Battalions) and manning for Regimental Aid Posts (RAPs). Surgical support was also provided. Initially this consisted of 2 FSTs from the Parachute Clearing Troop of 16 Field Ambulance RAMC to reinforce the ASC. Later 16 Field Ambulance deployed 2 independent surgical teams designated 55 FST. Shortly afterwards the main body of 16 Field Ambulance deployed to provide definitive 2nd Role medical support for the forces ashore.

The Royal Air Force Medical Branch was tasked with aero medical evacuation from the theatre of operations – initially from the air head at Montevideo and later from the islands. While not deploying FSTs the RAF provided comprehensive medical support in the air, particularly critical and intensive care en route. Their achievements were outstanding – all evacuated wounded service personnel survived to reach the home base and were received into UK based military hospitals – now, sadly, consigned to history.

A Personal Reflection

It is strange to look back over a quarter of a century to a war that we never anticipated. In 1982 the Cold War still occupied our thoughts – and planning. The RAMC were exercised for a major conventional, and possibly a nuclear and chemical war, in Europe. All worked to a strict military doctrine, which defined how medical support would unfold and was based around mass

casualties and numerous huge Field and General Hospitals. There was little flexibility in our thinking. Principles of War Courses, run annually, were run by the book. Directors and Professors of Military Medicine and Surgery would tolerate no discussions. These courses were exercises in Doctrine and debate was not encouraged. This author remembers discussion concerning Field Hospital with upwards of 600 beds – unheard of today. Doctrine defined what would be attempted at each Role – then called echelons. Mortality would have been appalling and the approach would have been ‘the most for the most’, hoping to get as many as possible home to UK based hospitals using all means including cross channel ferries.

What was faced in 1982 was unexpected and appeared to be outside planning. This was the first campaign of what would become the norm – expeditionary warfare with new doctrines and new methods of working – and new expectations. Mrs Thatcher’s statement in the House of Commons some years later that wounded soldiers in war would get the same treatment as the injured in NHS hospitals had not yet been voiced. The first Gulf war was undreamt of and later expeditionary wars in the Balkans, Iraq and Afghanistan beyond our wildest imagination.

To War on the QE2

Mobilisation was fast and frenetic, however it was characterised by what many medics would still recognise today – an ‘off the truck, on the truck’ mentality, shrouded in a fog of uncertainty and chaos. The author was assigned to table 2 of 55 FST, mobilised in Aldershot. The first named anaesthetist was one Major H Hannah. That is until it was realised that this was Helen Hannah – a woman. Not just any woman, but the widely admired and redoubtable Major Helen Hannah RAMC. This caused consternation. The British Armed Forces were not yet ready for a woman on their battlefields and she was quickly replaced by the equally well known and redoubtable Lt Col Jim Anderson RAMC who would soon be appointed OC 55 FST with two surgical teams – FST 1 commanded by Major David Jackson and FST 2 commanded by the author. 55 FST had its origins in the Western Desert and it was a privilege to be part of it. The author is sure that other mobilising medical teams will have encountered similar headaches. His diary reveals that 55FST departed Aldershot on the 12th May at 0430 under command of Jim Anderson and two hours later embarked on the QE2 in Southampton. Work was still under way on the helipad and elsewhere. At our first O Group we were told without humour that the ship had been re-designated LPLL – Landing Platform – Luxury Liner. She put to sea at 1600 hrs with no one believing that the team would get much past the English Channel.

The author kept a diary throughout the campaign and it helps to illustrate the surreal atmosphere on board. It seemed bizarre to go to war on the world’s finest luxury liner. A few diary entries reflect the mood on board. *12 May ...retired to the 1st class bar for large gins at 2100 hrs – retired to bed at 2330 hrs! 13 May...Lifeboat drill ad nauseum. 15 may Superb lunches – fresh salmon yesterday – fresh crab today - and wonderful wines. 15 May...My first operation at sea – an appendicectomy on a young combat engineer – in the QE2’s operating theatre. 17 MayCaptain’s cocktail party! It became increasingly easy to imagine that all were on a holiday cruise, at least for the officers.*

Reality checked in on the when active service conditions were declared. The QE2, initially bound for the Falkland Islands, now turned away and headed for South Georgia. Why? The given explanation was a threat from submarines. This would lead later to a spectacular insult by the crew of the P&O vessel

SS Canberra which went directly to the Falkland Islands to off load her troops – some time later her crew hung a sheet over the side with the ditty – *P&O cruises where Cunard refuses!*

Whether Cunnard’s QE2 was not to be risked or whether there was a genuine submarine threat is for historians to decide. All who cruised on the QE2 retain an enormous affection for her (in 1985 while on tour in Hong King the author had a chance to reboard the ship and explore familiar surroundings)

ASC at Ajax Bay

As one who never left the safety of the ASC (apart from an ill-fated sea journey on Sir Galahad and discussed later) the author will confine remarks to the surgical support for the wounded at the ASC at Ajax Bay. A Time traveller from the Boer War or the First World War would have recognised the ASC at Ajax Bay. It was situated in a meat refrigeration factory facing the San Carlos Water near San Carlos settlement. It was ideal in many respects – vast and open and lending itself to compartmentalisation into operating theatres, wards, primitive laboratory and living accommodation for staff and supplies. A nearby area of open ground facilitated landing by helicopters delivering wounded from the battlefields. On the down side the ASC was filthy and dusty rendering efforts at cleanliness nigh impossible. There were no windows and no air conditioning. The building was heated by air pumps delivering hot air. The author was still at sea during the initial landings and the subsequent battle for Darwin – Goose Green. However, Rick Jolly has left a memorable account in the Red and Green Life Machine of the outstanding work performed by the Marine Commando SSTs and the Parachute Clearing Troop’s FSTs.

Sir Galahad and The Bombings at Fitzroy/Bluff Cove

A personal reflection from this author must include the bombing of the RFA logistic ships RFA Sir Tristram and Sir Galahad which took place on the morning of the 8th of June. Sir Galahad, carrying Welsh Guards rifle companies and elements of 16 Field Ambulance including the two surgical teams of 55 FST, arrived off Fitzroy settlement. The ship should have anchored in Bluff cove some 5 miles away but could not get up the narrow channel to the planned disembarkation beach. For reasons beyond this review disembarkation at Fitzroy was delayed. Some elements of 16 Field Ambulance including No 1 team of 55 FST (Major Jackson’s team) had got ashore but the remaining troops including the author’s team (No 2 team 55 FST) stayed aboard. It seems surreal now with the passage of 25 years. With the departure of 16 Field Ambulance and David Jackson’s team the author and a group of other Officers retired to the Wardroom. Lunch was taken and the group stayed in the ward room comforted by tots of whiskey, hot coffee and a dubious movie on the ward room TV monitor. Sometime later and without warning (and the author is still uncertain about timings) Sir Galahad and Sir Tristram were bombed by a flight of Argentinean fighter bombers. Chaos ensued – those of us in the ward room were thrown from our seats by the explosions, we were uninjured but were now trapped in a blacked out and smoked filled room. We were quickly rescued by a young unnamed 2nd Lieutenant in the Welsh Guards who found a hatch behind the bar which led out to a passageway going forward and out onto the open deck which resembled a melee. We quickly realised that a very large number of our comrades had been killed and a greater number wounded – most of them on the tank deck which had taken a direct hit. Others taking the air out in the open were also killed. Among the dead was

Major Roger Nutbeam, second in command of 16 Field Ambulance. Lt Col Jim Anderson, officer commanding 55 FST and anaesthetist with no 2 team had also been outside and was badly injured. All the FST equipment, along with much of 16 Field Ambulance's stores was destroyed. The ship was abandoned, many, including the author, clambered into dinghies and life boats. Others were winched directly off the ship by helicopters hovering over the deck. These pilots and crews displayed extreme gallantry – the ship was on fire and exploding ammunition was propelled skywards towards the rescuing helicopters. The survivors came ashore at Fitzroy and were cared for by those already ashore. The author well remembers being sheltered by WO2 Les Viner RAMC under a mound of peat smoking his cigarettes and drinking whiskey from his water bottle. For a time at least, the author while safe and well was incapable of direct assistance to the on-going rescue effort.

In concluding this episode it is interesting to reflect on the accuracy of books reporting historical events even those written during or shortly after the event. The author has a book entitled "The Scars of War" by Hugh McManners, a friend from the conflict. In describing the Sir Galahad episode (which was related to him by someone who was in the USA at the time of the attack!) Hugh switches David Jackson's team and the author's – placing the author ashore during the attack and with Jackson still on board at the time – the reverse of what actually happened. It makes one cautious about veracity and accuracy when perusing historical works.

Return to Ajax Bay

16 Field Ambulance would stay at Fitzroy settlement with two co-located FSTs. One commanded by Bill McGregor who had moved forward from Ajax Bay, the other was David Jackson's team from 55 FST. The other 55 FST team (the author's) were on Sir Galahad and lost all their personal and unit equipment. They survived and were returned to San Carlos to be re-equipped and re-positioned in Ajax alongside Royal Marine Medical Squadron's SSTs. The other PCT FST, commanded by Charles Batty, was deployed forward to Teal Inlet to support operations in that area. Six FST/SST units were now in position on land to support the land battles - three at Ajax (two RN, one Army), two at Army FSTs at Fitzroy and one at Teal inlet. At sea surgical support was in place on the Hospital ship SS Uganda, SS Canberra, HMS Fearless and Intrepid. Further surgical support was in place on both aircraft carriers. In addition every major RN unit at sea had comprehensive on board medical support including further SSTs. Thus the scene was set medically for the forthcoming land battles.

Medical Support for the Final Land Battles

The author's diary recalls that the final land battles to take Port Stanley and force an Argentine general surrender commenced at 0200 on Saturday 12 June - the entry states tersely "*The attacks start at 0200hrs – we will be busy by morning.*" It would indeed be a busy day – the author's team operated on 16 cases commencing at 1030 hrs and ending at 2200. Overall the diary records that the three teams (2 RN and 1 Army) carried out in excess of 30 procedures without fatality. 12 June was the Queen's official birthday but also the day that HMS Glamorgan was struck by a shore based exocet missile – the first time such an attack had taken place. The ship survived the attack – an evening briefing reported that she was "*steaming and fighting but had sustained serious damage and casualties were heavy.*"

The pattern was now set for the next 4 days – battles for the mountains were fought by night with casualties arriving by helicopter at the surgical centres at first light. The consequence for the wounded was very long delays before evacuation – all



were hypothermic to a greater or lesser degree on arrival at the surgical centres. Anecdotally few were bleeding heavily on arrival but warming and fluid resuscitation produced dramatic and unexpected recurrence of bleeding. Each day was characterised by lengthy lists followed by early to bed with a mug of rum and tobacco supplied by Surg Capt Rick Jolly.

By Wednesday 16 June the land battles were over and Port Stanley liberated although it would be a further day before an islands wide surrender was signed. Thus began a long wait for medical teams – the usual outcome and an example of the "hurry up and wait" mentality that will be familiar to readers.

It was not until Saturday 19 June that personnel were briefed leading to low morale and disgust – the army FST personnel at Ajax were all Galahad survivors and had been living and working in the same clothes for nearly 2 weeks and were now stinking. To compound matters the FST was moved from Ajax Bay onto the hold of a ship – the Elk – and told to wait in the hold. A move to Port Stanley after 24 hours probably prevented violence – the FST still held their weapons and ammunition. It is curious to reflect on such careless and thoughtless behaviour by movements staff – a briefing, even when there are no hard facts, still inspires trust and goodwill. It is interesting to hear similar reports by medical teams deployed on later missions in the Balkans, Middle East and Afghanistan – Plus ce change!

The Aftermath

Most medical personnel were quickly back loaded to UK by Ship to UK as indeed were most of the fighting troops. This cleared the way for fresh units, arriving daily to embark and begin garrison duties. The author's FST drew the short straw and stayed pending the arrival of 22 Field Hospital. It was a busy period – the FST was the only surgical resource ashore, and after the departure of SS Uganda – the only surgical resource for the population and garrison on land and at sea. It was a busy period - the local population had been virtually without hospital medicine since the invasion. In addition a number of incidents with mines and missiles kept the casualties coming.

As elements of 22 Field Hospital arrived in small packets – so the FST slowly disintegrated. It was quite sad not to have been stood down as a unit and to have returned to UK together. On a positive note the slow draw down did allow the group time to readjust to peace, to travel a little and to see the beauty of our surroundings – something not possible during the conflict.

Conclusion

The war in the Falklands was a watershed. It had more in common with the past than with wars and conflict of the 1990s and the 21st century. It harked back to the Great War and even the Boer war. Medical support was austere and minimalist. Never again would surgical teams operate in disused factories

dressed in KF shirts with no gowns or theatre linen. Ashore there were no imaging, ITU, and less laboratory support than was available during World War 2. Yet it worked. Rick Jolly reported that only two people who arrived alive at surgical centres subsequently died. It is worth considering how different things might have been if the support ship Atlantic Conveyor had not been lost with a tented field hospital, support vehicles, heavy medical equipment and dedicated medical helicopters. Casualties would have been lifted off the battlefield much earlier and many, with very severe injury, would probably have survived to reach surgery. The effect might have been to reduce the killed in action (KIA) rate but it is sobering to reflect that

this would likely have driven up to died of wounds (DOW) rate in the forward hospitals.

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