

# Life-saving medical services

EVERY soldier in Northern Ireland is the terrorist's target. This is an aspect of peace-keeping he realises and accepts. But at the back of his mind is the thought that one day—or night—he could be the victim of a terrorist attack.

What happens then? What medical aid will he be given? How quickly will he be taken to hospital to receive life-saving treatment? These questions are not only posed by the soldier serving in Northern Ireland but by the wives, mothers, fathers, relatives and sweethearts.

Over the last two years the emergency services have evolved into a super-efficient organisation capable of dealing with virtually any foreseeable riot disaster.

In Cupar Street, in the Lower Falls area of Belfast, a platoon of 1st Battalion, Scots Guards, was on duty. Part of the platoon was keeping a watchful eye on the peace-line while the others rested in a deserted house that was the platoon headquarters. At 4.30 pm a 100lb explosive device planted in a next-door building,

detonated and demolished the platoon headquarters. In the smoking rubble were some guardsmen, buried alive.

Within seconds a crowd of civilians and some uninjured soldiers had clawed through the rubble with their bare hands to rescue the soldiers. Within minutes of the explosion the guardsmen were on their way to the Royal Victoria Hospital, less than half a mile away.

As soon as the explosion was heard, all departments at the hospital were waiting, ready to deal with the expected emergency. Of the seven guardsmen rushed to the hospital one was released almost immediately. Five were admitted—one of whom has since lost an eye—and the seventh, tragically, was found to be dead on arrival.

It is fair to say that nothing could have been done for him. He became the 26th soldier to die from terrorist activity in Northern Ireland last year. It is also fair to say that if treatment for the other five had been delayed, their condition could have been a lot worse.

This attack on the Scots Guards' platoon headquarters is typical of the way in which the terrorists work. All the soldiers can do is make it as difficult as possible for the terrorist to operate. In this the security forces are succeeding, but even so every soldier runs a very real risk of being injured or killed.

While the majority of people in Northern Ireland are only too well aware of the risks the British soldier runs, none is more so than the staffs of all the hospitals in Northern Ireland, particularly those of the Royal Victoria Hospital, the City Hospital in Belfast, the Ulster Hospital in East Belfast and the Altnagelvin Hospital in Londonderry.

In the 12 months ending 30 September last year, the Royal Victoria admitted 637 casualties of civil disturbances. Of these, 124 were military, eight of whom died as a result of their injuries.

The other main casualty centre, the Altnagelvin Hospital, dealt with 151 civilian and 254 military casualties during this





Below: Tragedy: A soldier lying in the road, victim of a sniper. Medical services were quickly available but he died two days later. Above: The bombed Scots Guards platoon headquarters.



period. Of the military injured, only three died in hospital. While the number of civilian casualties appears small in comparison with the military casualty list, it should be remembered that Londonderry is very close to the border and it is known that civilian injured are sometimes whisked across the border for treatment.

In this twelve-month period the total of civil disturbances casualties treated by hospitals controlled by the Northern Ireland Hospitals Authority is not only staggering but a salute to the skill of the hospital doctors and nurses. Of the 1531 casualties admitted only 62 died and none of these through lack of delay in treatment. Not one British soldier, in more than two years of violence, has died because of medical aid not being given quickly enough.

The Royal Victoria Hospital's "secret weapon" in this fight to save life is its accident reception unit. This new unit is designed to deal with all major multiple injuries in Northern Ireland.

It is backed by the full facilities of the hospital. Close by are the large intensive care and respiratory failure units. Within 20 yards is casualty reception with its specialised equipment. On the same floor as accident reception are the neuro-surgery, thoracic and cardiac surgery departments and within easy reach the fracture and orthopaedic department.

Within seconds of administration, a casualty has his injuries diagnosed and is receiving the correct treatment.

Military casualties in Belfast are generally taken to the Royal Victoria and in Londonderry to the Altnagelvin. Elsewhere casualties are taken to the nearest hospital and transferred if necessary.

As they recover, the injured are then transferred to the military wing of Musgrave Park Hospital.

The head of Army medical services in Northern Ireland, Colonel Sandie Ferrie, who spearheaded Ferrie Force, the British medical mission to Jordan (SOLDIER, January 1971) says: "The civilian hospitals have, in the past two years, provided extensive and efficient medical cover for injured soldiers."

From the large hospitals in Belfast to the smaller country hospitals the medical staffs have treated and cared for the injured soldier with the highest standards of their profession and have saved a number of lives which otherwise would have been lost.

Corporal Brian Charman, of 3rd Battalion, The Queen's Regiment, who was shot in the stomach by a terrorist and admitted to the Royal Victoria, comments: "It is reassuring to know that if you are injured help is there."

And that help is of the highest possible standard. An executive with the Northern Ireland Hospitals Authority remarks: "When it comes to treating riot casualties our hospital and medical services are second to none. In fact all our services are as good as, if not better, than those available in other parts of the United Kingdom."

All the soldiers who have been injured while keeping the peace in Northern Ireland would agree with that.

*From a report by Army Public Relations, Northern Ireland.*