OPERATION PINAFORE

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THIS was no well thought out exercise with mock casualties, this was the real thing with real people and a true life situation in which 18 Field Ambulance, R.A.M.C. certainly proved that it was fit for role.

On Sunday 4th May 1975 our Commanding Officer was invited to a briefing with the Brigade Commander at which he was told that a Danish Freighter had picked up 4,420 South Vietnamese refugees from a sinking ship in the South China sea. The freighter was steaming for Hong Kong where it was expected to arrive at 21.00 hours that day. Basically the Army was tasked to house and look after the welfare of these unfortunate people.

Two thousand refugees were to be housed in hurriedly erected 160 lb tents beside the Sek Kong airstrip, 1,500 were to be housed in an Army camp at Dodswell Ridge and another 750 were to go to another Army camp at Sai Kung. The medical care of all the people at Sek Kong and Dodswell Ridge and also the hygiene aspects of both camps was the responsibility of 18 Field Ambulance, R.A.M.C. The biggest problems arose at Sek Kong where the refugees were totally housed in a tented camp and where all facilities had to be brought into the camp.

By 20.00 hours on Sunday 4th May 1975, we were ready to receive our first patients in a modified Advance Dressing Stations (A.D.S.). An 'F' assembly was erected and equipped in such a manner as to allow two doctors to see patients at all times. Six 160 lb tents were pitched as isolation tents, one for infectious diseases, such as, measles, mumps etc., one for adults with diarrhoea, two for children with diarrhoea and their parents and two were kept for any emergency situation that might arise. Eight stretchers were placed in each tent to act as beds. Water was obtained from a unit water trailer and electricity which powered a refrigerator as well as lighting our area and powering electric fans was produced from our unit's own generator.

Our field hygiene team was extremely active supervising the construction of deep trench latrines, ensuring the hygiene of the washing areas and carrying out extensive swing fogging of the total site area. Malaria was a potential problem here, there has been no malaria in Hong Kong for seven years but there are anophelene mosquitoes and who knows who might be carrying malaria? Water samples were tested and submitted to a government laboratory for further investigation (Fig. 1).

At Dodswell Ridge the Medical Aid Post was sited in a small purpose built building and essential equipment from 18 Field Ambulance, R.A.M.C. was supplied to make the post viable. The hygiene team ensured that the latrine areas were fully functional and adequate and also that the hygiene of the camp was of the highest standard.

Both posts were manned by an R.A.M.C. medical officer and two R.A.M.C. medical assistants were attached to each post, the medical assistants worked on 12 hour shifts although most worked extensively into their off duty time. Regimental Medical Assistant's

Fig. 1. Hygiene assistant Sergeant Bob Sowka enjoying a field day after the arrival of the refugees.

were provided by the Gurkha battalions and their assistance was invaluable. A Land Rover ambulance and driver was sited at each post.

Just after midnight on Monday 5th May 1975, the first tired, hungry refugees, men, women and children, the oldest nearly 80 and the youngest just 2 weeks old began to arrive. They had not slept for four nights, their future was uncertain and many of them had lost everything, their homes, their money, their families but certainly not their characters. All night they continued to arrive in Army lorries and by 06.00 hours they were all safely allocated a bed in a tent. The civilian medical authorities had already sorted through these people and channeled the seriously ill off to the British Military Hospital (B.M.H.), Hong Kong, also they had vaccinated everybody against smallpox and immunised everybody against cholera. A few people reported sick immediately on arriving in the camp and from then until two weeks later when the Sek Kong camp closed, the medical post remained open, day and night dealing with numerous illnesses and injuries (Figs. 2 and 3).

The morning of Monday 5th May 1975 was bright, hot and sunny and the Vietnamese refugees got their first clear impression of their new surroundings. Soon a long queue of people stretched from the doors of the medical aid posts and a regular stream of patients moved through to see the doctor and on to be treated.

Our drug supplies came from B.M.H. Hong Kong and the back up provided by this hospital was excellent and reassuring. Expert advice was always quickly and readily available and we were most grateful to our specialist colleagues. In four days we saw

Fig. 2. Major Ian Bagshaw with some young patients.

Fig. 3. C.S.M. "Taffy" Monger with new—and thoughtful—young friends.

720 individual cases at Sek Kong of which forty were isolated in our isolation tents and eight were admitted directly to B.M.H. Hong Kong. In the first 24 hours we referred a suspected paratyphoid and two suspected cases of tuberculosis to B.M.H. Hong Kong. At Dodswell Ridge 400 patients were seen in the first 4 days and 4 of these were admitted to hospital.

Later on 5th May, mains electricity was fed into our A.D.S. and a telephone was installed at Sek Kong. Sek Kong 7405 was the number for our well functioning A.D.S. It was of interest that the electricity for the whole camp was provided from one 15 amp socket in our Chief Clerks office. we hope that he was not billed for it!

On Tuesday 6th May 1975 the civilian health authorities arrived and recommended that our beautiful deep trench latrines should be replaced by bucket latrines. We bowed to their request but it is worthy of note that we were back to deep trench latrines before a week had passed.

Thursday 8th May was noteworthy as that was the day that the Vietnamese doctors amongst our refugees started to help us run our clinics. Their help was invaluable and they were soon able to aid us considerably with diagnosis and treatment. We even managed to find a dental surgery in the Medical Reception Station (M.R.S.) where a Vietnamese dentist extracted carious teeth from swollen Vietnamese mouths. The first dental treatment that some of the Vietnamese had received for several months.

Saturday 10th May 1975—the monsoons arrived and soon the Sek Kong area was under water, the site was poorly drained and duck boards were soon strategically placed to protect the medical officer's shoes! We always knew who had been on duty by a quick glance at their shoes.

For a further week we continued to function adequately with the aid of the Vietnamese doctors until Monday 19th May when the Government decided to move the refugees to more permanent and drier quarters. We had become very attached to these people and their welfare and we were sad to see them go.

One of our main duties was ensuring that babies and children received adequate nutrition and we approached this by setting up our milk kitchen of which we are justly proud. Twice daily our volunteer helpers under the eagle eye of a S.S.A.F.A. sister and with the assistance of the M.R.S. staff, prepared properly sterilised bottles of milk from milk power for 100 babies under the age of 12 months. Also they produced milk for 250 children under the age of 6 years which they served from large urns to the hungry youngsters. This twice daily ritual brought grateful thanks from anxious Vietnamese mothers and certainly produced a lasting impression amongst our helpers of how lucky we are. On several occasions we managed to distribute cakes, sweets and biscuits to the children on our milk run. A similar service was organised by the staff at Dodswell Ridge.

What were the main conditions we dealt with? Acute viral conjunctivitis, diarrhoea, constipation, anxiety states and minor trauma. We treated all our patients exactly as we would treat our own patients and with compassion, we hope.

Our A.D.S. was inspected and praised by many visiting V.I.Ps including His Excellency The Governor of Hong Kong, The Colonial Secretary, Lieutenant-General Sir Edwin Bramall and our Deputy Assistant Director of Army Health: Lieutenant-Colonel J. Quinn, R.A.M.C.

Operation Pinafore proved to us that we had the capacity and capability to deal with the sudden arrival of over 4,000 refugees. We employed self help by using refugee doctors and translators. The diseases we saw were similar to those that we see amongst our own patients. The necessity to feed the babies was soon recognised and was dealt with, with equal rapidity. In the writers opinion, this exercise brought home to us all a

realisation of the plight of the refugee and we all became involved in the welfare of these people.

At the time of writing we are still caring for 2,000 refugees at Dodswell Ridge even though the camp has been handed over to the civilian authorities. As we said at the start, we feel that we have proved our fitness for role and in our opinion this is just the sort of role we should be fit for.

Preliminary Announcements—Corps Occasions for 1976

Provisional dates are as follows:-

R.A.M.C. Annual General Meetings of General and Officers Funds, R.A.M.C. Association and Corps Mess Fund	30 April
W.O's & Sgts (Past & Present) Annual Dinner at the Princess Hall, Civic Centre, Aldershot	22 May
Army Medical Services Swimming Gala	4 June
R.A.M.C. Officers' Dinner (7-15 for 8 p.m.)	8 July
R.A.M.C. Officers' 'At Home' (4-6 p.m.)	9 July
Army Medical Services Sports Meeting	10 July
Army Medical Services Drumhead Service at R.A.M.C. Training Centre and R.A.M.C. Association Annual Lunch	11 July
R.A.M.C. Golfing Society—Spring Meeting—Worplesden Golf Club	7 May
Summer Meeting—North Hants Golf Club	7 July
Autumn Meeting—West Hill Golf Club	14 October
R.A.M.C. (Q.M. Adm. & Tech.) Officers' Dinner Club	17 September
R.A.M.C. Retired Officers' Cocktail Party	29 October

(For further details see the Army Medical Services Magazine, Winter Number)