

FILLING A GAP IN BOSNIA, JULY-OCTOBER 2001

PD Jackson, Lt Col, Territorial Army

INTRODUCTION

I am a specialist orthodontic practitioner providing orthodontic services on a referral basis to Lancaster, Morecambe and the surrounding area. In addition I have a second career in the Territorial Army (TA). Currently I command C Squadron 208 Field Hospital, which is located at Alexandra Barracks on Caton Road in Lancaster. In addition I have a brand new TA centre in Blackpool and a smaller sub-detachment in Carlisle. The squadron recruiting area stretches from Blackpool to Workington, encompassing the whole of Morecambe Bay. My squadron is part of 208 Field Hospital which is based in Liverpool. The unit mission is to be able to deploy a 200-bed field hospital at 90 days' notice.

I joined the TA in 1986, my first posting being to 224 (North Staffs) Field Ambulance (V), where I was employed as a Section Officer, NBC Officer (nuclear, biological, chemical and warfare defence), and finally Dressing Station Commander, prior to moving to the Brigade Headquarters in Preston as a staff officer. On completion of my tour with Brigade I moved to 208 Field Hospital (V) as C Squadron Officer Commanding (Lancaster) and Officer Commanding Clinical Squadron. The latter involves running the hospital, but not the wards. The hospital, which we train to build from scratch, has everything that you would expect to find in a normal hospital; theatres, wards, pathology, A and E, radiography, physiotherapy, dentistry and labs. Although my TA career had given me plenty of opportunity to travel abroad (Germany, Belgium, Holland, Cyprus and Hungary) until last year I had no operational experience.

Currently there is a high level of deployment of regular forces which are being supported and augmented by the reserve forces. This gives the opportunity for members of the TA to take part in operational service. Members of C Squadron have served in Bosnia, Kosovo, Sierra Leone and closer to home in the recent foot and mouth outbreak.

Prior to my deployment TA dentists had not been used operationally since the Gulf War. I wanted to demonstrate that we could be used in a short span rotation that would be operationally effective whilst diminishing the impact in our own practices and hence the service provided to our local NHS.

I contacted the regular army regarding the possibility of deploying to the Balkans as a dental officer in November 2000. The current climate encourages initiative and I was given a period of three and a half months to trial whether it was possible to staff an operational dental centre on a short-term roulement basis.

I wanted to do an operational deployment on a short-term basis for three main reasons. The soldiers of 208 Field

Hospital (V) are deploying constantly on a trickle basis and I wanted to put myself through the system so that I would be better placed to advise and direct them. I wanted to assess the effect on my practice of my absence, to test how difficult it would be to achieve locum cover, and to see how effective that cover would be. When I had been a staff officer I had noticed the knock-on effect on the dental health of soldiers in the brigade area when regular dental officers deployed on operations. The posts were sometimes gapped, which meant that the population normally served by the deployed dental officer had to travel out of their local area to get treatment. I wanted to establish a template so that the deployment of RADC (V) officers would become a matter of routine. The intention was to do an operational tour in Bosnia, in the former republic of Yugoslavia, which is currently controlled by SFOR (Stabilisation Force), which came into being after IFOR, the force used to implement the 1995 Dayton agreement which effectively ended the conflict which had cost 200,000 lives.

Deployment of TA dental officers to Bosnia was a four-phase process: selection, pre-deployment training, deployment and recovery.

Selection

The trial required the deployment of three TA dental officers to cover a 14-week period at the dental centre in Banja Luka. My criteria for selection were:

- military and clinical experience
- firm commitment to deploy
- reliability, and the ability independently to close loops and deal with problems which would arise in a trial of this sort.

I selected two other officers in addition to myself out of a possible pool of 55 TA dentists.

Pre-deployment training

Prior to operational deployment all personnel receive training appropriate to their intended task and theatre of operations. Each year a TA soldier has to complete a certain number of individual training directives. The crucial ones for deployment are to pass the combat fitness test, to pass a weapons test and to demonstrate competence in battlefield first aid. In addition all army medical services personnel (which includes dentists) have to pass a trauma and resuscitation course which has similar aims to ALS. A two-week intensive training course at the Reserves Training and Manning Centre (RTMC) is the norm. The theatre-specific training included a threat brief, intelligence brief, rules of engagement, helicopter drills, mine awareness, introduction to Serbo-Croat, use of interpreters and incident management. It was well-organised and very worthwhile. The dental centre at Fulwood Barracks in Preston provided familiarisation with military dental documentation and the portable dental unit. As

an orthodontist I arranged my own programme of retraining to do general dentistry. I had a broad base of postgraduate oral surgery and restorative experience together with some general dental practice prior to specialisation to build on. I would like to acknowledge the help of Peter Dyer and Mike Nelson of the Maxillofacial Unit, RLI, for arranging this.

Three months of training was completed in June 2001. It was split up to minimise the impact on our practices and also on our own TA units to which we all had commitments. Finally the trial started in July 2001. I was the last member of the trial and mobilised in September. I was driven to the RTMC arriving at lunchtime on the Monday. I was processed through a series of departments and was given a full medical followed by a dental check. At the quartermaster's stores I was issued with everything that I would need in theatre, extra uniforms, lightweight boots (Bosnia gets extremely hot even in September), webbing and a Bergen. Soldiers going for six months are provided with a large box for kit, which arrives two weeks after they have arrived and is sent back two weeks before they are due to return. This is often referred to as a comfy box, which describes its function. On a short-term roulement it is not practical to send a box so the kit one could take was basically what one could carry, ie 45kg. Helmets, webbing and boots take up a lot of the luggage allowance. I used pool weapons when required in theatre and so did not draw one from stores. Going through the system as an individual was straightforward. I arrived at RTMC at 12.00 on Monday 3rd September and moved to RAF Brize Norton fully documented and kitted out at 14.00 on the following day. The check-in procedure was much the same as for any other flight, and having checked in my luggage I spent the night at Brize Norton. The flight to Croatia next day was somewhat surreal as the plane was on charter from Monarch Airways and it was exactly the same as going on holiday apart from the absence of duty-free goods. Reality soon clicked in on arrival in Zagreb with instructions to stay on the hardstanding at all times, with clearly visible mined areas taped off at the airport. I later found out that just prior to my arrival a number of civilians had been killed in minestrikes. I was logged into the theatre on the computer and issued with an SFOR identity card before boarding a coach for the run down to Banja Luka which took about two and a half hours.

Deployment

We all worked at the dental centre in Banja Luka for the duration of our tour. This is the famous Banja Luka Metal Factory. It has been used as a barracks since 1996 and consists of the core of the steel mill surrounded by a road and perimeter fence between which a variety of temporary accommodation units have been built. These mostly consist of Korimecs, which are a smaller metal version of the portakabin. They are, however, very versatile and come as accommodation units, toilet/shower units or laundry units. They can also be combined to form larger rooms. Accommodation was in Korimecs which are usually shared by two officers, although I was fortunate enough to have my own. The standard of accommodation was much better than I have had on many TA annual camps. Communication with home was possible by satellite telephone for which we were given a card which gave 20 minutes of call time free per week and the option to increase this, paying by credit card. There was free access to email, hand-written forces' blue letters were free and it was possible for relatives to send 'electronic blues'.

Each block of Korimecs had a laundry Korimec allocated to it, run by local ladies. Those with delicate fabrics must go elsewhere – this was cleanliness with attitude. The

turnaround time for laundry was between four and six hours. There was a large, well-maintained and well-equipped gym, a small cinema and a library. Running and mountain biking out of camp was permitted until the September 11th bombing after which movement off-base was on an operational basis only.

When I was in Bosnia it was divided into three divisional areas. The Banja Luka Metal Factory (BLMF) is the HQ for both Multi-National Division South West and for Britfor. There are currently three British dental centres in the division area, at Banja Luka, Mrkonjic-Grad and Sipovo. As I write the number of dentists is being reduced from three to two in line with the reduction in numbers of British troops in the area. The dental centre at BLMF is co-located with the medical centre and sited in a surgery made out of two Korimecs and so is quite spacious. The dental centre is equipped with a portable dental unit which is designed to pack away into three large boxes which will fit into the back of a Landrover. It is a very impressive piece of kit. It consists of a dental chair, light, aspirator, dental cart with handpieces and an X-ray unit. When I was there the dental centre was in the process of being upgraded to the sort of unit you would expect to find in any dental surgery. The X-ray unit and velopex developer produced good quality intra-oral films and on the one occasion that I needed more extensive views I was able to fly the patient across to the American base at Tuzla. Laboratory work for crowns, bridges or dentures is sent back to the UK with a three to four week turnaround. The unit is equipped to provide as full a range of dental treatment as you would expect to provide in any surgery in the UK. The patient base consisted of BRITFOR personnel, the civil secretariat, and NATO troops. Additionally an emergency service was provided for British construction workers on site. There was also an arrangement to treat locals working as interpreters and in mine clearance. I was able to visit other locations in theatre and got to the American base at Tuzla and to Sarajevo. The American base was called Camp Eagle, a much grander affair than the Banja Luka Metal factory. Suffice it to say that their fire station was bigger than Lancaster's.



Dental surgery in Banja Luka

It was only when flying over the country that I was able to appreciate the full horrors of ethnic cleansing. I could see the thoroughness with which isolated hamlets, miles from anywhere and with no political relevance to anyone, had been destroyed simply because the occupants were of the wrong ethnic group. I went to Sarajevo and was able to see the damage done in the fighting there. I passed through one town of a similar size to Carnforth in which all the homes had been looted not just of their contents but of their doors and windows too. After that they were burnt, leaving them roofless but with walls and concrete floors still standing. Now the people had used the period of stability provided by SFOR to rebuild them, starting at the ground floor and working up. Some houses were almost back to normal and others had plastic sheeting or simply piles of logs stacked end-on in the window apertures. Some were stark and untouched, their former occupants unable or unwilling to return. Whilst in the gym I met one officer who had just spent the day uncovering 40 bodies from a concealed mass grave. The hunt for indicted war criminals is still an ongoing process.



Ethnic cleansing near Sipovo

Recovery

My host unit arranged retrieval from Bosnia, which involved a coach journey from Sipovo down to the coast at Split. After a night spent at the docks in Split I moved to the airport for a flight back to the UK, again courtesy of Monarch Airways. I was collected by car from Brize Norton by RTMC and

returned for overnight accommodation, prior to demobilisation and release the following day. I drove home in a hire car.

CONCLUSION

The trial has demonstrated that it is possible, with minimal administrative problems, to deploy RADC (V) officers operationally on a short-term roulement basis.

DID I ACHIEVE MY AIMS?

Deployment has already meant that I can give much better advice to soldiers in my unit deploying to the Balkans and elsewhere.

The deployment did show up problems in my practice, which were resolved by my wife. I believe that should I have a compulsory mobilisation, which is not impossible in current circumstances, I will now find it easier to contend with as will my family, particularly my wife who plugged the holes in the dyke at the practice without complaint.

Was it worthwhile? You only have to see one ethnically cleansed house to be sure of that. When you see whole towns and villages which have been cleansed and are slowly returning to normal thanks to the presence of SFOR, to be a small part of that process seems a very worthwhile thing to do.

Recent history demonstrates that conflicts will occur and British forces will be required to assist in their resolution and when that happens there will be a role for reserve forces. Should anyone reading this want to consider joining the Army Medical Services (TA) please feel free to contact me at

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We are currently recruiting doctors, nurses, ODPs, physios, radiographers and qualified dental nurses.