

028731

File Card / Fiche

Control No / No de contrôle: 028731

DOC No: DND107481

TYPE : Report

DOCTITLE / TITRE DU DOC : Capt Allen to Maritime Forces Atlantic

Headquarters

RELIN / OBJET DU DOCUMENT : Post Deployment Report Op Deliverance 16

November 1992 - 7 april 1993

DATE : 04/00/93

COMMENTS / OBSERVATIONS: To:

Document

National Defence

****50-10 (MO)**

HMCS PRESERVER

FMO Halifax, NS

B3K 2XO

April 1993

Regional Surgeon

Maritime Forces Atlantic Headquarters

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**POST DEPLOYMENT REPORT OP DELIVERANCE 16 NOVEMBER 1992 - 7
APRIL 1993**

Reference: CSD 2-4

Introduction

1. HMCS PRESERVER deployed 16 November 1992 to OP CORDON with a medical team consisting of Lt(N) H.A. MacKinnon M.O., MWO T.M. Raymond PA 711 and Cpl S. Tannyan Med A 711. En route to Bossasso, Somalia OP CORDON was cancelled and OP DELIVERANCE put into effect. PRESERVER continued en route to Mogadishu, Somalia. After a port visit to Mombassa, Kenya, PRESERVER took up station approximately 2 kms off the coast of Mogadishu on 13 December 1992 and then began off loading of supplies and stores by helo.

2. The entire deployment proved to be a challenging one. Ship's company members took on tasks not normally done by sailors. Sick Bay was involved in many out of the ordinary events from working ashore, treating tropical diseases, to performing surgery on board with an American OR team.

3. On 19 December 1992 the first members of the surgical team arrived on board consisting of Maj B. Armstrong, Surgeon, Maj R. Brown, Anaesthetist, Lt(N) D. McIntyre, Nurse and Sgt B. Costello, OR Tech. Sick Bay "crowded out" with the subsequent arrival of Capt V. DeJesus, Nurse, Sgt G. Roy, OR Tech, Sgt A. Boisclair, X-Ray Tech and Sgt A. Anderson, Lab Tech. The bulk of the OR equipment had been set up prior to departure from Halifax, so the team put the finishing touches on getting supplies/medications/instruments set up. During this particularly busy time for Sick Bay, invaluable assistance was provided by the Nurses, the X-Ray and Lab Techs. Several members of the surgical team departed 30 December 1992 with the advance deployment of the Canadian Airborne Regiment to Belet Uen. The remaining members of the OR Team departed PRESERVER over the next several weeks.

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4. Beginning 4 January 1993, the Airborne Regiment Medical Platoon in Belet Uen provided a Med A to PRESERVER on a rotational basis. This allowed the Med A's a much needed break from the rigors of Belet Uen and gave Sick Bay extra help during particularly busy weeks.

5. Of note, during this almost five month long deployment only 16 days were spent in port. Generally, morale remained high and the ship's company was kept very busy. A second port visit to Mombassa, Kenya from 6 February to 13 February 1993 allowed much needed R&R. On 7 March 1993 PRESERVER set sail for home with port visits to Athens, Greece and Cartagena, Spain.

Sick Parade

6. Generally, Sick Parade was conducted from 0800 to 1000 hours daily, although this proved difficult to enforce. Long work days for the Deck and Supply Departments, as well as the Air Det, required more flexibility on the part of Sick Bay Staff. On 24 December 1992 the first group of 60 Airborne soldiers arrived for overnight R&R. For many, this was a chance to see a MO. Many soldiers required attention to blisters, cutaneous skin infections and various problems unable to be dealt with in the field. The initial groups of Airborne soldiers arrived in Somalia with Med A's who carried small amounts of basics in their jump packs.

7. Sick Parade visits totalled 195, 271, 290, 288 and 185 for November, December 1992, January, February and March, 1993 respectively. From December 1992 to February 1993, 25 civilian visits were recorded. These civilians were CBC reporters, Canadian UN employees and Non Governmental Agency Employees. Three civilian reporters required rehydration by I.V., the remainder required medical care, antibiotics, medical examinations, malaria medications, etc.

8. A significant amount of our Sick Parade was due to soft tissue injuries. Our RIBs (Rigid Inflatable Boats) operated 14 hours per day in rough seas and several severe lacerations occurred. A high percentage of small injuries, cuts and abrasions became infected. Many patients required antibiotic therapy. Personnel acclimatized quickly but

even with adequate protection many personnel were treated for serious sunburns, as temperatures remained near 40 degrees Celcius.

9. Following both port visits to Mombassa, Kenya numerous cases (>80) of Gastroenteritis/Diarrhoea were reported. Generally most cases resolved with a three day course of Cipro 500 mg BID. Some mild cases responded to Pepto Bismol and a few cases required Immodium. One case did not respond to these measures and this patient was treated with Flagyl to which he responded. Follow up assessment is being arranged.

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10. Sick Bay staff became proficient very quickly on the preparation of malaria slides once our first case of malaria on board was diagnosed (see Admissions). Lab statistics remained high. Routine Biochemistry and Haematology were performed by the Lab Tech during his stay. Both the DT-60 chemistry analyzer and the Cell-Dyne counter functioned well.

11. The X-Ray facility on board got lots of use with a total of 62 patients X-Rayed during the deployment. Of this total, ten were Airborne soldiers or RCDS. The CO of the Indian Ship Kuthar was X-Rayed as no facilities were available on his ship. Many valuable hints on technique were learned from Sgt Boisclair during his stay on board.

Admissions

12. A total of 19 admissions to Sick Bay were recorded for a total of 52 patient days. Ten of these admissions were Airborne soldiers. Eight were dysentery cases confirmed as Shigella Flexneri by the American Compound Lab in Mogadishu. One soldier was admitted following a shoulder injury and subsequently transferred to Lahr (by referral of Maj Armstrong). One soldier suffered a two day history of epistaxis and was admitted for packing and observation. At one time, five inpatients were held in Sick Bay. This proved taxing to the medical staff, however extra help was provided by the OR Nurses. All dysentery cases responded to I.V. rehydration, Cipro 500 mg BID times three days. All were returned to duty.

13. PRESERVER ship's company admissions totalled nine. One patient was admitted, diagnosed and treated for Falciparum Malaria. From slides prepared on PRESERVER, diagnosis was confirmed by the Lab on board USS TRIPOLI. Two patients were admitted for rehydration following sunburn. Three patients were admitted for cutaneous infections requiring I.V. antibiotics. one patient was admitted for low back pain. one patient was admitted for alcohol withdrawal and one admitted with Haemoptysis.

Admissions to Other Facilities/Repatriations/Air Evacs

14. As per above, one ship's member admitted to Mombassa Hospital, Kenya following seizure activity post ETOH withdrawal. Patient subsequently Air Evacuated to CFN Halifax. Ship's member with haemoptysis Air Evacuated to Nairobi and then to CFH Lahr and onward to CFH Halifax. One member Air Det admitted to Cartagena Spain

Naval Hospital with abdominal pain, subsequently transferred to CFH Lahr and returned to Canada.

15. Two ship's company required specialist appointments. These were arranged in Nairobi. The patients
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travelled *escorted by Hercules A/C from Mogadishu. One was treated and returned to ship. One member required his hearing aid to be adjusted, however this could not be done in Africa and the member returned to ship and will seek repair on arrival in Halifax.

16. One ship's company was referred to a surgical specialist at the American 87th Evac Hospital at Mogadishu Airport. They recommended further testing ASAP and member was repatriated to Canada unescorted.

17. Our Sea King Helicopter was tasked to fly to Baledogle, Somalia and evacuated a US Marine who had suffered a snake bite. Cpl Tannyan, Med A 711 from Sick Bay attended the patient. The patient was airlifted to the USS TRIPOLI, at sea.

18. A service member joined the PRESERVER on TD in January 1993. He had completed no prior medical screening and had in fact volunteered for the deployment. He was being followed for a serious ophthalmological disorder and unfortunately lost his medication on board. Much difficulty was experienced trying to obtain a similar product as it was a specialty item not carried on board, or available in Africa. The member was subsequently repatriated home for specialist care.

19. On 22 February 1993 near Kismaayu, a wounded Somali National was evacuated to PRESERVER by Sea King. He was accompanied by a three member US Army surgical team. PRESERVER's OR was used and a small bowel resection was performed during the night. For many of the ship's company, this was their first contact with a real live battle casualty. The patient was recovered on the ward and flown by Belgian helicopter to the battle ship ZINNIA the same morning.

Work Ashore in Somalia

20. Upon arrival on station near Mogadishu, the ship looked for projects to help out with ashore. Medina Hospital was chosen as well as an orphanage. Starting 20 December 1992 an advance team, including Lt(N) MacKinnon, visited the hospital. There was much work to be done. Engineers and Electricians got pumps and diesels operating and repaired many other items for NGOS.

21. Lt(N) MacKinnon visited Medina Hospital once or twice per week. The Med A's on board also got several chances to accompany the MO. Although the situation at times was tense in Mogadishu all were provided flack vests, helmets and armed guards accompanied each group visiting the Hospital. Approximately 20 patients were seen each visit in the out patients department. Many tropical diseases,

hepatitis *B, anaemia and parasitic disease were seen. Small amounts of dressings and medications were donated. X-Ray film and processing chemicals, which had not been available, were donated. A large amount of supplies were donated to Medina by the French Ship FLOREAL and various other military also made donations to the Hospital.

22. Lt(N) MacKinnon attended many International Military Medical meetings in the hopes of attracting Non Governmental Agencies to Medina. On departure the Swedish Military Hospital was visiting twice weekly and had started operating on patients. Several NGOs were making visits to Medina Hospital.

CME

23. A superb spirit of cooperation existed in Mogadishu between all the military that were present. On 15 January 1993, Lt(N) MacKinnon attended the first ever Somalian International Military Medical Conference held on board the USS TRIPOLI. It was attended by over 70 military physicians from the French, Italian, Swedish, Indian, Turkish, Canadian and American Forces. The conference focused on the surgical and medical management of patients in the tropics. Many exchange visits took place after the conference and PRESERVER hosted Turkish, American, Indian, French and Belgian medical personnel. All were impressed with the overall cleanliness of our ship and the compact, efficient design of Sick Bay.

Preventive Medicine

24. Malaria Prophylaxis. The ship's company began taking Lariam (Mefloquin) 250mg weekly on 26 November 1992. Three members on B/P medication commenced Doxycycline 100mg daily. All aircrew on active flying duties started Doxycycline. Numerous reactions to mefloquin were reported. One patient contracted Falciparum malaria and denied missing medication. A large percentage of the reactions were GI related: with nausea, burning epigastric pain and diarrhoea. Several patients were switched to Doxycycline. Ten patients experienced nightmares, with one patient having feelings of unease and paranoia. One patient heard voices and talked to himself. All were switched to Doxycycline with no subsequent problems.

25. Immunization. Immunization of the ship's company proved to be a challenge. The majority were up to date on routine requirements. TB testing was carried out on all members in September. Hepatitis B was administered to the whole crew in the three dose series. ISG (2ml) was given in November and February. Difficulties were encountered

with personnel attach posted in or on TD, but we persevered. The Air Det from Shearwater was immunized as well.

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26. * Daily testing for * residual and PH began 17 November 1992. Cultures of domestic tanks were done every other day using the Millepore system. An automatic chlorinator had been installed for use with the ROD unit system. Some manual chlorination was initially required to bring the chlorine levels up to an acceptable standard. While at anchor off Mogadishu, boiler feed water was pumped through an UV unit to domestic tanks. Cultures before showed small amounts of bacteria and post UV showed no growth. This testing was conducted several times. Shore water was used in Athens, Greece after testing showed residual chlorine and no bacterial growth. No other shore water was taken on during the deployment. No significant water problems were encountered.

27. Heat Stress. During transit to Somalia numerous lectures on heat stress were given to the ship's company. The importance of fluid consumption and sun screen was stressed. Tilley hats were standard head dress for all. A medical advisory briefing was prepared and given to all members before departing the ship to go ashore. No significant problems were encountered and the ship's company acclimatized well.

28. STD Sick Bay staff utilized routine orders and the main notice board to make the ship's company aware of the high HIV rate in Africa.

29. Miscellaneous PMed. Numerous habitability rounds were conducted and the ship maintained a high standard of cleanliness. No infestations occurred although a scorpion was "captured" in Sick Bay - brought in from Belet Uen in a soldier's luggage. Fresh produce inspections were carried out in all ports. No significant PMED problems were encountered during the deployment.

Dietary/Butt Out Program

30. Dietary advice was provided on request in the form of pamphlets. The weigh scale was made readily available and the ship's company was encouraged to keep track of their weight in a register. Numerous members lost 25 to 30 pounds during the deployment. A PERI sailed with us and this proved a great asset to the ship. One Butt out course was run but not completed due to the instructor returning to Canada for JLC. However, there was one graduate.

Supplies and Equipment

31. PRESERVER sailed with approximately four months worth of supplies. OR equipment had been unpacked and set up by the OR staff of CFH. Twenty-eight tri-walls of medical supplies for the OR team were stored in the dispersal area and the hold.

32. *ally, PRESERVER was the only source of medical stores and supplies in Somalia. The MSD had not arrived by boat as yet. Medications/supplies were provided to the Airborne Regiment, the Canadians at the Embassy Compound, and the RCDS. Malaria pills were provided as well.

33. Re-supply was arranged by FAXing medical orders to Debert. Turn around time was two to three weeks to receive supplies via Nairobi, Kenya. The only difficulty encountered was the shipping of aerosols or hazardous goods. The civilian airlines used for shipping IORs would not carry them. These items were eventually shipped on Military aircraft bound for Nairobi. Several urgent items i.e. tropical medications were purchased locally in Nairobi, snake bite anti-venom was purchased in Cairo.

34. Seven personnel lost, broke, or had glasses stolen by Somalis. Replacements were obtained in Nairobi because prescriptions were available on file.

Training

35. During the first week of the deployment, Combat readiness exercises took place. Casualty Clearing lectures and training took place. Sea Training Staff joined the ship on 23 November 1992 and conducted two days of mini workups. The entire Casualty Clearing Organization gained valuable experience during the entire deployment both with simulated and real casualties.

Refugees

36. At a stage in the deployment, the possibility existed that PRESERVER may take on refugees in the area near Somalia. HWO Raymond was detailed as Refugee O and a contingency plan was established. Paediatric medications were ordered by message from Debert and received three weeks later. PRESERVER sailed without the Refugee Pack Up Kit as per MA OP 330, Annex Q. Consideration should be given to carry this kit, should the possibility of refugee encounters exist. The Italian Navy, in Sicily, donated temporary supplies of paediatric medications and I.V. supplies.

Summary

37. The following points are of note following OP DELIVERANCE:

a. it is absolutely essential on a long deployment, that on ships with aircrew, the MO be Flight Surgeon qualified. Numerous occasions arose when the aircrew needed support and understanding to be able to carry out their mission. In addition, flying hours and aircrew medicals were extended;

b. PRESERVER sailed into a tropical area without a tropical medicine kit. Before deployment, we were told there was no entitlement to carry this kit and it would arrive with the Airborne Regiment. Maj Armstrong brought a few tropical medicines with him in December and these medications were used to treat our Malaria case on board. It is strongly recommended that any RMCS ship sailing into tropical areas carry updated and current tropical medicine kits;

c. as per para 36, we strongly recommend that ships sailing into areas where refugees are a possibility, carry the refugee pack up kit as per MA OP 330, Annex Q;

d. numerous personnel lost, broke or had glasses stolen ashore during the deployment. Several members spent uncomfortable weeks until replacements could be obtained. It is strongly recommended that all personnel have two pairs of corrective lenses for lengthy deployments;

e. all personnel deployed to join an operation in progress must be medically screened. As per para 18, one member arrived with a significant condition and required repatriation. Proper medical screening would have prevented this; and

f. having the OR staff set up the OR prior to deployment proved extremely useful. It allowed the OR team to arrive and put "finishing touches" only to an already functional OR. The OR was left relatively complete when the team departed and as evidenced, was used for major surgery with little notice by another surgical team. We recommend the OR be left set up and complete.

Conclusion

38. In conclusion, all members of Sick Bay found OP DELIVERANCE to be rewarding. It was personally and professionally challenging in all respects. We were able to be part of a very diverse operation, one that saw changing roles for PRESERVER almost daily.

R.W. Allen
Captain (Navy)
Commanding Officer

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