

SURGERY IN THE FRONT LINE

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OMAN

With an area of 300,000 square kilometers Oman lies between Saudi Arabia and the Arabian Sea Bordered in the North by the Gulf of Oman and in the South by the Peoples Democratic Republic of Yemen , the country is divided into two by vast mountain ranges and 500 miles of desert . the eastern edge of the Empty Quarter with its undefined border with Saudi Arabia

Mentioned in the Bible ,the country became a maritime power between the seventh and fifteenth centuries with its sea power paramount amongst the Indian Ocean states. The Portuguese, who had flown their flag for 150 years were finally expelled by the British in the seventeenth century. The British political connection began in 1798 when the then ruler of Oman signed a Friendship Treaty with the Honourable East India Company to afford protection against possible seizure by the French

Oman's population of an estimated two million now mostly Ibadhi Moslems are descendants of Arab tribes who moved both North and South into the country in 550 BC. Split into over 250 tribes Oman society encompasses four basic categories. Those that earn their living from the sea; The tribes who are employed in agriculture on the Batinah coast, the south of the country and in the interior ; The Bedouin of the desert and finally the mountain people of both Dhofar and the Musandarm Peninsular

British military involvement in Oman in this century began in 1959 when a revolt was suppressed culminating in the assault on the Jebel Akhdar led by a squadron of 22 Special Air Service commanded by the then Major Peter de la Billiere

The Dhofar war itself began in 1963 with periodic sniping and attacks on Sultans Armed Forces (SAF) vehicles. By 1965 the dissidents had formalized their existence by calling themselves the Dhofar Liberation Front. With cash support from PDRY and support in the form of weapons, food and medicine front both Russia and China, the group grew and began sending its adult members to Russia and China for training. By 1969, now calling themselves the Popular Front for the Liberation of the Occupied Arabian Gulf (PFLOAG), the rebels were well seated in Dhofar , having captured Rakhyut and executed the Wali (the town mayor).

Sultan Said bin Taimur had isolated himself in his palace in Dhofar and showed little interest in developing his country or doing anything about the war. He believed that educated people were subversive hence the fact that there were very few schools and hospitals in the country

The time was ripe for a change in Oman. On 23 July 1970 the Sultan's son , a well educated Sandhurst trained army officer called Qaboos overthrew him and became Sultan Qaboos bin Said Al Said. He has ruled as Sultan ever since.

4

CHANGES

Sultan Qaboos immediatly set about trying to bring the rebellion to an end and requested assistance from Britain.

This assistance was primarily a squadron of 22 Special Air Service Regiment plus a few artillery and signals troops. A significant number of Royal Air Force (RAF) personnel were stationed on Salalah airfield to help run it and the airfield itself was guarded by a squadron of RAF Regiment.

With such a large number of British military personnel deployed it was essential that some form of medical care was provided. This was done in the form of a Field Surgical Team (FST) .The FST stationed at Salalah comprised twelve personnel. A Surgeon, an Anaesthetist ,a General Duties Doctor, two Male Nurses,,four Operating Theatre Technicians,,a Laboratory Technician, an X-Ray Technician and a clerk.

Under normal conditions of conflict these FSTs would form part of a chain of casualty treatment and evacuation and the wounded that it would normally receive would have been treated initially by other medical assets nearer the point of wounding.

In a guerilla war such as Oman where there is no front line the wounded would come direct to the FST. They would then be evacuated once fit to travel ,to Cyprus and the United Kingdom in the case of the British troops

SETTING UP

The FST itself was initially set up in tents on the airfield perimeter adjacent to the medical centre very close to an artillery gun battery. It was also in direct line of sight of the jebel and therefore a good target with its large red crosses, for the frequent rocket attacks that the guerillas subjected the airfield to. A comforting thought !

The equipment of an FST must be portable and able to function in an environment lacking normal facilities such as running water and electricity. It is very basic in its equipment carrying only the minimum of equipment required to perform life saving surgery. All the equipment required that was required to be sterilised was done so in chemical solutions and all operating towels and sheets were made of paper and disposable to compensate for the lack of normal sterilising facilities such as an autoclave.

When the author's team first arrived in late March 1972 the weather was very hot

making the operating tent almost unbearably hot to work in. By using a mobile aircraft airconditioning unit cool air was blown into the tent helping to reduce the temperature. It still meant that the operating team had to resort to operating in the bare minimum of clothing usually a pair of shorts with just a surgical mask and gloves.

CASUALTIES

Within two days of our arrival we received our first casualties , the first a pilgrim who had been on his way to Mecca and had been walking for two months when he was ambushed and shot by the Adoo as the guerillas were called and received gunshot wounds to his arm and leg. He was followed closely by another Jebali whose arm we amputated after he received bad shrapnel wounds from a mortar bomb

This was the pattern for the ensuing weeks with wounded arriving in ones and twos mostly Omani forces with the occasional enemy soldier.

In most cases casualties would arrive at our door having been flown into the adjacent helicopter landing pad by Bell Hueys or Jet Rangers of the Sultan of Oman's Air Force. On odd occasions fixed wing aircraft would fly the wounded into the airfield having collected them from landing strips in the interior of Dhofar. Generally the niceties such as stretchers were ignored and wounded would lie on the floor of the helicopter.

The crews of these helicopters showed great bravery on many occasions flying into insecure positions to evacuate casualties under fire

UNDER ATTACK

After being in the country for seven days we were subjected to our first rocket attack, sending us scurrying for overhead cover. Normally these occurred at night as the darkness allowed the Adoo to creep down off the Jebel onto the Plain and set up their weapon. After one or two rounds they would rapidly disappear into the night before our artillery firing on fixed grids sought them out. The alert was usually sounded by a siren after one of our forward outposts had spotted the weapons blast or the mortar locating radar had spotted incoming rounds. Luckily their aim was very bad and the range of the weapon limited so the rounds rarely hit the airfield.

The guerillas who carried out these attacks had divided Dhofar into sectors and operated with three regiments but it is doubtful if their numbers equated to what we know as a regiment. These regiments were called : The Ho Chi Minh Unit, Central Military Unit and the Lenin Unit. These were later redesignated 1st April Unit, 9th June Unit and 14th October Unit respectively.

On 9th June 1972 the enemy planned to attack the Sultans Forces all along the coastal plain. The airfield was subjected to alerts throughout the early evening as enemy small arms fire sought out targets. Towards late evening we were operating on an old Dhofari who had been caught in an ambush and had a very bad shrapnel wound to his knee.

Suddenly two loud explosions shook the FST and shrapnel rained down onto the roof of the operating theatre. For once the Adoo had found our range and two rounds had landed on the Officer's Mess causing several casualties. The old Dhofaris leg was immediately amputated and we commenced treating the injured from the attack on the Mess. By breakfast time we had finished and crawled exhausted into bed for a few hours sleep

ACTION AT MIRBAT

Mirbat a coastal town to the North East of Salalah was home to a nine man Special Air Service Civil Action Team plus some Dhofar Gendarmerie and an Omani Artillery Battery . The town was dominated by an old fort. Desperate for a victory the Adoo attacked Mirbat before dawn on the 19th of July 1972, quietly slipping past the sentries and on towards the fort and the SAS team headquarters.

Alerted , the defenders fought back with tenacity for several hours, pouring small arms fire into the massed ranks of the attackers and firing the artillery over open sights. Reinforcements were eventually flown up from Salalah and once the attack was repulsed, about mid day the casualties were evacuated to us in the Surgical Team where we began thirty hours of non stop operating on the wounded both friendly and enemy. It was finally estimated that the enemy force that attacked Mirbat numbered 250 strong It is generally believed that PFLOAG never fully recovered from its massive defeat at Mirbat.

HOMEWARD BOUND

This proved to be the final episode of our tour in Oman. A few days later an aircraft brought in a relief team and we flew back to our families and friends certainly more wiser men than four months previously.