

# OPERATION DESERT SHIELD/STORM

## Deployment of Fleet Hospital Five to Saudi Arabia

### *Alert*

On August 2, 1990, the military forces of Iraq invaded and occupied Kuwait. As part of the United States response that would become Operation Desert Shield, 85 percent of the military personnel at Naval Medical Center, Portsmouth and its branch medical clinics (over 800 physicians, nurses, corpsmen and support staff) were put on alert August 9 for mobilization and deployment as the main platform of Fleet Hospital Five (FH-5). While staffed by personnel from a number of East Coast medical commands, Naval Medical Center, Portsmouth was primarily responsible for the development and support of FH-5. FH-5 was the first fleet hospital to ever be mobilized and deployed, earning Naval Medical Center, Portsmouth the distinction of being the Navy's leader for ashore medical mobilization.

### *Pre-deployment*

All equipment and supplies for FH-5 had been containerized and propositioned in Diego Garcia. The containers were shipped to Al Jubyl (sic. Jubail), Saudi Arabia, about 120 miles south of Kuwait and the combat zone. On August 24, while logistics moves were taking place, an advance party departed for Saudi Arabia for the purpose of site preparation for the 500-bed field hospital. **Construction Battalion Unit-411 (Norfolk) and 415 (Virginia Beach)** left with that group and assisted in assembly of the field hospital. CBU-411 and 415 were also responsible for operation of the power plants, as well as general maintenance and upkeep. Because CBU-411 and 415 had erected the environmentally controlled 500 bed hospital, a 22 acre mini-city unto itself, prior to arrival of the main medical body, medical personnel were able to bring the hospital to a fully operational status in just 15 days.

### *Deployment*

The main body of FH-5 personnel departed Portsmouth on August 31 and September 1. Additional medical personnel from nearly 50 other medical commands in the United States continued to arrive over the following 9-day period. To backfill the vacated billets left at Portsmouth, both voluntary and involuntary reservists were called up from throughout the country. In all, more than 800 reservists were activated. These individuals enabled the hospital to maintain services without interruption. As the major military field medical activity in the Saudi theater of action, FH-5 was primarily

tasked with providing casualty care support for the [1st Marine Expeditionary Force](#) (45,000 troops) and the [British 7th Armored Brigade](#). Secondly, medical services were made available to the other services, coalition forces, refugees, expatriates, and Iraqi prisoners of war. The first patient was seen only five days into the setup process.

### ***Desert Storm***

On January 16, 1991, Operation Desert Shield became Operation Desert Storm as the United States and 29\* coalition countries began use of aircraft, guided cruise missiles, and ground forces to remove Iraqi occupation forces from Kuwait. As part of the preparation for this military action, RADM Robert Sutton, Commander, U. S. Naval Logistics and Support Forces in Saudi Arabia, toured FH-5 and stated,

***"...The other services are envious of what you have in the field and your ability to treat in the degree that you can."***

FH-5 was quick to make good on its months of preparation. Just one day after the war began, HN Clarence D. Conner, a corpsman with the 1st Marine Division, sustained shrapnel wounds on January 17. Conner was the first American to be awarded the Purple Heart in theater, and was the first injured service member to be seen in the Casualty Receiving Division of FH-5. He was treated by LCDR John I. Halpern, MC, and LT Jamie A. Carroll, NC --- an event that was shown internationally on CNN. To emphasize the degree of sophisticated capabilities present in the various medical and surgical specialties, CDR Mark K. Stevens, MC, and LCDR Gerald T. McGillicuddy, MC, performed the unit's first neurosurgery (a herniated disc removal). Other firsts included FH-5's establishment of a Navy Medical Casualty Clearing Company (MCCC) at the Air Force's 5th Tactical Aeromedical Staging Facility (5th TAC SAF) located near the runway of Jubail International Airport. Capable of off-loading patients from incoming C-130s, 141s, or helicopters, more than 60 patients were resuscitated, stabilized, and triaged for medical evacuation (MEDEVAC). With the MCCC, FH-5 was the first Navy medical facility to have standby aircraft available on a 24-hour basis. The Army's 45th Medical Company Air Ambulance, attached to FH-5, had two UH-60 Blackhawk helicopters modified for patient transfer from the MCCC to FH-5 within 15 minutes of arrival at the 5th TAC SAF.

### ***Ground War and Return Home***

On February 17, the ongoing allied air strikes were augmented by increased strikes from ground and naval forces. After only 100 hours of joint combat, the objective of removing Iraq from Kuwait was achieved on

February 27. The deployed FH-5 personnel returned to Portsmouth that March. By the end of operations, 32,516 medical (including 565 surgical cases) patients and more than 3,000 dental patients had received treatment at FH-5. VADM James A. Zimble, MC, the Navy Surgeon General, summed up Navy Medicine's role during the conflict:

*"I think it has been our shining hour."*

**\*Coalition Countries: Netherlands, Senegal, Argentina, Egypt, Niger, Somalia, Bahrain, France, Norway, Spain, Bangladesh, Greece, Oman, Syria, Belgium, Honduras Pakistan United Arab Emirates, Canada, Italy Portugal United Kingdom, Czechoslovakia , Kuwait Qatar United States, Denmark , Morocco, Saudi Arabia**