

Fleet Hospital Five—Ashore in Saudi Arabia

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A graphic description of the military's most comprehensive and capable medical facility in the Desert Shield/Storm theater of operations, which at the height of preparation had a staff of 1,150 medical and support personnel and 500 beds to receive projected casualties. This report emphasizes the self-help measures that had to be employed by the staff to get the hospital fully operational.

On Aug 9, 1991, following the invasion of Kuwait by Iraqi forces, medical personnel from Portsmouth Naval Hospital who were assigned to deploy with Fleet Hospital Five were placed on alert. On August 24, an advance party and air detachment comprised of 160 medical and support personnel, arrived in Jubail, Saudi Arabia to begin preparing the 28-acre site where the 500-bed combat zone Fleet Hospital would eventually be erected. Eight days later the first wave of the main hospital staff arrived in Jubail, followed the next day by the remainder of the staff.

A total of approximately 950 people arrived over a 9-day period to begin erecting one of the largest, most comprehensive medical facilities in the Operation Desert Shield theater. Eventually, the staff would grow to over 1,100 members. This posed many unique problems for the staff, many who had never been deployed before, or who had limited experience in setting up a Fleet Hospital. This landmark deployment would be the first ever of a Fleet Hospital. Literally everything accomplished at Fleet Hospital Five was a first. All of the achievements were attained without benefit of lessons learned or experience of any previously deployed Fleet Hospital.

Arriving in late August and early September, the staff was greeted by the harsh Saudi Arabian summer. On the asphalt tarmac, on which the hospital would

stand, daytime temperatures often soared above 130F, while the evening lows ranged around 90F. Despite the searing heat, the staff eagerly turned out to erect the hospital, racing against the thought of impending hostilities and combat casualties. The hospital complex was constructed in just 16 days by working in shifts from early in the day until 12 AM, and again from 4 PM to 10 PM. On September 12, the hospital was officially declared "open for business." The first patient, however, was treated just five days after construction began on the hospital.

Fleet Hospital Five played a critical role in supporting the coalition forces of Operations Desert Shield and Desert Storm. Perhaps the combat zone hospital's spirit of achievement was ingrained into it from the very beginning. The first entry in the Fleet Hospital Five Officer of the Day record, dated September 8, 1990, expressed

the staff member's pride and determination from the early days as follows: "With the opening of this log, a new chapter in Navy Medicine begins. This chapter will deal with Navy Medicine practiced in its purest form, in the field directly supporting the Fleet. Fleet Hospital Five, the hottest, newest and largest hospital in the Navy will write this chapter."

This spirit would pervade over each and every man and woman, officer and enlisted, for the next seven months. Nothing but success would be possible.

As Fleet Hospital Five continued to grow during its seven months in operation, it consistently proved itself the premier medical facility in theater. The staff treated more than 32,000 patients, including those from all coalition forces, expatriots, refugees and Enemy Prisoners of War. As a Department of Defense Deployable Medical System (DEPMED), it differs from that



Figure 1. Fleet Hospital 5, Al Jubayl, Saudi Arabia.

*Executive Officer, Naval Hospital, Charleston SC 29408-6900; Commanding Officer of FH5 during its deployment.

used by other services in that it is not only a medical facility but it also has self-contained support system and equipment. It has its own Public Works Department staffed by over 80 SeaBees from two Construction Battalion Units (CBU). It has three oxygen generators that functioned very well even under the heat of the desert. Personnel and equipment provide not only complete messing and laundry services but also fire fighting, communications and lighting for a helipad. With all its own generators to provide electricity, it also has unique patient and staff field shower and head units. In order to function, a source of water, fuel and waste disposal needs to be provided.

As a 500-bed combat zone hospital, Fleet Hospital Five provided a full range of medical care to all multinational forces in the Desert Shield and Desert Storm theater of operations. With its unique "temper tent" design, the hospital offered comfortable environmentally controlled conditions for patients and staff. With its own galley, security force, fire station, recreation facilities, communications complex, air transport squad-

ron, public works maintenance center and, of course, hospital, the Fleet Hospital Five complex had become a virtual city in itself. The staff was comprised of approximately 950 medical and support personnel; 85% of the staff was from the Portsmouth Naval Hospital and area clinics in the Tidewater, Virginia area, as well as CBU 411 of Norfolk and CBU 415 from Oceana, VA. The remainder of the staff came from nearly 50 other medical commands from across the United States. A contingent of reserve SeaBees from the Philippines and Guam augmented Fleet Hospital Five in January 1991. By the time the ground war started, another 200 personnel, including over 50 reservists, augmented the facility.

The hospital was comprised of five directorates: Nursing Services, Administration, Surgical Services, Ancillary Services and Medical Services. These directorates, with more than 40 departments, provided all the services and capabilities of most civilian community hospitals. Its mission was to provide full resuscitation and emergency surgery for acutely wounded patients in the rear of the combat

zone. The goal was to rapidly return to duty those combat troops who did not require medical evacuation. One early problem encountered was the long period that was called the "transition to war." The hospital functioned as a community hospital, providing a wide range of diagnostic as well as therapeutic modalities. The facility was built to be "austere but adequate" for a combat zone, not a community. The pharmacy needed to stock an array of pharmaceuticals to treat the chronic conditions of all of our armed services as well as the acute problems of our women. We had to be innovative with a very diverse specialized staff and no equipment to function in a peacetime diagnostic environment. By the time the hostilities commenced, the hospital was better equipped to handle not only the wartime but also the peacetime needs of its patients.

During the hospital's seven month deployment, safety, quality of life and the well-being of the staff were major concerns. These concerns were all answered. On November 8, in anticipation of high winds during the winter months, reconstruction began

on all berthing tents (large, general purpose), including wooden frames, or strong-backing, and raised wooden floors. The wooden floors also relieved the problem of rain water running beneath the tents. In early December, another similar problem resulted in an equally significant solution. Due to grey water from the galley and rain water seeping beneath the hospital, which was also built onto the tarmac, the decision was made to raise the entire hospital and place it onto an 8-inch high wooden platform. The SeaBees accomplished this in under two weeks by decking two to three hospital wards each day. Additionally, a large drain was built

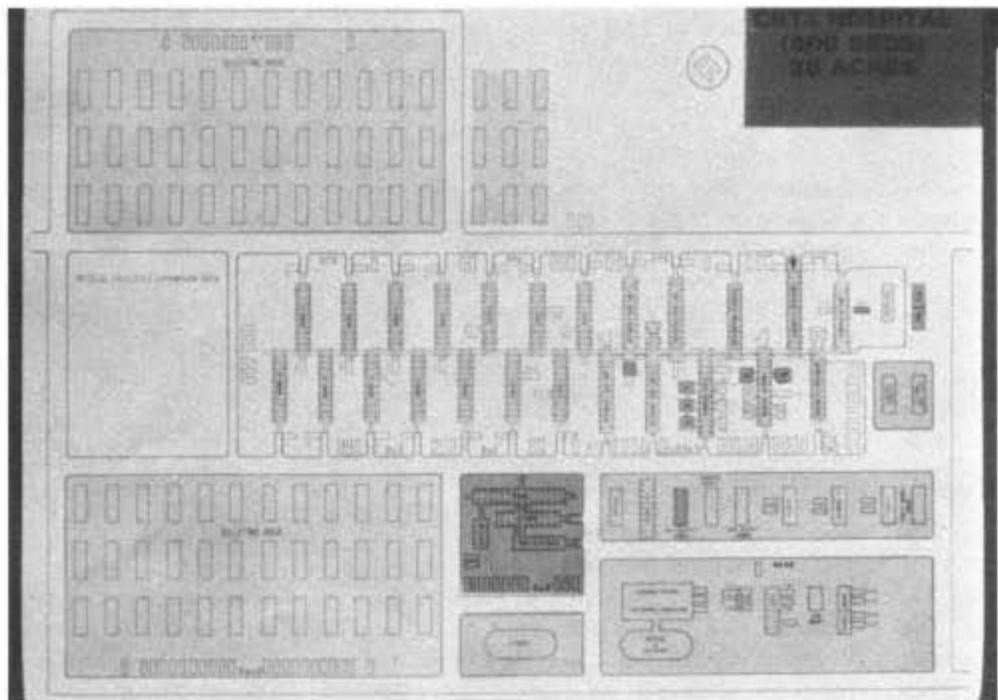


Figure 2. Diagram of a 500-bed combat-zone fleet hospital.

into the tarmac around the galley to catch any overflow of grey water. These two undertakings totally alleviated the problem.

Morale, welfare and recreation continued to be a priority. An extensive recreation area was constructed complete with a canteen for staff socializing, TV room, exercise and weight lifting area, volleyball, basketball and horseshoes area and an outdoor movie theater. Separate lounges were constructed for officers, chief petty officers and E-6 and below, complete with television, VCRs and microwave ovens. Although designed for communal living, essentially all the comforts of home were provided to the staff.

As January 15, the date set by UN resolution for Iraqi forces to withdraw from Kuwait, approached, the command began examining the hospital compound's fortifications, which were minimal because security briefings had indicated a low threat of enemy or terrorist attacks in the area. Existing security for the area encompassing Fleet Hospital Five seemed adequate. However, in response to command concerns, a plan, spearheaded by the Director of Ancillary Services, was quickly established, to begin fortifying the hospital. Staff members turned out around the clock to fill sandbags and to construct bunkers. In just ten days, more than 191,000 sandbags were filled and 55 bunkers were built around the compound. During the next two months, the staff would seek the cover of these bunkers numerous times in response to Iraqi SCUD missile launch alerts. One SCUD missile landed at the pier nearby, after exploding above us. Fortunately, the warhead never detonated and landed in the bay near one of the piers.

From the beginning of the air war on January 17 until the beginning of the ground assault on February 24, combat casualties were light. The staff at Fleet Hospital Five, however, remained ready for the possible thousands of mass casualties that were so

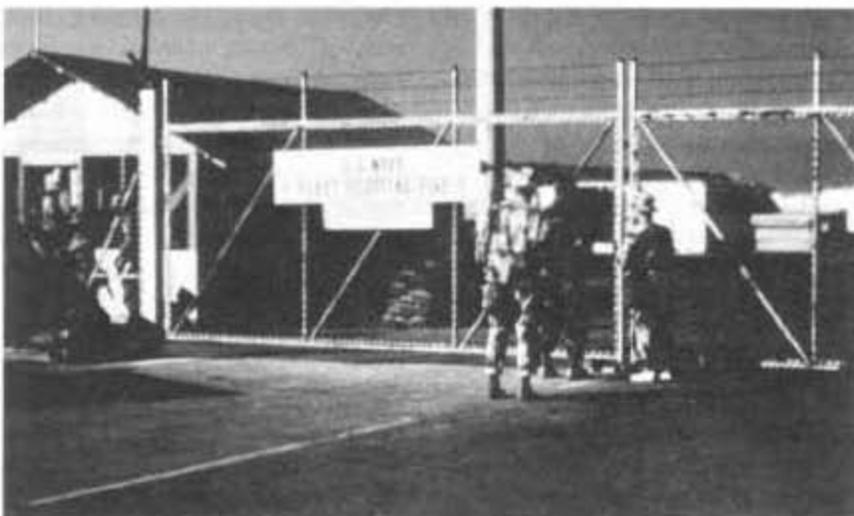


Figure 3. Front gate of Fleet Hospital 5.

often predicted by strategists and the media. In mid-January, Fleet Hospital Fifteen, staffed by a reserve medical unit, joined us in the Jubail area. This increased the Navy acute care beds to 1,000 for the Marine forces. With the beginning of the ground war and anticipation of receiving mass casualties, the command implemented wartime operations. All even-numbered wards that were previously closed to conserve fuel were opened, and the staff began working 12-hour shifts. The ground war proved to be swift and effective as Iraqi soldiers surrendered by the tens and hundreds of thousands. A cease fire was called within 100 hours after the beginning of the ground assault. Allied casualties were once again very light.

The month of March marked the beginning of the end of Fleet Hospital Five. On March 1, with the approval of Rear Admiral R. Sutton, USN, Commander, US Navy Logistics Support Force (COMUSNAVLOGSUPPORT), Fleet Hospital Five reduced its inpatient capacity to 250 beds. Planning then began for the deactivation, or dismantling, cleaning, inventory and repacking, of the entire hospital complex into more than 450 ISO (International Standard Organization) containers. On March 6, Fleet Hospital Five further decreased its inpatient capacity to 131 beds and minor dismantling of the hospital began. On March 8, the first wave of

Fleet Hospital Five staff — 395 personnel plus 43 augmentees from amphibious ships who were temporarily assigned to Fleet Hospital Five — departed via C-141 transport out of Jubail International Airport to return to the United States. This group was among the first Navy personnel to return home since they were one of the first groups to arrive in theater.

At 7 AM, Monday, March 11, Fleet Hospital Five received official notification from COMUSNAVLOGSUPPORT to "stand down," bringing to an end a brief, yet historic and landmark deployment of the military's most comprehensive and capable medical facility in the Desert Shield and Desert Storm theater of operations. Within two weeks the remainder of the staff would board military transport aircraft to return home to family and friends. For more than 1,000 men and women assigned to Fleet Hospital Five during the 7-month period, their experiences and accomplishments, their feelings of fear and sadness, excitement and joy, would be a memory left behind on the black tarmac in Jubail. Yet these men and women would bring back to their loved ones, friends and colleagues, a wealth of knowledge, understanding and courage that came from living, working and overcoming many professional and personal challenges in the desert combat zone with Fleet Hospital Five. ●