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Service Number 24496561

In 1982 I was engaged to be married, however the Falklands War occurred and my marriage was put on hold until I returned.



My girlfriend (Wife) Maureen Maher and me in 1981, next me prior to the landings on 21st May 1982.

After the landings and the sinkings of various ships, including the Atlantic Conveyor on 25th May 1982, with the loss of six Westland Wessex helicopters, and three heavy lift Boeing Chinook helicopters, it was decided 3 Para and 45 Commando should walk the 60 miles distance to reach the outer Argentine defences around Port Stanley.

On 11th June 1982, 3 Para would take part in a three phase attack to capture the high ground surrounding Port Stanley.

Phase one, 3 Para capture Mount Longdon.

Phase two, 45 Commando capture Two Sisters Mountains.

Phase three, 42 Commando capture Mount Harriet.

During the battle for Mount Longdon I received a gunshot wound to my face, however, in the medical report my injury is reported as a mortar / shrapnel wound, this is incorrect, as there was that much happening during the battle I was sure what had hit me, but I later found out I'd been shot from colleagues, the bullet first passed through the bridge of my nose, then damaged my right eye, and also caused damage to my orbital floor, cheekbone and teeth. I was eventually evacuated to the SS Uganda, where I was operated on twice, firstly on the 12th and then 17th June 1982. When I woke after the first operation I was told about my injuries, and that I'd been 'filled up' with Argentine blood, which at the time I did not think too much about, as I was alive, many of my friends were dead or badly wounded, so I was just happy to be alive.

CLINICAL CONTINUATION SHEET

To be used to continue the clinical notes from forms in the F/MED series (ie F's MED 1, 6, 10 and 19). This form is to be securely attached to the original.

Continued from F/MED/.....dated.....		Name including forenames <i>O'Connell</i>	
Clinical Notes (To be signed by Medical Officers giving Rank and Appointment)		Service No. <i>244 96565</i>	Rank/Rating <i>Pte</i>
Date		Ship/Unit/Station	Hospital No.
<i>12/6/82</i>	<p><i>Mortar bomb</i></p> <p><i>injury to R side of face at 2am today.</i></p> <p><i>o operation</i></p> <p><i>o other injuries</i></p> <p><i>Well until this.</i></p> <p><i>may o operations</i></p> <p><i>o serious illnesses.</i></p> <p><i>Allergies Nil.</i></p> <p><i>Non smoker.</i></p> <p><i>sk RS</i></p> <p><i>CVS</i></p> <p><i>AS</i></p> <p><i>CNS</i></p> <p><i>o problems.</i></p> <p><i>o/k Not shocked.</i></p> <p><i>slt tissue loss Entry to nasal cavity</i></p> <p><i>low eye lid.</i></p> <p><i>laceration</i></p> <p><i>laceration deep</i></p> <p><i>general swelling</i></p> <p><i>mouth drop</i></p>		

OPERATION NOTES

Surgeon

Surgeon Captain Pintall / Sgldir Chapman

Scrub nurse

Assistants

S/C Keene

Operation performed

① Investigation penetrating wound ② eye.

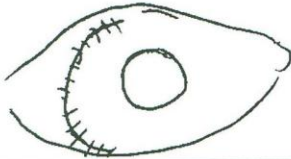
Incision findings

② Investigation of # maxilla and repair of facial lacerations.

Scrub wound R eye 2 cm in length

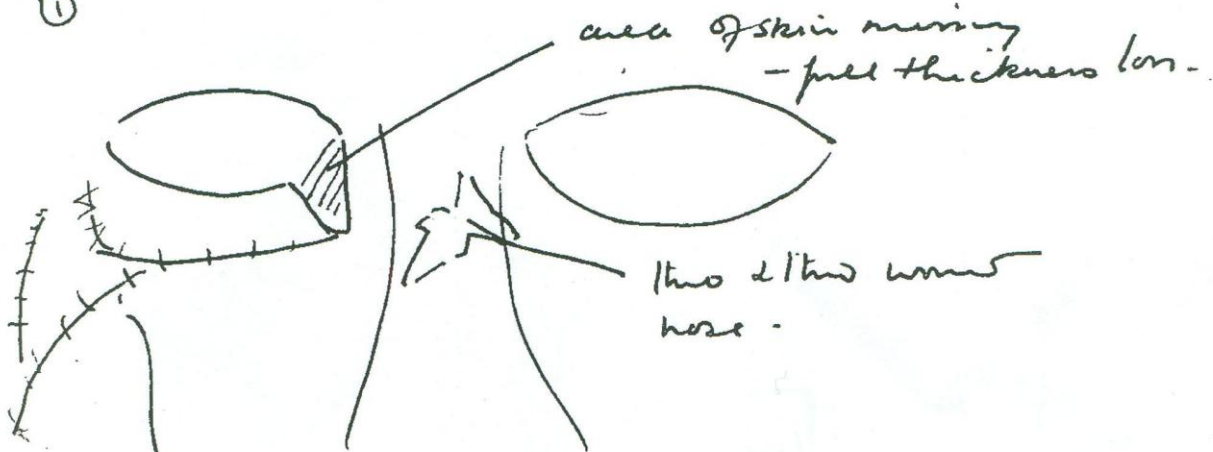
6 mm behind limbus

Total 1 1/2 hours. RPK



Procedure

①



Closure

full T. lacerations. Anterior wall of ant. in small bony fragments.

Drainage

Tourniquet on at.

off:

Sutures 4/0 c.g. & 5/0 silk W8000.

Laboratory specimen

Seen in OT on 6th day - SPA.

Post-operative instructions

②

Total bony defect of infra-orbital rim noted as drawn overhead.

Minor palpable separation at ② frontozygomatic suture.

Destruction of lacrimal duct & angular vein.

Primary repair of facial lacerations and corner of

② ear. OFZ suture line not wired.

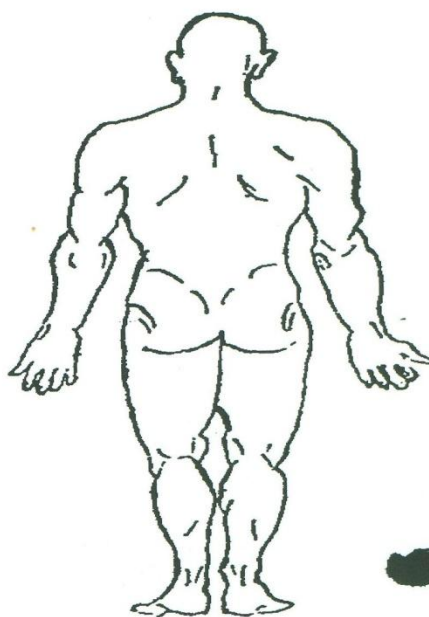
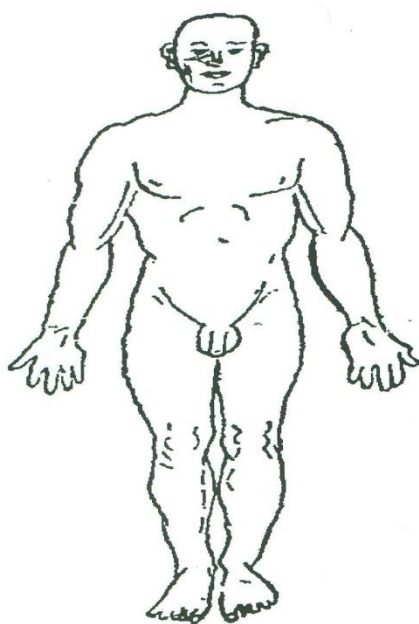
laceration - bridge of nose debrided and loosely sutured.

Crown of 21 missing - pulp exposed.

RPK

Date

CLINICAL NOTES (To be signed by M.O. giving rank and appointment)



12.6.82
1220
TIDS

Pulse 88

Hit by shrapnel in R side of face
Can see out of R eye but blurred
? due to blood.

Knocked tooth out

2/3 Deep penetrating wound of R maxilla —
complete destruction of floor of R orbit —
maxillary ridge, also of nose.

R Triptogen 1 val 1M stat
X Test box.

Saline-soaked dressing under FFD
to protect eye.

100mg pethidine PRN 6hrly.
For surgeon please — ? back to Red Cross
for maxillo-facial

EMD

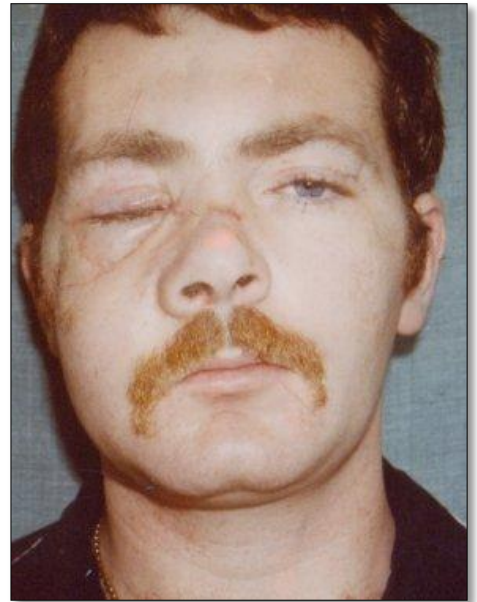
12/6/82

1015 LOCAL UGANDA

→ Seaview Ward.

→ Max fac / Ophthalmia.

Cole



The photo on the left was taken in while I was unconscious in intensive care, the photo on the right was taken back in the UK.

I was eventually transferred from SS Uganda to the HMS Hydra, and was taken to Montevideo, Uruquay, from here I was flown home via Ascension Island eventually reaching Brize Norton on 3rd July 1982.



(Maureen Maher (Wife) and me first night home, 2nd photo at RAF Wroughton Hospital.

How the Argentine blood exchange came about.

During the Falklands War we had one main Hospital Ship, SS Uganda, this was a P&O, Students Educational Cruise Ship that was requisitioned by the MOD on 10th April 1982, and it docked in Gibraltar and discharged its passengers, and over a period of 60 hours it was converted into a Hospital Ship and began sailing south.

On 28th April 1982, SS Uganda reached Ascension Island, and took aboard **360** units of blood from the Army Blood Supply Depot; this blood had been collected in Aldershot on 26th April 1982, the blood was then

transported to RAF Brize Norton, and flown to the Ascension Island, where it would be loaded aboard SS Uganda. **This blood had an expiry date of 31st May 1982.**

On 30th April 1982, Hospital Ship SS Uganda begins sailing south.

Important considerations when transporting and storing blood at sea.

Vibration and turbulence:

Excessive vibration, such as that caused by a ship's engines, can damage blood cells and lead to hemolysis, or the destruction of red blood cells. The frequency and intensity of vibration can damage cell membranes, reducing the blood product's quality and effectiveness.

Impact and shock:

Special care must be taken to protect blood products from physical damage caused by rough seas, impacts, and drops. Transport containers should be sturdy enough to withstand these forces.

Packaging:

Packaging must provide adequate cushioning to absorb shock and prevent bags from moving and colliding with each other. Any cooling elements used, such as ice packs, should not come into direct contact with the blood bags to prevent freezing and subsequent hemolysis.

Temperature & Cold Chain Management.

Temperature for stored blood is critical, storing blood at sea requires maintaining specific cold-chain temperatures (typically 2-6°C for red cells) to preserve quality.

Proper storage equipment:

Use of specialised refrigerators with fans to ensure even temperature distribution, or design storage systems that maintain the required temperatures without compromising cell quality.

Sterility:

Ensuring sterility of blood products at sea was also a major challenge, as contamination could lead to serious complications.

As we know Blood products have a limited shelf life of up to 35 days; however, with the potential for degradation of blood components due to the marine environment, i.e. the rolling sea's of the South Atlantic Ocean. Transporting and storing blood at sea requires significant logistical planning, including specialized containers, temperature monitoring equipment, plus trained personnel to manage donated blood. (i.e. a Haematologist).

As you can imagine, the movement of the blood from the Aldershot, to Brize Norton, then flying 12 hours to Ascension Island, loading it aboard the SS Uganda, must have been extremely stressful to the delicate red blood cells, as Improper handling can cause blood to degrade, rendering it unsafe for transfusion.

Once the blood was aboard SS Uganda, maintaining the correct temperature for stored blood would also be critical, and this would be a challenging for SS Uganda, especially in the hot sunny climate of the Ascension Island (a volcanic Island), to the freezing winter of the Falkland Islands.

Robert McGrann; Medical Technician 1(L) the Pathology Laboratory aboard the SS Uganda during Operation Corporate.

The area on the SS Uganda designated as the Laboratory, was originally the cocktail bar. The blood units were stored in three locations;

For ready to use stock, the beer fridges in the cocktail bar were used.

For back up stock, the egg store and a refrigerated unit located on the bow of the ship was utilised.

The temperature of these facilities was monitored twice daily to ensure safe storage of the units.

Prior to the landings on the Falkland Islands, a further **415** units of blood was collected from the crew of various ships, sailors, soldiers, merchant seamen and civilian crew members would donate.

Lt Commander (Rtd) **Mark Trasler** MBE RN, who at the time was in charge of the blood room aboard SS Uganda (he was not a haematologist but a **Royal Navy Medical Technician**), he kindly sent me his, Laboratory Work Load, from 23rd April to 7th July 1982.

The document supplied has all the numbers for blood ins and outs aboard Hospital Ship SS Uganda for the entire Falklands Campaign, and it revealed SS Uganda's total blood stock was **775** blood units.

They then gave away **319** units of blood (36 to HMS HERMES & 283 to Ajax Bay).

They used, or the units of blood went out of date **360** (Army Blood Supply Depot).

One man received **50** units of blood.

Totalling **729** units of blood,

Leaving a total of **46** units of blood or less, on **10th June 1982**, to treat battlefield casualties, for the entirety of the campaign, and that at that time, had no end in sight, and could possibly rumble on for the next two weeks, producing endless casualties from both sides.

Blood Units					
Army Blood Supply Depot provided	Incoming	360	Blood received at Ascension 30th April, this blood will expire 30th May 1982		
HMS Hydra	Incoming	175			
HMS Hecla	Incoming	57			
SS Canberra	Incoming	85			
SS Uganda	Incoming	98			
Total blood incoming.	Incoming	775			
Army Blood Supply Depot		-360	Outgoing	either used or out of date by 31st May 1982.	
HMS Hermes		-36	Outgoing		
Ajax Bay		-283	Outgoing		
One man recieves 50 units of blood.		-50	Outgoing		
Blood spoiled		0	Spoiled		
Total blood outgoing.		-729			
Leaves SS Uganda with, on 10th June 1982.		46	Blood Units.		
SS Uganda would receive 170 casualties after 10th June 1982, with only 46 units of blood .					
It is clear not every man would not receive blood, but other more serverly wounded would require many units of blood.					

A blood transfusion requirement of up to 1500 blood units had been anticipated prior to deployment and, only a limited number of donors were available from the ship's crew and Naval Party 1830, a supply of 360 CPD (Citrate-Phosphate-Dextrose) Adenine long life blood units was obtained from the Army Blood Supply Depot at Aldershot. (CPDA-1 allowed for a 35-day storage period at 1-6°C, an increase from the 21-day limit of the older CPD (Citrate-Phosphate-Dextrose) solution. The 360 blood units were delivered to Ascension Island 28th April 1982.

Official Blood Numbers 1982, SS Uganda.

LABORATORY WORKLOAD 23 APRIL TO 7 JULY 1982

Haematology

Test	Number	Percent
Haemoglobin	411	39
Packed Cell Volume	531	50
White Cell Count	69	6
Differential Count	16	1
Sedimentation Rate	12	
Film of Malarial Parasites	6	
Bleeding Time	1	2
TOTAL	1046	

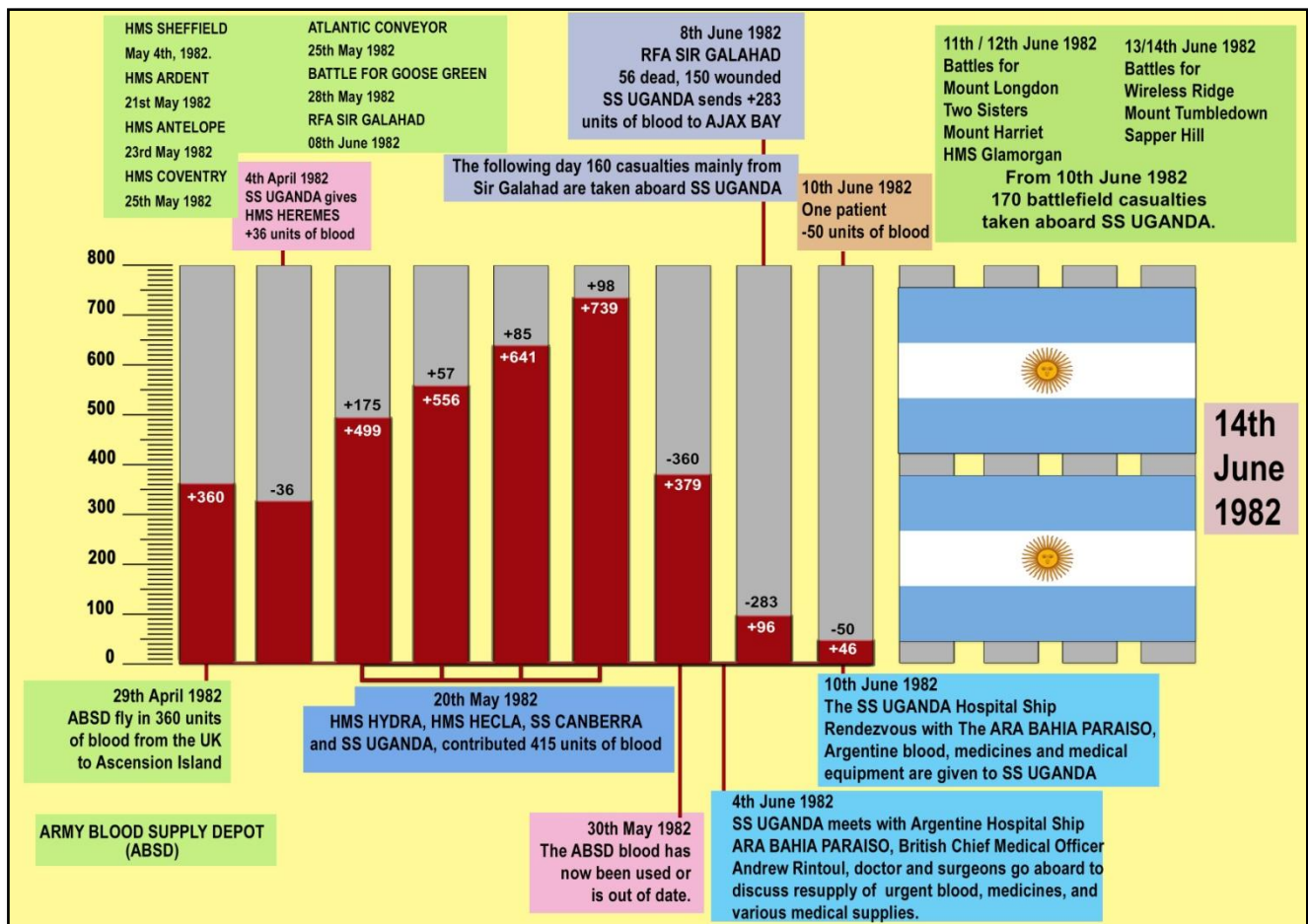
Blood Transfusion

Blood Groups	204
Cross Matches	121 (412 units)
Blood Donors	98

Blood Supplies and Disposal

	From	To
Army Blood Supply Depot	360	
HMS HYDRA	175	
HMS HECLA	57	
SS CANBERRA	85	
SS UGANDA	98	
HMS HERMES		36
Field Hospital Ajax Bay		283
Transfused in UGANDA		298
TOTAL	775	619
NOT USED OUTDATED		158

1. 72% of blood cross matched in UGANDA was used.
2. 38% of total supplies were used in UGANDA.
3. 41% of total supplies sent to other units (utilization not known).
4. 20% of blood supply not used.
5. 300 units of outdated blood were received from SS CANBERRA and were disposed of.



The first bloodletting of the Falklands Campaign for the UK began on 4th May 1982:

On 4th May 1982, HMS Sheffield is sunk, deaths and casualties.

On 21st May 1982, HMS Ardent is sunk, deaths and casualties.

On 23rd May 1982, HMS Antelope is sunk, deaths and casualties.

On 25th May 1982, HMS Coventry is sunk, deaths and casualties.

On 25th May 1982, Atlantic Conveyor is sunk, deaths and casualties.

Many of the casualty figures for SS Uganda and dates were documented by Bandmaster: Warrant Officer 2 Trevor J Attwood LRAM ARCM Royal Marines

<http://www.theheskins.eclipse.co.uk/files/FOF3UGANDA1982.pdf>

On 25 May 1982, SS Uganda.

10:00 received 9 casualties,

10:30 received 11 casualties, more casualties continue to arrive – too many to count.

Night flying to receive more casualties' busiest day so far.

On 26 May 1982, SS Uganda.

74 casualties aboard.

On 28th May 1982, the Battle for Goose Green, begins resulting in deaths and casualties both British and Argentine.

Received 3 Sea Kings with about **30** casualties from 2 Para, injured at Goose Green.

On 3rd June 1982, SS Uganda.

Received **12** casualties.

04th June 1982, Hospital Ship SS Uganda rendezvous with **Hospital Ship ARA Bahia Paraíso (B-1)**, British MOIC (Medical Officer In Charge) Andrew Rintoul and two senior surgeons are taken by the Argentine Puma AE-506, to the ARA Bahia Paraíso, during this meeting with the Argentine Captain Ismael Jorge García, Andrew Rintoul is told that **the Argentine medical team are happy to supply blood and other medical supplies if his ship needs them**, Andrew Rintoul agrees but says, only if **urgently needed**.

Below is a shopping list of medicines requested by Hospital Ship SS Uganda from Hospital Ship ARA Bahia Paraiso, who in turn sent the request to the Argentine mainland Naval Base requesting urgent supplies for SS Uganda, the medication tells you of the position SS Uganda finds itself in.

DE RAPUER PNR - 1262
T COATLANSUR
W PYEEEE
O 061510
FM PARAISO
TO COPERVÁLES
TO DIHOSPUER
BT

REQUERIMIENTO BUQUE HOSPITAL "UGANDA" CLN IPSILON ANPOLLAS 500
CMH TRANEXAMIC ACIDO 150 DOSIS CMH ETANSYLATE (DICYNONE 150 DOSIS)
POR UNO GS INTRAMUSCULAR Y ORAL PD CONSIDERO MUY CONVENIENTE
SATISFACER ESTE REQUERIMIENTO PD ENVIAR URGENTE ((SCZ))
BT

Sr. VL LOMBARDO: *all*
Sr. CL PADILLA: *Pl*
Sr. CN GRONDON: *[Signature]*

Sr. VL LOMBARDO ordenó que se diera
AGCI PACI MARTIN 06 17 04 curso favorable y que se lo embarcara en
el SEA Grizar para que vaya directamente a la zona a
CODA entregar esos medicamentos. *[Signature]*

To be used in life-threatening situations, whole blood transfusions, and fibrinogen infusions, and where other emergency measures may be necessary.

This medication is a drug that reduces menstrual bleeding. It contains tranexamic acid, which prevents the enzyme that dissolves blood clots from acting. This results in less blood loss and faster symptom relief.

This medicine is for heavy periods in women and gastrointestinal bleeding.

ARA Bahia Paraiso ends above message,

I consider it very convenient to satisfy this requirement, please send urgently.

On 6th June 1982, SS Uganda.

4 Wessex helicopter landings, very precarious! SS Uganda receives 20 British casualties.

On 8th June 1982, RFA Sir Galahad was bombed, resulting in 160 casualties.

On 8th June 1982, SS Uganda sends +283 units of blood to Ajax Bay, leaving SS Uganda with possibly +96 units of blood or less.

SS Uganda can only send this blood to Ajax Bay because they know a resupply is coming from ARA Bahia Paraiso.

Of the total 775 blood units; by now, the 360 blood units of the Army Blood Supply Unit have expired, 36 sent to HMS Hermes, 283 sent to Ajax Bay, one Royal Marine received 50 blood units, this is a total of 729 units of blood, this leaves possibly +46 units of blood or less.

How was the SS Uganda expected to carry on treating the casualty's from the forthcoming battles, and as we must remember, there was no end date to the conflict, and further casualties would ensue.

ARA Bahia Paraiso informs the Argentine mainland naval base that their rendezvous with (Uganda) is delayed until 10th June 1982.

CC
CODASUR K
DE RAPUER PNR 1947
T COATLANSUR

P 091427
FM PARAISO
TO COATLANSUR
INFO IRIZAR
BT

RENDEZ VOUS ((UGANDA)) DEMORADO HASTA 10 JUN PD SE HA REQUERIDO EXPRESAMENTE NO EVACUAR HERIDOS ((ISLA BORDON)) HASTA DESPUES EMBARCO COMISION CRUZ ROJA HE DADO CONFORMIDAD PD PERMANEZCO EN AREA CONCENTRO PUNTO RENDEZ VOUS 5050 S 5840 W RADIO 10 MILLAS PD BUQUE HOSPITAL ((HECLA)) EN PROXIMIDADES CMM NO TIENE HERIDOS PROPIOS NI COMISION CRUZ ROJA PD

BT
CSCORT LOPEZ OSCAR 091EEEEEE DOMINGUEZ 09 15 41

CODASUR K

El Sr. VL Lombardo ordenó:
al Sr. CL RODRIGUEZ que
hacer. (Entrar a PA y no acaen
confrimado).-

Sr. VL LOMBARDO
Sr. CL PADILLA

ARA

On 9th June 1982, SS Uganda.

Received 160 wounded mainly from the Sir Galahad bombing.

On 10th June 1982, the Hospital Ship ARA Bahia Paraiso finally meets Hospital Ship SS Uganda in the Red Box (Safety Zone) here the **ARA Bahia Paraiso transferred 250 litres of blood and medical supplies to SS Uganda**, in return 47 Argentine casualties would be repatriated from SS Uganda to ARA Bahia Paraiso.

[La larga travesía del ARA Bahía Paraíso -Bravo 1- en el año 198.. \(1\).pdf](#)

[The long voyage of the ARA Bahía Paraíso -Bravo 1- in the year 198...](#)

<https://www.infobae.com/sociedad/2019/08/23/los-medicos-del-coloso-bravo-uno-el-buque-hospital-que-en-malvinas-intercambio-heridos-y-dono-sangre-argentina-al-enemigo/>

On 11th June 1982, both ships would meet the following day, and three Argentine casualties are exchanged.

On 11th / 12th June 1982, the night battles for Mount Longdon, Mount Harriet and Two Sisters will take place.

On 12th June 1982, I was wounded (James O'Connell)

On 12th June 1982, SS Uganda.

Received over 80 casualties, many seriously injured.

On 13th June 1982, SS Uganda.

Received 30 casualties.

On 13th/14th June 1982, the night battles for Wireless Ridge and Mount Tumbledown.

On 14th June 1982, SS Uganda.

Received 60 more casualties.

Orders briefly for the night of 14/15th June:

On 14th/15th June 1982, night battle planned.

H Hour 04.00hrs (zt) C Company 3 Para will capture Moody Brook including water pumping station, A Company will pass through C Company and capture ESRO building complex, D Company will combine with B Company, and will exploit to the western edge of the racecourse: Orders subject to change:

From 10th June 1982, till 14th June 1982, the SS Uganda took aboard 170 battlefield casualties, where did the blood for these men come from?

As you probably know by this stage in the campaign we were running out of everything, we are 8000 miles from home, the Argentines are 300 miles.



Hospital Ship SS Uganda



Hospital Ship SS Uganda

Nursing Staff Hospital Ship SS Uganda



Email contact, 21 June 2025; in 1982, Elizabeth (Liz Law) Ormerod, was the Senior Nursing Officer QARNNS SS Uganda.

I worked on Intensive Care, which, as you might imagine, was quite busy. When we required blood for transfusions, the request was sent through to our laboratory facilities, and the supply was then passed to us. At that stage, we would have no knowledge of the source of that blood, but I was generally aware that some supplies came from the Argentine Hospital ships.

Ex Uganda nurse Sue Warner (maiden name Chandler)



In 2022, Sue (Chandler) Warner Nurse aboard SS Uganda traveled to Argentina to meet the crew of ARA Bahia Paraíso, and thanked them for donating blood to save the British wounded.

<https://noticiasmercedinas.com/site/2022/03/07/emotivo-encuentro-entre-veteranos-de-guerra-de-malvinas-argentinos-y-britanicos/>

<https://www.infobae.com/sociedad/2022/05/02/los-unicos-tres-hermanos-en-la-guerra-de-malvinas-y-el-recuerdo-del-menor-muerto-a-los-16-anos-en-el-general-belgrano/>

If you do a Google search, it will reveal nothing on English sites, however, if you do a search using Spanish, “Sangre”, Malvinas, Bahia Paraíso, and it appears on all the Spanish speaking websites, in fact the Argentines are very proud of this exchange of blood, saying how they saved British lives, which indeed they did, this story is all over Argentina, on the 40th anniversary of the war, they had national blood donation day to celebrate the gift of life to the English.

During my research I have been contacted by several doctors aboard ARA Bahia Paraiso.

CFBQ VGM (RE)

Dr Carlos Alberto Espinosa.

Dear James, During the Falkland Islands conflict, I was a member of the crew of the ARA "Bahía Paraíso" Hospital Ship as a Biochemical Lieutenant.

My duties on the ship included setting up and organising a pharmacy, a clinical analysis laboratory, and a hemotherapy section, among other activities.

Regarding the hemotherapy section, which is what interests you, I inform you that we had a large quantity of blood sachets obtained from donations from people on the mainland, which we were able to preserve throughout the conflict; thanks to the refrigerated anti-vibration system we implemented to prevent hemolysis. We also have a living blood bank. That is, a blood sample was taken from each crew member, grouped according to blood type and RH factor, and stored in a database in case supplies were insufficient. Regarding your question, I inform you that we did provide a considerable number of sachets of blood, duly labelled and tested, to the hospital ship UGANDA. Not only that, but they also requested several medications such as diazepam, coagulants, disposable syringes, and X-ray films, among other things. I can assure you of this because I was in charge of providing these supplies. Therefore, it is likely that you received an Argentine blood transfusion.

I would like to know, if possible, under what circumstances you were wounded and which army unit you belonged to.

I hope you have fully recovered, both physically and psychologically.

Best regards

Dr Carlos Alberto Espinosa.

A follow-up email:

Dr Carlos Alberto Espinosa.

Hello Jimmy:

Wars claim the victims of combatants, and collateral damage includes civilians who shouldn't suffer hardship. However, political leaders don't suffer the atrocities themselves. Both you and I swore an oath, in your case to your Queen, in mine to my flag. But also, because of my profession, I swore to help preserve life, and doctors, I swore the traditional and ancient Hippocratic Oath. For that reason, both you and we treat the wounded regardless of which side they belong to. Furthermore, in wars, facts are hidden or distorted for various reasons. Perhaps that's why the nurse informed you when you woke up that you had received Argentine blood, and later some crew members on the ship informed you that you hadn't. You don't have to thank me for anything. I was just doing my duty.

Best regards

Dr Carlos Alberto Espinosa.

Another doctor from ARA Bahia Paraiso

Dr Fernando Bernabe Santos

I was onboard the SS Uganda, because as I tell you, the Combat Chief Captain Pericar who was my Chief of Service chose me and Ricardo Cete who was our anaesthesiologist from the team, and I say Okay we're going to go the three of us, we went in the middle of the Atlantic from via Bahia Paraíso to Uganda in our Puma helicopter to organize the evacuation of the wounded and of the pilots who had ejected that they had rescued and had on the Uganda, well so on that mission, I was also there and I had the opportunity to chat with the English, when we landed there on the SS Uganda helipad they placed a doctor next to each of us and they made us walk around, they showed us the whole ship because it is a matter of courtesy and naval tradition, and the tradition between the health professionals, there is no war it is to be helpful, in fact on that trip they had asked us, because they had a supply problem with the issue of blood, some medicines and coagulants, that they did not have, and on that trip. We are always asked did the English receive Argentine blood? Yes sir they received Argentine blood, we brought it to them, and the work that they did was good as a hospital ship, but good war surgery.

04th June 1982, Medical Officer In Charge (MOIC) Andrew Rintoul and two senior surgeons are taken by the Argentine Puma AE-506, (this was a dedicated marked medical helicopter, Uganda had no dedicated medical helicopter), to the Bahia Paraiso, during a meeting with the Argentine Captain Ismael Jorge García, Dr Pascual Pellicari and Dr Juan López, Andrew Rintoul is told that the Argentine medical team are happy to supply blood and other medical supplies if his ship needs them, Andrew Rintoul agrees but says, only if **urgently needed**.

Andrew Rintoul wrote about his time aboard SS Uganda, called 'The unacceptable Face of War' (Andrew is still with us aged 92).

Written by Surgeon Captain Andrew Rintoul, Medical Officer In Charge, Hospital Ship SS Uganda.

The rendezvous with the Argentinean hospital ship Bahia Paraiso was made at 07.00 on Friday, 4 June, in our Red Cross Box, we were away from battle stations. Bahia Paraiso was a 900-ton exploration ship, which had a dedicated hospital deck and carried two white painted red-crossed helicopters, a Puma and an Alouette. In accordance with Geneva rules, she sent her Puma over to Uganda to pick one or two senior surgeons and me to inspect her hospital facilities before casualty transfer.

I climbed into a bright red immersion suit and boarded the helicopter for the brief flight. I was pleased to see that the sea was fairly calm, as many of the wounded Argentinians were non-ambulant, and it would make their journey much less stressful. After touching down lightly on the flight deck, I was taken to the captain's cabin to discuss details of the forthcoming transfers while my staff went off to tour the hospital deck. The captain was a naval seaman commander who spoke excellent English. He made me very welcome, and sitting on his desk was a bottle of Black Label Scotch and two glasses. We wished each other good fortune in the traditional manner, and he told me that he had learned his English while doing a year's navigation course at HMS Dryad in Hampshire. He was delighted when I was able to tell him that I had spent two happy years at Dryad many years previously as the medical officer, in the rank of Surgeon Lieutenant. It was a strange meeting of two representatives of opposing forces in an enemy ship with a full-scale battle in progress just a few miles south of our position.

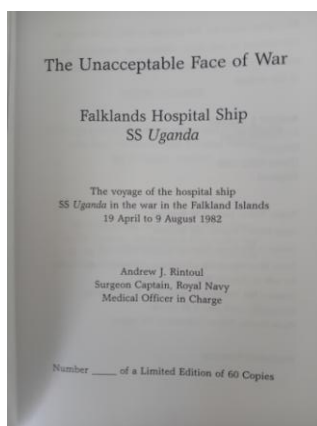
Both of us were fairly guarded in our conversation outside immediate arrangements for casualty reception and the on move, and no mention of the progress of the conflict was made. We then walked down to the

hospital deck to meet the medical officers. It was immediately obvious that, in typical medical fashion, all differences of race and politics had been overcome in the technical discussion of current clinical problems and the welfare of casualties. Fortunately, most of the Argentine doctors spoke fluent English. One young medical officer had been recalled from a training post in Great Ormond Street Children's Hospital in London and hoped to return there to complete his training. I noticed that Andy Gough (escort) was unusually reserved, understandably, as he was a seaman officer on an enemy ship under a medical flag of truce.

Bahia Paraíso had 125 tiered bunk beds and ten intensive care beds. There was also a small, well-equipped burns unit with an electrically heated stainless steel bath, which made our alfresco, wooden-framed canvas bath look a little old-fashioned. They had adequate supplies of drugs and transfusion fluids, including blood, and generously offered to supply Uganda if **urgently needed**.

After arrangements were made for the Argentine medical officers to come over to Uganda to make a medical round of their casualties, we boarded the helicopter for the return journey. Just before takeoff, a case of Argentine wine was placed between my feet. I invited the captain to visit Uganda in company with the doctors, but he politely refused and I thought it better not to press him further.

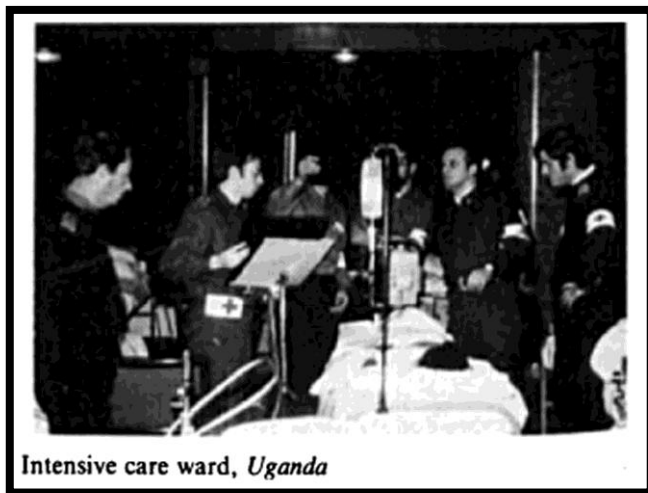
Surgeon Captain Andrew J Rintoul wrote a book about his time as Medical Officer In Charge of Hospital Ship SS Uganda, called **'The Unacceptable Face of War'**.



Surgeon Captain Andrew J Rintoul and Deputy Matron Edith Meiklejohn and others suiting up in their orange survival suits for their journey back and forth from Hospital Ship SS Uganda to Argentine Hospital Ship ARA Bahia Paraíso.



Left photo, RN Deputy Matron Edith Meiklejohn, RN MOIC Andrew Rintoul and Argentine MOIC Dr Pascual Pellicari, unknown Argentine Surgeon, aboard ARA Bahia Paraiso. Right photo, on left, Dr Pascual Pellicari, RN Anaesthetist Peter Bull, RN Deputy Matron Edith Meiklejohn, RN MOIC Andrew Rintoul.



Left photo British and Argentines doctors aboard SS Uganda in the Intensive Care Unit.

Right photo, L/R Senior Naval Officer Andrew Gough (Later Rear Admiral), MOIC Andrew Rintoul and Argentine MOIC Dr Pascual Pellicari aboard SS Uganda.



Dr Pasqual Pellicari 2nd from left, Dr Carlos Alberto Bertini back far right, aboard SS Uganda.

That **urgently needed day** would come four days later with bombing of the Sir Galahad, 56 dead and 150 casualties, most were treated in Fitzroy, Teal Inlet or Ajax Bay, SS Uganda would send 283 units of its meagre blood supply to Ajax Bay.

After that initial contact between Hospital Ship SS Uganda and ARA Bahia Paraíso on 4th June, Bahia Paraíso eventually, after picking wounded from Porto Argentina (Port Stanley), Fox Bay and Port Howard, she returns to the port of Punta Quilla (Santa Cruz, Argentina) discharges her Argentine casualties and replenishes supplies (blood, medicines, medical, food and fuel).

08th June 1982, ARA Bahia Paraíso returns to the port of Punta Quilla (Santa Cruz, Argentina) to disembark casualties and replenish supplies.

After the disembarkation of the wounded from ARA Bahia Paraíso at Punta Quilla was completed, the teams were immediately assembled to receive the scheduled and ordered resupply orders detailed below:

Fresh provisions (scheduled).

Fuel, diesel, and JP1 (scheduled).

Equipment, ambulance, and field kitchen (ordered for the FAA).

Sealed container with a donation from the Patriotic Fund (correspondence and warm clothing).

Requirements for the British hospital ship Uganda (blood and medicines).

08th June 1982, late evening, ARA Bahia Paraíso leaves the port of Punta Quilla (Santa Cruz, Argentina) and sails for the Red Box (Safety zone).

On 8th June 1982, RFA Sir Galahad was bombed, resulting in 56 dead and 150 wounded.

On 8th June 1982, SS Uganda sends 283 blood units to Ajax Bay.

On 9th June 1982, SS Uganda received 160 wounded, mainly from the Sir Galahad bombing.

On 10th June 1982, the Hospital Ship ARA Bahia Paraíso meets Hospital Ship SS Uganda in the Red Box (Safety Zone) where the ARA Bahia Paraíso transferred the blood and medical supplies to SS Uganda by the Argentine helicopter PUMA AE-506 .



The crew of the **PUMA AE-506** were: Captain Luzuriaga, 1st Lt. Leguizamon, and Sgt Carlos Andres Verón, the photo is taken aboard SS Uganda, **with members of the SS Uganda deck crew** in the front row and end left and right. Sgt Verón is in the back row 2nd (tallest) from right, and is pictured above in a recent photo.

Sgt Carlos Andres Verón; email contact.

On June 10th 1982, we transported 250 litres of blood from Hospital Ship ARA Bahia Paraiso to Hospital Ship SS Uganda, we met several times to exchange wounded and medicines, a great example of military medical care in combat.

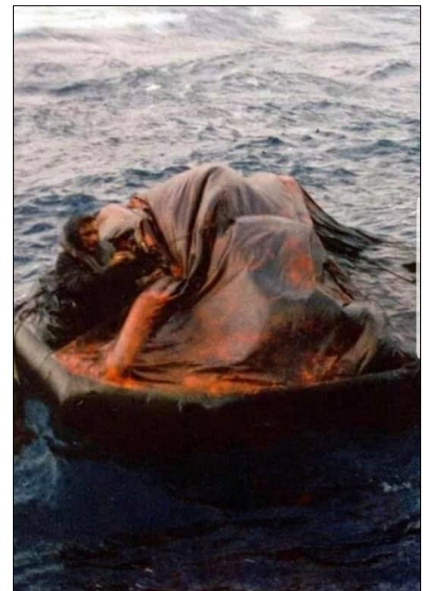
PUMA AE-506, belonged to the Army Aviation Corps and is now displayed on a pedestal in the town of Malvinas Argentinas, Buenos Aires, Argentina.



PUMA AE-506 landing on SS Uganda.

This blood exchange was a good thing, we nearly lost the Falklands war because of lack of blood, and that the Argentines unwittingly lost the war by donating blood, as this enabled the British attacks to go ahead.

More photos below.



ARA Bahia Paraiso rescuing survivors of ARA Belgrano.



As you can see, when both ship met in the Red Box safety zone, they were only a short distance apart.

Argentine PUMA helicopter and Royal Navy Wasp helicopter traveling between both ships.



Argentine PUMA



Argentine PUMA landing on Hospital Ship SS Uganda.



Hospital Ship SS Uganda.



Hospital Ship SS Uganda.



LCpl Denzil Connick and Cpl Roy Bassey, both members of 3 Para, Denzil lost a leg, and Roy his foot.



Hospital Ship SS Uganda, operating room.

Eventually I left the Army in November 1984, and married my girlfriend Maureen Maher in June 1985.



In 1993, I had been married for eight years and had two sons Matthew and Adam, and while in Liverpool city centre I decided to donate blood, and was shocked receive a letter telling me to make an appointment with my family GP, who informed me I had tested for Hepatitis B, and was asked if I had ever taken drugs, shared needles, was I gay? Had I had any blood transfusions abroad? I told them about my participation in the Falklands War, and that I had two operations where I was told I had been transfused with Argentine blood, my wife and children had to have Anti Hepatitis vaccines, I felt great shame, and I have avoided telling anyone about my Hepatitis B infection, as it has a stigma to it.

In 2012, I was diagnosed with kidney cancer; I had my left kidney removed, shortly after, my right kidney failed, and I ended up on dialysis for five years, until in 2017, when I received a fatal kidney transplant, this has worked well, but left me vulnerable to infection as I have a lowered immune system.

<https://pubmed.ncbi.nlm.nih.gov/37758123/> Documents below.



**NATIONAL BLOOD TRANSFUSION SERVICE
MERSEY & NORTH WALES**

Director: Vanessa J. Martlew, M.B., Ch.B., M.R.C.P., MRCPath.

Regional Transfusion Centre, West Derby Street, Liverpool L7 8TW. Tel: 051-709 7272. Fax: 051-709 0392.

Our Ref: AJNS/SEK

Your Ref:

When telephoning or
calling please ask for:-

27th April 1993

Dr Kapoor
Medical Centre
Knowsley Road
Bootle
L20

29 APR 1993

Dear Dr Kapoor

James O'Connell dob 26/02/60
6 Blisworth St. L21 8FJ

This donor attended recently to donate blood and was found to have a positive screening test for hepatitis B core antibody, but was negative for hepatitis B surface antigen. These findings have been confirmed by the PHLS.

As you may know, blood donors have been routinely screened for hepatitis B surface antigen since the early 1970's, but there is growing evidence that some individuals can be negative for hepatitis B surface antigen, even though hepatitis B has sometimes been transmitted by blood transfusion, and in retrospect a donor has been found to be positive for antibodies to hepatitis B core antigen.

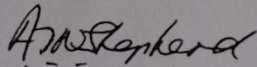
After this experience, this transfusion centre is now conducting an extended pilot study of screening all donors for hepatitis B core and surface antibodies. The finding of a positive test for hepatitis B core antibody must be regarded as a marker of possible infectivity in some individuals.

I have already written to your patient to advise him about this finding, and that he will be withdrawn from our blood donor panel. I have also obtained written permission to contact you about this, and suggested that he should call to see you for further advice. It might be helpful if you could remind your patient that they must not give blood in the future, and not carry an organ donor card.

The implications of this finding with respect to your patient's health are not immediately clear. There are a number of interested gastroenterologists in the Region who specialize in liver disorder and have kindly agreed to provide a referral service. I have enclosed for your information a list of these individuals and would suggest that you arrange for your patient to see them for further investigation.

You may wish to arrange routine liver function tests, and further hepatitis B screening tests as a baseline.

Yours sincerely



Dr A J N Shepherd
DEPUTY DIRECTOR

Enc.



Aintree Hospitals

Walton Hospital,
Rice Lane,
Liverpool, L9 1AE.
Tel. 051 525 3611
Fax. 051 529 4782

(please quote our reference in reply)

Our Ref. Consultant Dr Walker
Walton RJW.HH.903140

Your Ref.

When telephoning or calling please ask for

27 July 1993

Dr Kapoor
290 Knowsley Road
BOOTLE
L20 5DQ

2 AUG 1993

Dear Dr Kapoor

RE James O Connell DOB 26 02 60
6 Blisworth Street LITHERLAND

Thank you for referring this young man whom I saw on behalf of Dr Walker. I just wondered whether there has been printing mistake in your original referring letter and you mentioned that he was diagnosed to have HIV positive and in fact if it was not Hepatitis B positive. He however has no symptoms and has been a blood donor since 1979. Recently I think on blood testing he was found to be hepatitis B positive. He was involved in the Falkland War when he had suffered extensive injury to his eye and face and had facial reconstruction at different Hospitals. Presumably during that period he contracted the infection. He left the army in 1984 and since then he has been working as a Taxi Driver, he is a non-smoker and drinks alcohol occasionally. He is married with 2 children and as you mentioned his wife has been tested for hepatitis B and was found to be negative and currently in the process of getting a vaccination. He has been on no medication, he has no known allergy and hasn't had any other illness apart from the war injury.

Hepatitis B only

On examination he looked fit, he was not jaundiced and there was no stigmata of chronic heart disease. His CNS was within normal limits. I have done some routine blood tests and have asked for hepatitis E antigen, hepatitis C,D serology and have given him an appointment to come to the Liver clinic and review with all these results.

Yours sincerely

S Kar
Staff Grade Registrar

Bilirubin 27 y/g 54
Hb 15.6
HbsAg negative

Ref BKJ/LM/0903140N

Mr D G Machin
Consultant Urology Surgeon

28 January 2000

Dr R G Kapoor
North Park Health Centre
290 Knowsley Road
Bootle
Merseyside
L20 5DQ

- 8 FEB 2000

Dear Dr Kapoor

JAMES O'CONNELL DOB 26/02/60
6 BLISWORTH LANE LITHERLAND LIVERPOOL L21 8JF
HOSPITAL NO 0903140N

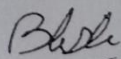
Thank you for referring this gentleman to the Urology Clinic whom I have examined today on Mr Machin's behalf. I believe he was found to have microscopic dipstick haematuria on one occasion. The subsequent MSSU has been clear. He denies any lower urinary tract symptoms.

His past medical history he had an operation for facial reconstruction due to war injuries. During this operation he had a multiple blood transfusion and later contracted hepatitis B infection and is now hepatitis B positive. He is on no regular medication at the present time.

Clinical examination of his abdomen and genitals were unremarkable. Rectal examination revealed a flat benign prostate.

His MSSU and dipstick again today in the clinic showed some trace of blood. I will send this away to the lab for further microscopy and culture. I have also organised him to have an IVU to see if there is any renal tract abnormality. I will also send him an appointment for a flexible cystoscopy examination in the near future to look at his lower urinary tract.

Yours sincerely



B K Jha
STAFF GRADE IN UROLOGY
HAEMATURIA CLINIC

		AC	
✓		DC	
IN COMP		LC	
SISTER		HC	



UNIVERSITY
LIVERPOOL

Aintree Hospitals NHS Trust

University Hospital Aintree, Lower Lane, Liverpool L9 7AL
Tel: 0151-525 5980, Fax: 0151-529 3239

INVESTOR

I have written many letters and sent numerous emails to the Ministry Of Defence and several Veterans agencies, none of whom have shown the slightest interest, in this episode, I understand, that the MOD never sanctioned the using of Argentine blood, it was done by the senior British nursing staff commanded by Andrew Rintoul, and done as an act of humanitarianism to save the lives of the British and Argentine wounded, this episode undoubtedly happened, the British blood ran out on 10th June 1982, and 170 wounded men were given Argentine blood. If this episode had not been hidden, I have no doubt that the two men involved Andrew Rintoul and Pascual Pellicari would have received an award for saving lives in the most demanding of circumstances.

I ask that this episode be thoroughly investigated, and rather than a blanket MOD denial, they be asked how did the doctors and nursing staff treat 730 patients and perform 503 operations, when by the 10th June 1982 they had ran out of blood, there was still no end in sight to the war, it could have gone on for another two weeks with the inevitable casualties.

However, it ended four days after the 10th June 1982, on the 14th June 1982, and in those four days, 170 battlefield casualties were brought aboard Hospital Ship SS Uganda, where did the blood come from to treat these wounded men? The truth of the matter is they accepted Argentine blood from ARA Bahia Paraíso.

The Argentine Ministry of Defence have recently looked into this episode and have concluded.

https://4edc453f-e9a4-4b72-8125-35087a991f4e.filesusr.com/ugd/a2baab_920d11dbb55441b1a109b98b25fd7694.pdf

5. CONCLUSIONS:

In conclusion, testimony has been compiled that attests to the events, along with documentation that provides a framework for the collaboration and spirit that existed between the doctors on the Argentine and British hospital ships.

Unfortunately, there is no "receipt" documentation for the materials and medications delivered, and oral history recounted by the participants must be relied upon.

In this regard, it should be noted that the events occurred within the context of a war, where formalities may be conditioned by the speed of the actions and the improvisation required by the circumstances, even more so when there was no specific authorization.



Over these 43 years since 1982, we as a couple have stayed strong and have recently celebrated 40 years of marriage.