

"WHITE LIES AND RED CROSSES"

FALKLANDS WAR 1982

~~CLASSIFIED~~



**HOSPITAL SHIP
ARA BAHIA PARAISO**



**HOSPITAL SHIP
SS UGANDA**



~~CLASSIFIED~~

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

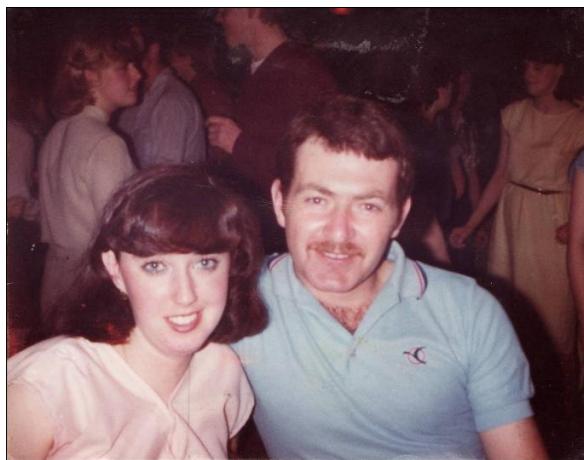


Photo above, my girlfriend (Future wife) Maureen Maher and me in 1981. Second photo, me 10th June 1982, located on Mount Vernet, ten miles from Port Stanley, waiting for the night battles to begin.

After the landings on 21st May 1982, and the sinkings of several 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 in the rain, sleet and snow, the 60 miles to reach the outer ring of mountains surrounding 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 wasn't sure what had hit me, I later found out I'd been shot, the bullet first passed through the bridge of my nose, then damaged my right eye, and also caused extensive damage to my orbital floor, cheekbone and teeth, after a 10 hours wait due to the ongoing battle, I was evacuated to the Hospital Ship 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, around me lay many of my friends badly wounded, so I was just happy to be alive.

MEDICAL-IN-CONFIDENCE		F/MED/11 (Revised 1/79)	
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.	Rank/Rating <i>Pte</i>
Date <i>12/6/82</i>	Ship/Unit/Station		Hospital No.
<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>only 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>set time loss entry to nasal cavity</i></p> <p><i>Not shocked.</i></p> <p><i>lower eye lid</i></p> <p><i>laceration</i></p> <p><i>deep</i></p> <p><i>general swelling</i></p> <p><i>mouth drop</i></p>			

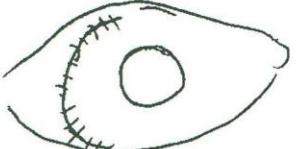
OPERATION NOTES

Surgeon Surgeon Captain Pintal / Sugdir Chandra
 Assistants Sfc Keeru

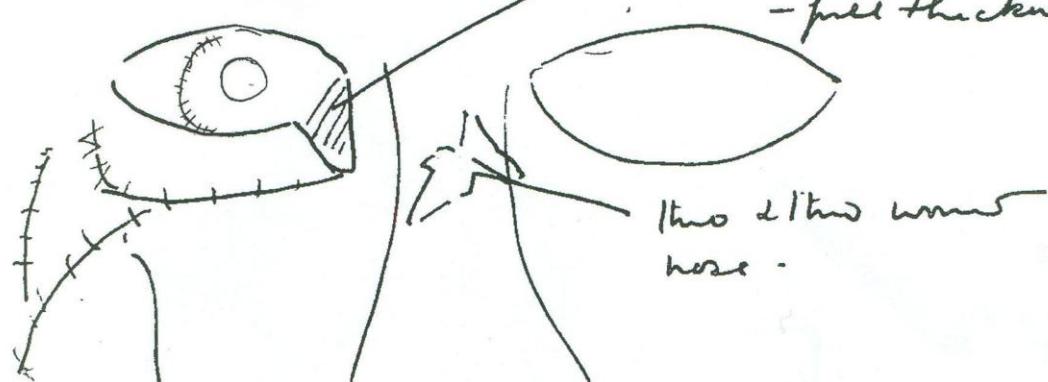
Scrub nurse

Operation performed ① Investigation penetrating wound ② eye.

Incision findings ② Investigation of # maxilla and repair of facial lacerations.
 Scleral wound R' eye 2 cms in length
 6 mm behind limbus
 Total lymphoma - 15%



Procedure ①



area of skin missing
 - full thickness loss -

two & 1/2 nose -

Closure full T. lacerations. Anterior wall of antrum
 in small bony fragments -

Drainage Sutures 4/0 e.g. x 5/0 silk 10kms -

Tourniquet on - off:

Laboratory specimen Seen on 07 on 6th day - SB -

Post-operative instructions

② Total bony defect of infra-orbital rim noted as drawn overleaf.

Minor palpable separation at ② frontozygomatic suture.

Destruction of lacrimal duct & angular vein.

Primary repair of facial lacerations and corner of

② ear. ① F/Z suture in not used.

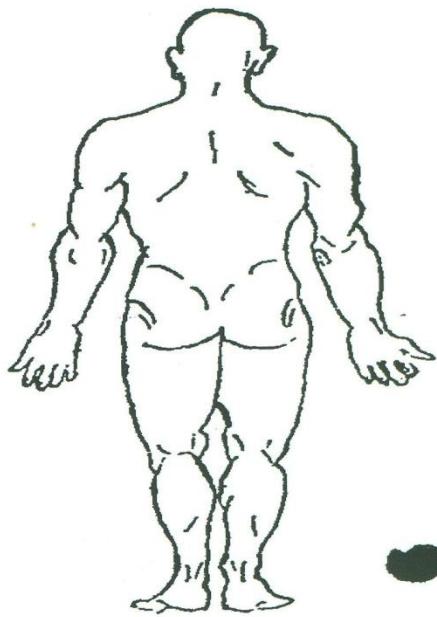
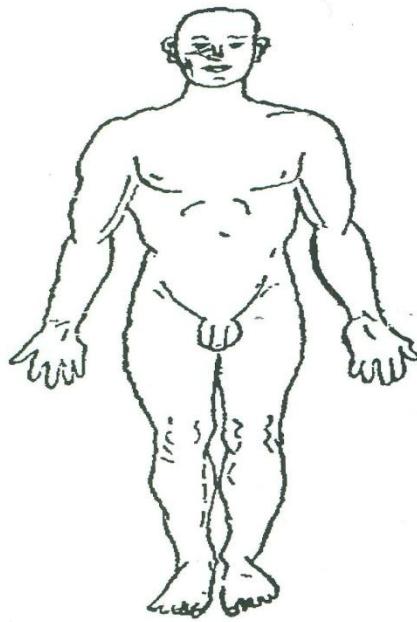
Laceration - bridge of nose. debrided and loosely sutured.

Grown of 21 mm - pulp exposed.

Lithium

Date

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



12.6.82
122D
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
D/E Deep penetrating wound of R maxilla —
complete destruction of floor of R orbit →
maxillary ridge, also of \pm nose.

R Triptopen 1 vial IM stat
Tet Tox.

Saline-damped dressing under FFD
to protect eye.

100 mg pethidine PRN 6 hourly.
For emesis please — ? back to Red Box.
for maxillo-facial

EW Dwyer

12/6/82 1015 Locre WGRMDS

→ Seaweed Wash.

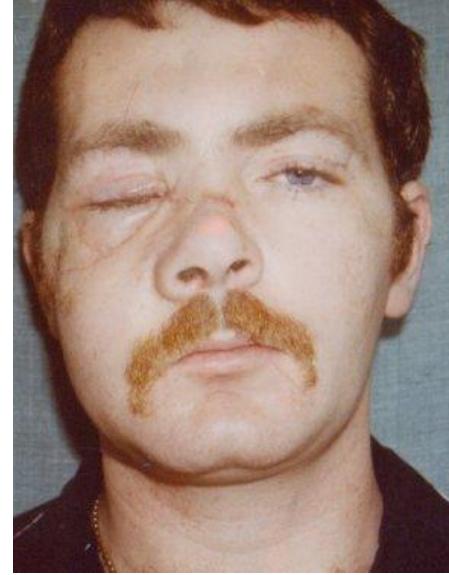
→ Max Face / Ophthalmic.

Cohen



The photo above was taken by a male nurse while I was unconscious in the Intensive Care Unit on board Hospital Ship SS Uganda.

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



Maureen (Future wife) and me on 1st home leave, 2nd photo, taken 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 on board **+360** units of blood supplied by the **Army Blood Supply Depot**; this was part of **800 units of blood** that had been collected on **26th April 1982**, from two donor sessions. On each occasion the depot was engaged in a beat the clock operation to get blood out to Ascension for a deadline. Civilian and military staff worked overtime for each of the

sessions- on one occasion right through until four in the morning. The first mass session was an HMS Collingwood at Gosport and the second covered two venues - RAF Halton and the Coldstream Guards at Caterham. The blood was then transported to waiting aircraft at RAF Lyneham and Brize Norton, and then flown to the Ascension Island, where;

<https://soldier.army.mod.uk/media/ixostiw/june-14-24-1982-vol-38-no12.pdf>

'Blood was delivered to hospital ships as they passed Ascension Island or was air dropped into the sea alongside the ships.'

Volume 6, Supplement 1, 1996, Page 77, Transfusion Medicine, Fifty Years of Blood Transfusion.

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 transporting of the blood from Aldershot, to Brize Norton, and 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 the newly converted Hospital Ship SS Uganda, especially in the hot climate of the Ascension Island (a volcanic Island), then sailing into the freezing waters of the South Atlantic.

Below is written by **Robert McGrann; Medical Technician 1(L)** Royal Navy.

He worked in the Pathology Laboratory aboard the SS Uganda during Operation Corporate.

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

For ready to use stock, was stored in the drinks cabinet's beer fridges in the cocktail bar.

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

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

Prior to the British landings on 21st May 1982, a further **+415** units of blood would be collected from the crew of several ships, including sailors, soldiers, merchant seamen and civilian crew members who would all willingly donate their blood.

Lt Commander (Rtd) **Mark Trasler** MBE Royal Navy, 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.

31st May 1982, the **+360** units of blood donated by the Army Blood Supply Depot was **now out of date** or had been used, leaving Hospital Ship SS Uganda with only **+415 units of blood** or less.

08th June 1982, SS Uganda gives **+283 units of blood** to help Ajax Bay (Sir Galahad bombing).

09th June 1982, one man (RM Paul Callan) has now received **-50** units of blood, but sadly lost his battle for life on 10th June, this left **SS Uganda** with **+82 units of blood**.

09th June 1982, with only **+82 units of blood**, or less, that same day, SS Uganda would take aboard **160** casualties mainly from the Sir Galahad bombing.

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		0	Outgoing	
Ajax Bay		283	Outgoing	
One man receives 50 units of blood.		50	Outgoing	
Blood spoiled		0	Spoiled	
Total blood outgoing.		693		
Leaves SS Uganda with, on 09th June 1982.		82	Blood Units.	
On 09th June 1982, SS Uganda would receive 160 casualties mainly from the bombing of Sir Galahad.				
The Hospital Ship SS Uganda ended the campaign with +158 Blood Units over? How is even this possible?				
It is clear not every man would not receive blood, but other more severly 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.

Supplied by Lt Commander (Rtd) **Mark Trasler MBE Royal Navy**

Official Blood Numbers 1982, SS Uganda.

ANNEX A TO PATHOLOGY REPORT

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	1
Film of Malarial Parasites	6	1
Bleeding Time	1	1
TOTAL	1046	

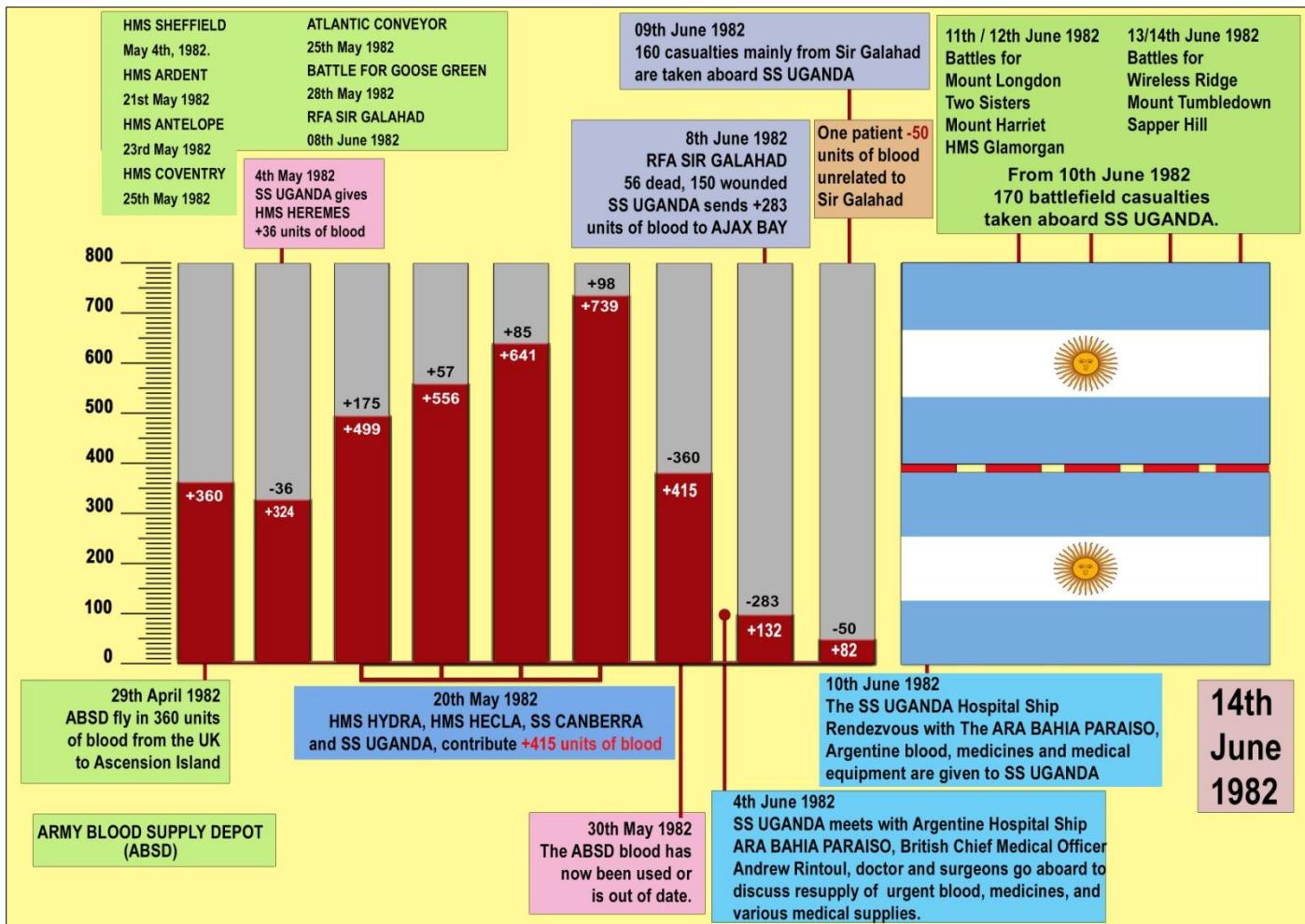
Blood Transfusion

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 1th May 1982:

01st May 1982, 20-year-old AB Ian Britnell, from HMS Arrow, sustained an injury to his liver when he was struck by shrapnel from a cannon shell when the ship was attacked by Argentine jets during the first bombardment of Stanley. The sailor was transferred to HMS Hermes, where he was operated on by Principal Medical Officer Surgeon Commander J Soul.

04th May 1982, HMS Sheffield is sunk, deaths and casualties. (Casualties from HMS Sheffield taken to HMS Hermes.

12th May 1982, Embarked 4 casualties from HMS Hermes – 1 stretcher case and 3 walking wounded., gave HMS Hermes **+36 units of blood**.

20th May 1982, Uganda received 7 British casualties, and 24 Argentine casualties (crew of FV Narwal).

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

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

23rd May 1982, Blue on Blue, 3 Para, 8 VSI wounded.

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

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

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

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

25th 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.

26th May 1982, SS Uganda.

74 casualties aboard.

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

29th May 1982, SS Uganda.

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

31st May 1982, of the **+360 units of blood** taken aboard at Ascension Island on **28th April 1982**, **this blood has now expired** leaving SS Uganda with approximately **+415** units of blood **or less**.

01st June 1982, influx of Argentine casualties from Goose Green (booby trapped ammunition), blood runs out at Ajax Bay, Argentine prisoners are bled, resulting in 60 units of blood.

02nd June 1982, SS Canberra sends blood supplies to Ajax Bay.

(Written by Andrew Rintoul, MOIC SS *Uganda*) We received a visit on 2nd June, from Surgeon Rick Jolly; Rick was the senior Naval Medical Officer at Ajax Bay Field Hospital. Before sitting down with him to discuss our mutual problems, I asked him what he needed most? He looked round at my bathroom and said, "I'm desperate for a bath." I told him help himself, and he came out looking a different colour!

He was going back to Ajax Bay via SS *Canberra* where he acquired blood stocks.

03rd June 1982, SS Uganda.

Received **12** casualties.

04th June 1982, Hospital Ship SS Uganda rendezvoused with **Hospital Ship ARA Bahia Paraiso** (B-1), British Medical Officer In Charge (MOIC) Andrew Rintoul and two senior surgeons are transported by the Argentine Puma helicopter AE-506, to the ARA Bahia Paraiso, during this meeting with the Argentine Captain, Ismael Jorge García, British Officer 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.

(That day would come in 4 days time on 8th June 1982, the bombing of Sir Galahad.)

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.

Ipsilon Ampules 500 Cmm.

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

Tranexamic Acid 150 Doses, Cmm.

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.

Etansylate (sometimes spelt ethamsylate) or Dicynone 150 Doses .

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.

06th June 1982, SS Uganda.

4 Wessex helicopter landings, SS Uganda receives **20** British casualties.

08th June 1982, RFA Sir Galahad is bombed, resulting in **160** casualties.

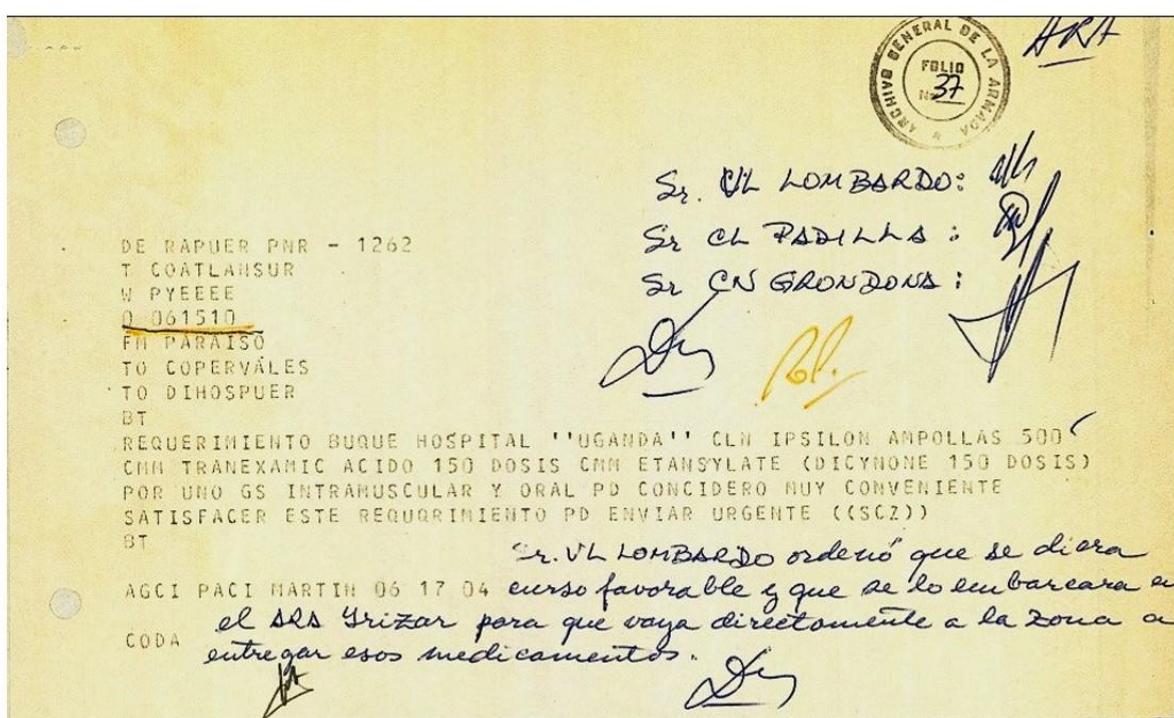
08th June 1982, SS Uganda sends +283 units of blood to Ajax Bay, Royal Marine Paul Callan fights for his life, using **+50 units** of blood, leaving SS Uganda with only **+82 units of blood**.

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

09th June 1982.

FALKLANDS WAR 25th ANNIVERSARY

OPERATION CORPORATE-THE SIR GALAHAD BOMBING



Woolwich Burns Unit Experience. P Chapman

Medical facilities at Fitzroy were limited, as all the Field Ambulance equipment had been lost on board the Sir Galahad during the bombing. First aid was given and the wounded evacuated as soon as possible by helicopter to Ajax Bay where the main shore-based medical facilities were stationed in a disused refrigeration plant. Some of the injured were transferred directly to ships in San Carlos Water. **All were ultimately evacuated to the hospital ship SS UGANDA which itself was under pressure to evacuate as many wounded as possible, to make room for the large numbers of casualties expected from the planned attack on Port Stanley.** Those fit enough were therefore transferred from UGANDA to smaller hospital transport ships. HECLA, HERALD and HYDRA for passage to Montevideo and onward flight in RAF VC10 aircraft to the UK.

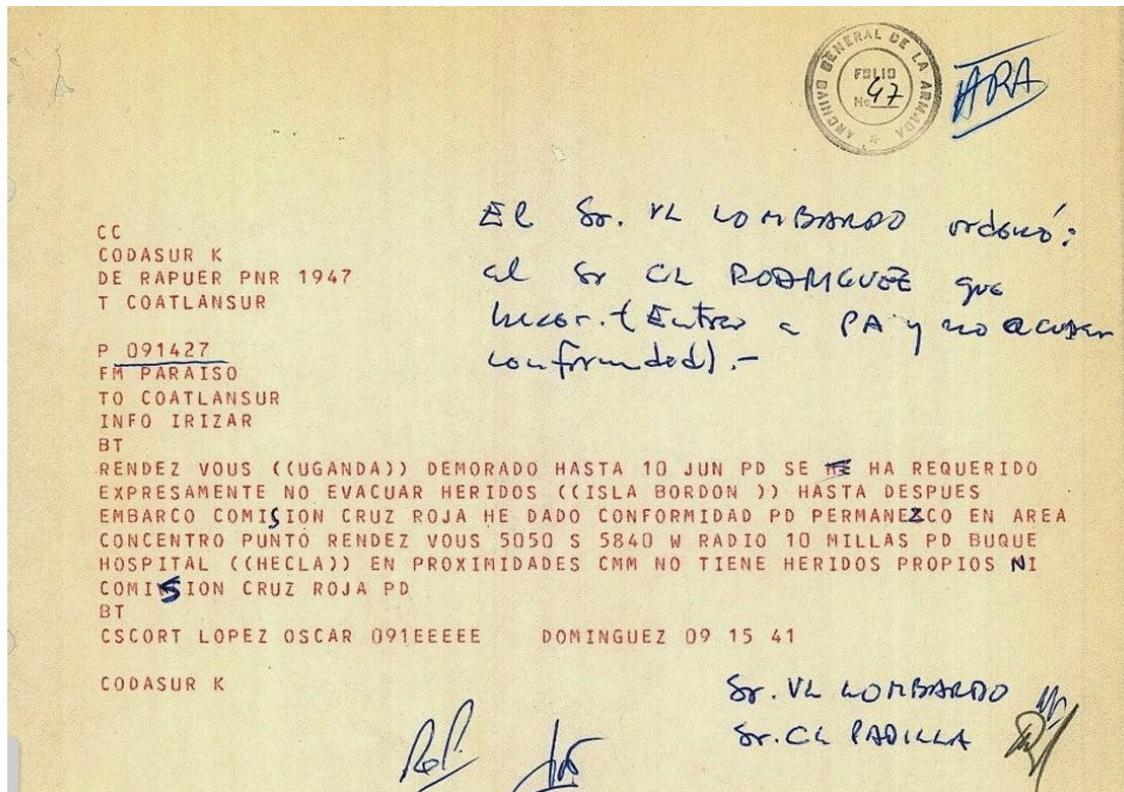
<https://doi.org/10.1136/ijamc-153-03s-12>

09th June 1982, with only **+82 units of blood**, SS Uganda, received **160** wounded mainly from the Sir Galahad bombing, of these **78** were burned severely ranging from 1-45% of total Body Surface Area.

How will SS Uganda treat these casualties with only +82 units of blood? And how will they treat the predicted casualties from the future battles planned to take place on 11th June 1982?

And as we must remember, there was no end date to the conflict, and further casualties would ensue. In fact, over the next four days SS Uganda would receive another 170 casualties!

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



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 by helicopter, +250 units of blood and medical supplies to SS Uganda**, in return, **47 Argentine casualties would be repatriated from SS Uganda to ARA Bahia Paraiso.** (These 47 wounded are evacuated to make room for the expected British casualties)

<https://deyseg.com/malvinas/640>

<https://www.laprensa.com.ar/La-larga-travesia-del-transporte-Polar-ARA-Bahia-Paraiso-Ultima-entrega-511281.note.aspx>

<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/>

10/11th June 1982, Blue on Blue, 45 Commando. Four dead, three wounded very seriously wounded.

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

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

12th June 1982, SS Uganda.

Received over **80** casualties, many seriously wounded. (*I was among this number*).

13th June 1982, SS Uganda.

Received **30** casualties.

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

14th June 1982, SS Uganda.

Received **60** more casualties.

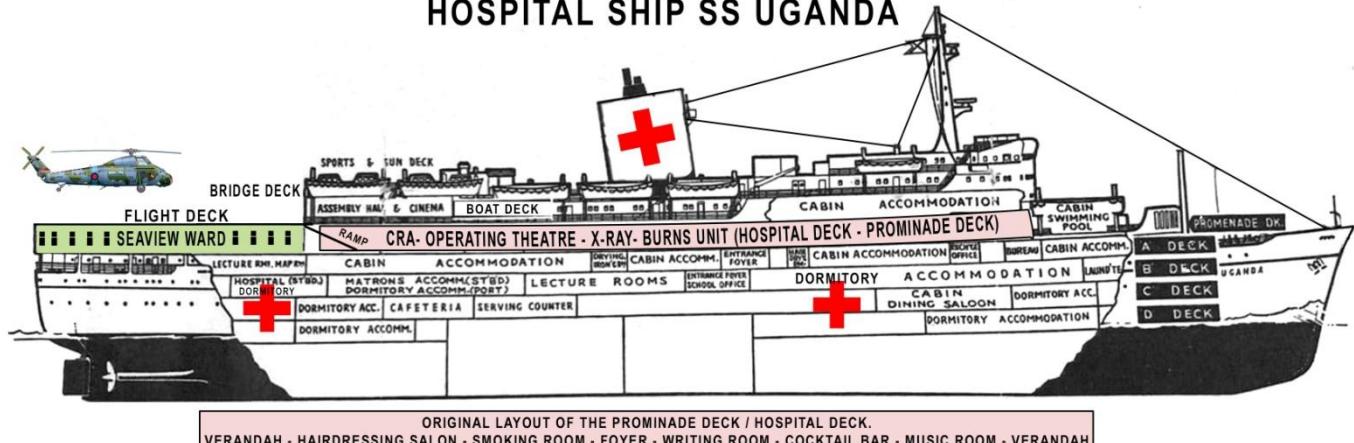
From 10th June 1982, till 14th June 1982, the SS Uganda took aboard **170 battlefield casualties**, where did the **blood** for these men come from?

If the surrender had not come on 14th June 1982, these were the orders for the night of 14/15th June 1982:

*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:
Fortunately the war ended at approximately 15.30hrs (zt) Monday, 14th June 1982.*

As you probably know this was a war run by the British on a shoestring, we were 8000 miles from home, the Argentines were 300 miles, we have lost huge amounts of vital supplies caused by the sinking of the merchant ship Atlantic Conveyor, including ammunition and vital heavy lift helicopters, as we neared the end we are running out of bullets, artillery rounds and now I can reveal **blood**, the winning of the Falklands War was indeed a very close call, and the receiving of **Argentine blood** enabled us to fight on and win, had we not received the **blood**, would the night battles have taken place? could we have captured Port Stanley? if we had lost the war, the story of British Falklands War would be a completely different one, it would probably be about the shame of losing the war with Argentina, losing the Falkland Islands, Mrs Thatcher losing the election or being thrown out of office, lives lost for nothing, the last death rattle of a once great nation, but we won thanks to the gift of **Argentine blood**.

HOSPITAL SHIP SS UGANDA



Ramp from Flight Deck to (CRA) Casualty Reception Area



C

Hospital Ship SS Uganda.



Hospital Ship SS Uganda.



Hospital Ship SS Uganda.

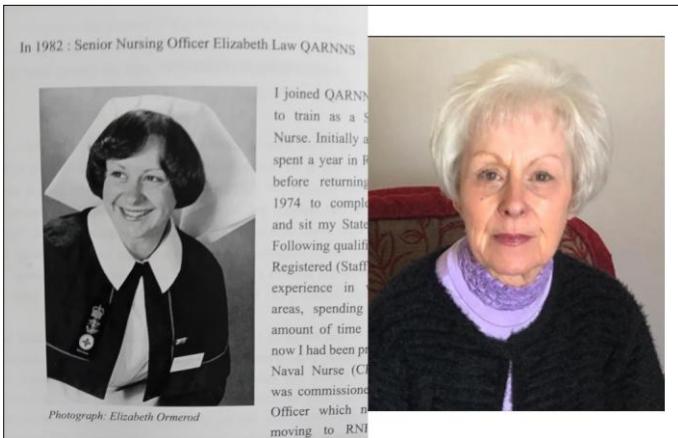


Hospital Ship SS Uganda.



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 Hospital Ship SS Uganda.

● Re: ARA Bahia Paraiso Hospital Ship / SS Uganda Hospital Ship AOL/Inbox ☆

● Liz Ormerod From: [redacted] Sat, 21 Jun at 12:22 ☆
To: Jimmy O'Connell

Hello Jimmy,
Thank you for your detailed email. I'm not sure I can add too much to your information. 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 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 Argentines. Hospital ships have neutrality and it would not be unusual to offer help. We cared for several Argentine soldiers who were treated just as our own prior to their transfer to the Argentine hospital ship. I can't recall any occasions where the situation was reversed whereby Uganda might have received UK casualties from Bahia Paraiso.

I do recollect that a seriously injured Royal Marine had several transfusions. This included one where blood was collected from Uganda ship's company and given directly back to him in order to try to save his life, sadly it was unsuccessful but demonstrates the extent of humanitarian endeavour from both sides as Dr Espinosa notes.

I hope this helps,

Best wishes
Liz Ormerod

Ex Uganda nurse Sue Warner (maiden name Chandler).



Anastacio Vilca Condori fue enfermero en el Bahia Paraiso. Con él, la enfermera británica Sue Warner, que participó en el buque hospital Uganda, en un encuentro de veteranos este verano. Recordaron cuando el buque inglés recibió suero para transfusiones de sangre del barco argentino al final de la guerra (Franco Fafasuli)



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

Testimonies of Humanity.

Among them, that of Sue Warner, a nurse who served on the hospital ship SS Uganda, stood out. She recalled the people assisted on that warship who had a unique encounter with their Argentine counterparts when, in 1982, they needed blood for their patients and this was obtained thanks to contact with the Argentine ship. [links](#).

<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 websites, however, if you do a search using Spanish, “Sangre”, Malvinas, Bahía Paraiso, 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 Hospital Ship 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 Paráíso" 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 Hospital Ship 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 Paraiso 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, the SS 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 alive 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

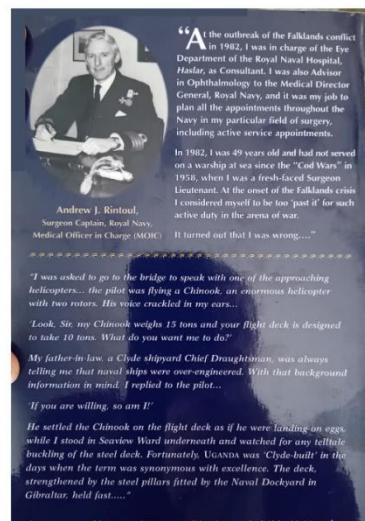
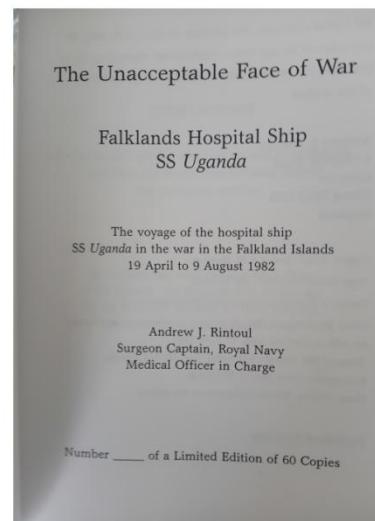
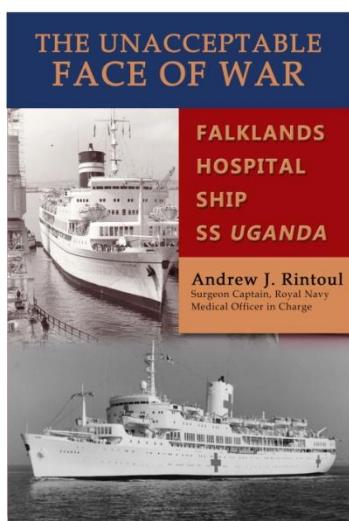
had a dedicated hospital deck and carried two white painted red-crossed helicopters, a Puma and an Alouette. In accordance with Geneva rules, she sent her Puma over to Uganda to pick one or two senior surgeons and me to inspect her hospital facilities before casualty transfer.

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 Paraiso 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.



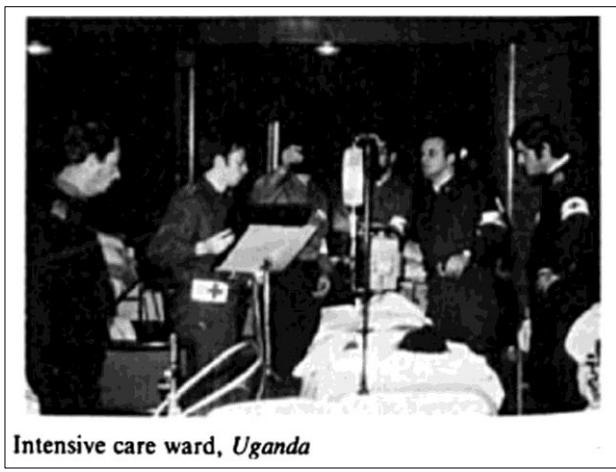


Surgeon Captain Andrew J Rintoul and Deputy Matron Edith Meiklejohn and others suiting up in orange survival suits for their journey back and forth from Hospital Ship SS Uganda **to Argentine Hospital Ship ARA Bahia Paraiso.**



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, Argentine Dr Pascual Pellicari, RN Anaesthetist Peter Bull, RN Deputy Matron Edith Meiklejohn, RN MOIC Andrew Rintoul.



Intensive care ward, *Uganda*



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 after the meeting, with bombing of the Sir Galahad, 48 dead and 150 casualties, most of the casualties were treated in Fitzroy, Teal Inlet or Ajax Bay, SS Uganda would immediately send **+283** units of its meagre blood supply to Ajax Bay.

After that initial contact between Hospital Ship SS Uganda and Hospital Ship ARA Bahia Paraiso on 4th June 1982, Bahia Paraiso picked up Argentine wounded from Porto Argentina (Port Stanley), Fox Bay and Port Howard, then returns to the port of Punta Quilla (Santa Cruz, Argentina) discharges her Argentine casualties and replenishes supplies of blood, medicines, medical equipment, food and fuel.

08th June 1982, ARA Bahia Paraiso returns to the naval base at Punta Quilla (Santa Cruz, Argentina) to disembark casualties and replenish supplies.

After the disembarkation of the Argentine wounded from ARA Bahia Paraiso 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 Paraiso 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 48 dead and 150 wounded.

On 8th June 1982, SS Uganda sends **-283** blood units to **Ajax Bay** to aid the operating teams.

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 meets Hospital Ship SS Uganda in the Red Box (Safety Zone) where the ARA Bahia Paraiso transferred the blood and medical supplies to SS Uganda by the Argentine helicopter PUMA AE-506.



The crew of the **PUMA AE-506** composed of, Captain Luzuriaga, 1st Lt. Leguizamón, and Sgt Carlos Andres Verón, have their photo taken aboard SS Uganda, along with members of the SS Uganda deck crew who are in the front row and standing on the end left and right.

Sgt Carlos Andres Verón is in the back row 2nd (tallest) from right; he is pictured above in a recent photo.

Sgt Carlos Andres Verón; email contact.

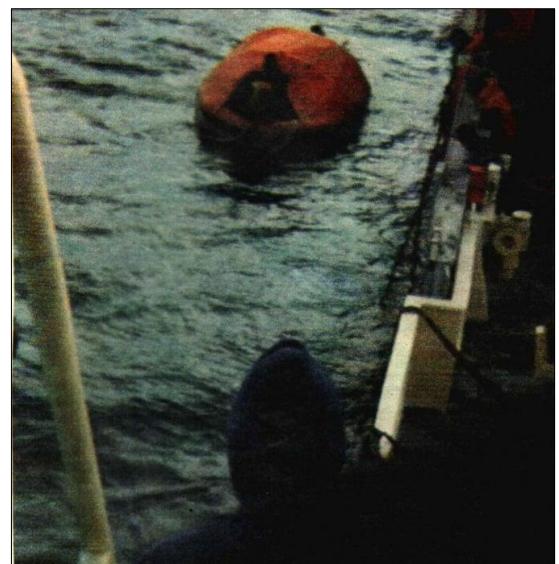
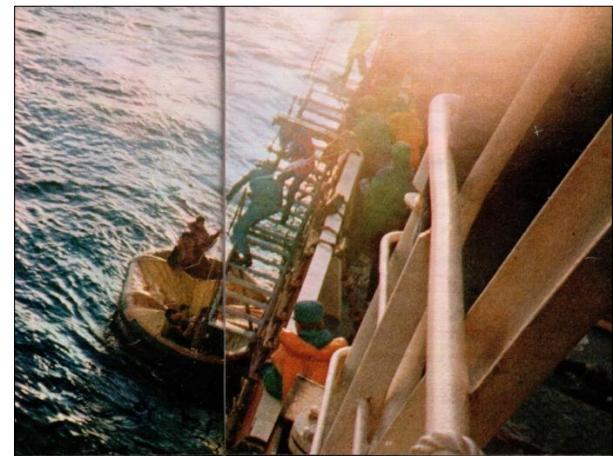
*On June 10th 1982, we transported **+250 litres of blood** from Hospital Ship ARA Bahia Paraiso to Hospital Ship SS Uganda; we met several times to exchange wounded and medicines, a great example of military medical care in combat.*

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



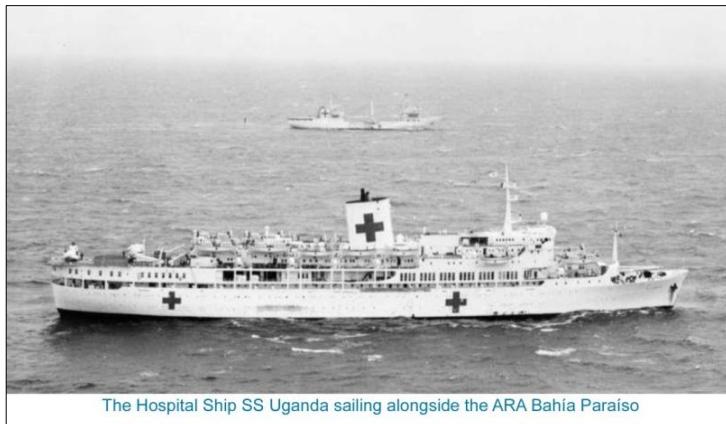
2nd May 1982, ARA General Belgrano, sunk.

3rd / 4th May 1982, ARA Bahia Paraiso recovers 71 survivors and 17 deceased.



After dealing with the recovery of the dead and the survivors of the sinking of the ARA General Belgrano over the 3rd and 4th May 1982, it is even more remarkable that the crew of the ARA Bahia Paraiso only a month later would provide blood and medicines to the British, I believe the Argentine Medical Officer in charge Pasqual Pellicari, should receive a posthumous award from the British Government, similar to what [Surgeon Captain Dr Rick Jolly OBE](#) received from the Argentine Government, and I would like recognition for the crew of ARA Bahia Paraiso, sadly this will probably never happen.

Hospital Ship SS UGANDA and Hospital Ship ARA BAHIA PARAISO in the Red Box safety zone.



The Hospital Ship SS Uganda sailing alongside the ARA Bahia Paraiso



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



The Argentine PUMA 506 --- HMS Herald's Royal Navy Wasp helicopter travelled between both ships.



PUMA 506 aboard SS Uganda.



HMS Hecla's Wasp Helicopter.



Argentine PUMA 506 landing on Hospital Ship SS Uganda.

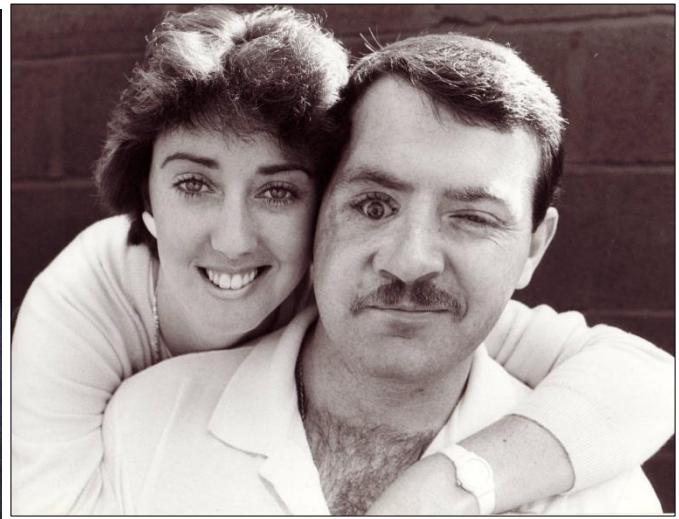


Hospital Ship SS Uganda.



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

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 to receive a letter telling me to make an appointment with my family GP, who informed me I had tested positive for Hepatitis B (I later found out that they initially thought I had HIV), I was asked if I had ever taken drugs, shared needles, or was I gay? They also asked if I had, 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 then had to have anti Hepatitis vaccines, I felt great shame then and now, 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 and am still shielding from covid, as I caught it in 2024, and had to have anti-viral medication. <https://pubmed.ncbi.nlm.nih.gov/37758123/> Documents below.



NATIONAL BLOOD TRANSFUSION SERVICE MERSEY & NORTH WALES

Director: Vanessa J. Marlew, M.B., Ch.B., M.R.C.P., M.R.C.Path.

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.

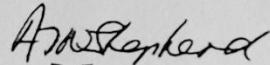
After this experience, this transfusion centre is now conducting an extended pilot study of screening all donors for hepatitis B core and surface antibodies. The finding of a positive test for hepatitis B core antibody must be regarded as a marker of possible infectivity in some individuals.

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 enclose 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

(please quote our reference in reply)

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

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

When telephoning or calling please ask for

Your Ref.

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

SK

S Kar
Staff Grade Registrar

Blelkin 27 Aug 94
Hb 15.6
HbsAg negative

 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	
E		DC	
IN COMP		LC	
RE SISTER		HC	
E			

October 2025.

As a result of a recent phone call from my GP following a blood test, I have been told I have scaring on my liver and the Doctor has referred me to the Hepatology pathway at the Liverpool University Hospital, Liverpool, Merseyside.

Hepatology pathway

LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

You do not need to do anything. You will be contacted when an appointment is available.

 Date referred:
2 October 2025

 **Waiting for appointment:**
When an appointment is arranged your provider will contact you.

 Average waiting time for treatment:
19 weeks*

*This is the average waiting time for this department at LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST. People are treated in order of clinical priority. You may wait less than this time or may wait longer.

Last updated: 30 November 2025

Ministry of Defence

I have written many letters and sent numerous emails to,

Veterans Gateway.

Veterans UK.

The Cabinet Office.

The Ministry of Defence.

MOD Complaints.

Parliamentary Under-Secretary of State (Minister for the Armed Forces) Alistair Carns DSO OBE MC MP.

Parliamentary Under-Secretary of State (Minister for Veterans and People)

The Office for Veterans' Affairs.

Maladministration.

None of whom have shown the slightest interest, I have never felt more betrayed or let down, and disgusted at those who I naively thought were there to help the veteran, however, they have all ignored me, and not been in the least bit helpful, even though MP Alistair Carns is a veteran! my faith in the Ministry of Defence and all Veteran services, is at an all time low, and I would never recommend HM Forces as a career.

They have never once said we will look into this, **all they ever say is for me to check my army medical records as information may have been recorded regarding my blood transfusions, but they consider it unlikely.**

During all my correspondences, my question is about the use of Argentine blood, after 10th June 1982, as the British blood had ran out, The reply below is to my local MP Dan Carden.

Dear Dan,

Thank you for your letter of 29 July 2025 to my predecessor on behalf of your constituent, Mr James O'Connell of 155 Kingfield Road, L9 3AA, regarding blood transfusions during the Falklands War.

As a veteran myself, I would firstly like to recognise and thank Mr O'Connell for his years of Service. The UK Government, and our nation as a whole, hold the professionalism, courage, and contribution made by all those who serve, and have served, in the Armed Forces in very high regard.

Mr O'Connell has contacted the Ministry of Defence several times over the last year requesting information the Department may hold in relation to the transfusion of blood on board SS Uganda during the Falklands War. I can confirm a search has been completed and the Department does not hold any recorded information related to blood transfusions during the Falklands War.

It might be helpful to explain information on blood transfusions may have been recorded on a patient's paper medical record (FMed 4); however, it is considered highly unlikely detailed information on the source of the blood would have been recorded in medical records during this period.

I appreciate that this is not the answer Mr O'Connell is looking for and I am sorry I cannot be more helpful.

Headquarters Defence Medical Services Secretariat, response.

Dear James,

Thank you for your enquiry of 24 February 2025 to the Ministry of Defence (MOD), in which you asked the following:

"Hi, I would like to know how many British soldiers were transfused with Argentine blood during the Falklands War.

On Wednesday 9th June 1982, the British Hospital Ship SS Uganda received by helicopter 160 British casualties mainly from the bombing of the RFA Sir Galahad bombing.

This exhausted British blood stocks.

On Thursday 10th of June 1982, the British Hospital Ship SS Uganda rendezvoused with the Argentine Hospital Ship Bahia Paraiso.

SS Uganda received some inspectors from the International Red Cross, medical stores, and 150 litres of Argentine blood from the Argentine Hospital Ship Bahia Paraiso.

On Friday 11th June 1982, the night attacks took place, 3 Para, 42 Cdo and 45 Cdo attacked three mountains resulting in many British casualties.

Saturday 12th June 1982, I was wounded during the night of 11th / 12th June 1982, after a lengthy delay due to the ongoing battle I was eventually evacuated to SS Uganda arriving at 12.00hrs Saturday afternoon, after a quick assessment I was operated on, when I awoke I was briefed on my condition, I had been very badly wounded, losing my right eye, cheekbone, the centre of my nose and front teeth, I was also told I had been transfused with Argentine blood.

Can you confirm this event and how many of us were transfused with enemy blood? As I say, this is widely acknowledged in Argentina, but very little is known in the UK."

Your enquiry is being treated as a request for information under the Freedom of Information Act (FOIA) 2000. A search for the information has now been completed within the MOD, and I can confirm that no recorded information in scope of your request is held.

Under Section 16 of the Act (Advice and Assistance) you may find it helpful to note that information on blood transfusions for UK Armed Forces Falklands casualties is not held centrally. Information on blood transfusions may have been recorded on a patient's paper medical record (FMed 4); however, it is considered highly unlikely detailed information on the source of the blood would have been recorded in medical records during this period.

If you have any queries regarding the content of this letter, please contact this office.

I am not sure if the MOD is aware of the exchange of Argentine blood, as it is unrecorded officially, or whether it is a dirty little secret, which is why the Hospital Ship SS Uganda's records are still secret at Kew Archives and will not be made public till 2064. Or is it that Andrew Rintoul the Medical Officer In Charge of SS Uganda did this humanitarian act completely of his own accord, to save lives of both British and Argentines.

The few members of the medical team aboard SS Uganda that I have managed to make contact with (many will not reply to my correspondence once I ask questions, but those that do all seem to have no memory of this incident, and say it was a long time ago. The semi-official account of Hospital Ship SS Uganda during the Falklands written by Operating Theatre Sister Nicci Pugh called '**War White Ship - Red Crosses**' A nursing memoir of the Falklands War, which is supposed to be a comprehensive and historically useful account, however, she forgot all about Andrew Rintoul and several of Uganda's medical team visiting the ARA Bahia Paraiso including Deputy Matron Edith Meiklejohn RN (her boss), or the Doctors and Surgeons from ARA Bahia Paraiso coming aboard the SS Uganda, an viewing the operating theatre and intensive care unit, her response to me was 'the years advance for us all, & the memories start to fade' **but she was 50 wrote her book in 2010.**

Fortunately, two of them, one a senior nursing sister, who says, it was **general knowledge that they used Argentine blood**, and one nurse who **travelled to Argentina to thank the crew of ARA Bahia Paraiso for donating blood** to save the British, and me who clearly remembers being told I had been transfused with Argentine blood. Then we have the doctors, surgeons and helicopter crew who were responsible for getting the blood and medical supplies to SS Uganda.

<u>Closed extracts: 9 pages</u>	
Ministry of Defence (Navy): Registered Files and Branch Folders. Operation Corporate, Falklands Conflict: <u>medical support and associated facilities; UK hospital ships, repatriation of bodies,...</u> Closed extracts: 9 pages.	
Held by:	The National Archives, Kew - Ministry of Defence
Date:	01 May 1982 - 31 March 1983
Reference:	DEFE 69/873/2
Subjects:	Armed Forces (General Administration) Navy
Catalogue description	
<u>Closed extracts: 9 pages</u>	
Reference:	DEFE 69/873/2
Description:	Closed extracts: 9 pages
Date:	1982 May 01 - 1983 Mar 31
Held by:	<u>The National Archives, Kew</u>
Legal status:	Public Record(s)
Closure status:	Closed Or Retained Document, Open Description
Access conditions:	Closed For 80 years
FOI decision date:	2012
Exemption:	Personal information where the applicant is a 3rd party
Record opening date:	<u>01 January 2064</u>

I understand that the MOD may have 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, it is a fact, 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 a humanitarian award for saving lives in the most demanding of circumstances.

All I ask that this episode be thoroughly investigated, but they will not look into it, they need to 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 Paraiso, and my Hepatitis B infection be recognised as coming from contaminated blood, that was given without malice.

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



Me, Port San Carlos, Falklands 1982.



Me, end left, 10th June 1982.

My additional notes.

Medical lessons

an adequate supply of blood for transfusion is essential in the management of casualties. Much was unusable because it was out of date or in the wrong place when it was needed, emphasizing the requirement for central control of blood and the provision of refrigeration facilities for all surgical units.

Blood was delivered to hospital ships as they passed Ascension Island or was airdropped into the sea alongside the ships. No supplies were actually made to the field hospital on the Falklands until after the cessation of hostilities. A number of valuable lessons were learned from this experience. Firstly, it was vital to have a flexible blood-supply plan that could be adapted to operations anywhere in the world. Secondly, central control of blood supply is vital and thirdly, the resources of the ABSD alone were not large enough to meet the total requirements of a military campaign. These lessons and the subsequent planning paid dividends as will be seen later.

The introduction of Product Liability in 1988 had major repercussions on the NBTS. As far as the MoD was concerned, it meant that locally organized donor sessions in military hospitals had to cease and all blood had to be supplied from ABSD, which, like other centres, had to seek MCA licensing. Trials were undertaken to validate mobile blood banks and to prove the safety of long-distance deliveries.

NHBT0000028 - Fifty Years of Blood Transfusion - 01 Jan 1996.pdf

<https://www.infectedbloodinquiry.org.uk/sites/default/files/2023-06-09%20Oral%20Evidence%20Docs%20-%20Row%202701-2900%20copy/2023-06-09%20Oral%20Evidence%20Docs%20-%20Row%202701-2900%20copy/NHBT0000028%20-%20Fifty%20Years%20of%20Blood%20Transfusion%20-%2001%20Jan%201996.pdf>



Fig. 10-4 Winston Churchill urges the citizens of Bristol to support the ABSD.



ARMY BLOOD SUPPLY DEPOT, Motto, SANITAS EX SANGUINE = HEALTH FROM BLOOD

In the 1980s, the Soviet Union (often referred to as Russia) was considered the primary existential threat to the United Kingdom, driving British defence policy and the deployment of a large, high-readiness army in Germany to fight a potential conventional or nuclear war in Europe.

Fifty Years of Blood Transfusion - 01 Jan 1996.pdf

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In 1982 the Falklands Islands were invaded and a Task Force was despatched from Portsmouth on 5 April 1982. Until this time, all blood-supply plans had been based on the scenario of a war in NW Europe. There were no plans for the supply of blood to support a beach landing at a distance of 7000 miles. Memories of the problems of medical care in the Crimea, Gallipoli and the Norway campaign of 1940 only served to produce feelings of foreboding. However, two fortunate events helped ease the problems. The ABSD had just successfully completed the trials of a new lightweight blood transport box, the CIBITS, and CPD-A had recently been licensed thereby extending the maximum shelf-life of blood to 5 weeks (Hogman et al., 1983). Blood was delivered to hospital ships as they passed Ascension Island or was airdropped into the sea alongside the ships. **No supplies were actually made to the field hospital on the Falklands until after the cessation of hostilities.** A number of valuable lessons were learned from this experience. Firstly, it was vital to have a flexible blood-supply plan that could be adapted to operations anywhere in the world. Secondly, central control of blood supply is vital and thirdly, **the resources of the ABSD alone were not large enough to meet the total requirements of a military campaign.** These lessons and the subsequent planning paid dividends as will be seen later.

SS Canberra.

A decision was taken to have a large store of banked blood, which was to be kept in the fresh fruit refrigerators on board.

The average speed of an RFA Supply ship was 25-30 mile per hour = 17 knots.

It typically took a supply ship two weeks to sail from Ascension Island to the Falkland Islands

21st May, 1982. SS Canberra takes part in the landing of 5 Brigade in San Carlos.

25th May, 1982. SS Canberra arrives at Grytviken, South Georgia to rendezvous with QE II.

27th May, 1982. QE II anchors in Cumberland Bay, South Georgia. (800 miles from Falkland Islands).

28th May 1982. 5 Brigade, troops and stores are transferred from QE II to SS Canberra.

2nd June, 1982. SS Canberra arrives at San Carlos with 5 Brigade.

(If any blood from the ABSU is given to Uganda, it is now out of date).

After two days, SS Canberra now leaves the immediate area of the Falkland Islands for the, Tug, Repair and Logistics Area (**TRALA**). This was an area established by the British Task Force for repairing ships, providing logistics support, and anchoring requisitioned merchant ships (**STUFT** - Ships Taken Up From Trade). It was located approximately 200 miles east of the Falkland Islands, deliberately placed outside the range of the Argentine Air Force to keep vital supply vessels safe. It was crucial for supplying the Carrier Battle Group and managing logistics, particularly after the San Carlos landings, where some vessels were deemed too vulnerable to stay close to the islands.

QE II; after dropping off 5 Brigade in, QE II

3 June, 1982: Captain Jackson (QE II) receives orders to proceed home to Southampton.

11 June 1982: QE2 arrived back in Southampton.

SS Uganda

SS Canberra

Advanced Surgical Centres

Ajax Bay, after the battle for Goose Green, 01st June 1982, influx of Argentine casualties from Goose Green (booby trapped ammunition), and blood runs out at Ajax Bay, Argentine prisoners are bled, resulting in 60 units of blood.

02nd June 1982 SS Canberra sends blood supplies to Ajax Bay.

Teal Inlet

Fitzroy