This is a copy of the laboratory workload 23rd April to 7th July 1982. Compiled by Lt Commander (Rtd) Mark Trasler MBE Royal Navy, he was a Medical Technician in charge of SS Uganda's blood room (Cocktail Bar).

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	
Film of Malarial Parasites	6	
Bleeding Time	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NOT USED OUTDATED		158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5. 300 units of outdated blood were received from SS CANBERRA and were disposed of.

These numbers have been accepted in various medical journals documenting the medical side of the Falklands War, and in the book, White Ship – Red Crosses, written by SS Uganda crew member, Senior Nursing Officer Nicci Pugh who created a fascinating, comprehensive and historically useful account of the efforts of the medical teams and crew aboard the British Hospital Ship SS Uganda during the Falklands War in 1982.

How it began

23rd April 1982, the Army Blood Supply Depot (ABSD) began collecting blood in the UK.

28th April 1982, the Hospital Ship SS Uganda received **+360** units of blood supplied by the ABSD while anchored at Ascension Island. This blood had an expiry date of **28th May 1982**, and could not be used after this date.

The primary medical dangers of using expired blood include:

1, Toxicity from Cell Breakdown (Haemolysis): As blood ages, red blood cells rupture inside the storage bag. This releases high levels of intracellular potassium into the blood. Transfusing this can cause severe hyperkalaemia (dangerously high potassium levels), which can lead to cardiac arrest.

2, Impaired Oxygen Delivery: Red blood cells lose their flexibility and their ability to release oxygen to tissues effectively as they age. This defeats the primary purpose of the transfusion and can cause organ damage in critically ill or trauma patients.

3, Infection Risk: While the UK has rigorous screening processes, older blood provides an environment where lingering bacterial contaminants can potentially multiply to dangerous levels, leading to severe sepsis upon transfusion.

4, Inflammatory and Immune Reactions: Degraded blood cell membranes release harmful inflammatory mediators. Transfusing these can trigger severe allergic reactions, acute lung injuries (TRALI), and increase susceptibility to systemic infections.

Prior to the British landings on 21st May 1982, a further **+415** units of blood was collected on 16th May 1982, this came from the crew of several ships, including sailors, soldiers, merchant seamen and civilian crew members who would all willingly donate their blood. This blood will be usable until **20th June 1982**.

Hospital Ship SS Uganda had a total blood stock for the war of +775 units of blood.

28th May 1982, of the **+360** units of blood taken aboard at Ascension Island from the ABSD, **this blood had now expired** leaving SS Uganda with approximately **+415** units of blood or less.

On the same day.

28th May 1982, the Battle for Goose Green begins, and a very seriously wounded **Royal Marine Paul Callan** is landed by Chinook on SS Uganda, he was wounded on the 27th May 1982, and several of his colleagues were killed during an air attack at Ajax Bay.

01st June 1982, at Ajax Bay Field Hospital, after dealing with numerous battlefield casualties from both sides as a result of the battle for Goose Green, a sudden influx of Argentine casualties from Goose Green, caused by booby trapped ammunition, caused Ajax Bay to run out of British blood, Senior Medical Officer

Rick Jolly OBE, talks to the senior Argentine officer amongst a large group of prisoners, who are then bled, this resulted in **+60** units of blood specifically for Argentine wounded.

Due to Ajax Bay Field Hospital running out of British blood on **01st June 1982**, this is when SS Uganda supplied Ajax Bay with **+283** units of blood, as it was imperative that Ajax Bay Field Hospital remains operational, and because SS Canberra, was still a day's sailing away from the Falklands, as it was ferrying 5 Brigade from Cumberland Bay, South Georgia, to San Carlos Water, Falkland Islands.

After donating blood to Ajax Bay, this left SS Uganda with only **+132** units of blood.

Royal Marine Paul Callan, according to the book White Ship Red Crosses and various other sources, Paul Callan will sadly not survive, during his valiant battle for life he will have three operations aboard SS Uganda and be transfused with **+50** units of blood. Leaving SS Uganda with **+82 units of blood or less**, the reason I say less is because, from the **28th May 1982**, when the ABSD blood expired, until **07th June 1982**, the SS Uganda took aboard **62 casualties**, while not all will require blood transfusions, many were battlefield casualties from Goose Green, and suffering from all the traumatic injuries that a war can produce, so **Hospital Ship SS Uganda may have been running on empty.**

04th June 1982, fortunately British Hospital Ship SS Uganda rendezvous with Argentine Hospital Ship ARA Bahia Paraiso, Medical Officer in Charge Andrew Rintoul and his senior medical staff goes aboard ARA Bahia Paraiso to meet their Argentine medical counterparts.

08th June 1982, the bombing of RFA Sir Galahad and RFA Sir Tristram.

Along with the tragic loss of lives and the wounded, many tons of vital ammunition and medical stores are lost.

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.**

09th June 1982, how did Hospital Ship SS Uganda treat the **160** casualties many horrifically burned, brought aboard after the bombing of Sir Galahad and Sir Tristram, and **where did the blood come from?**

10th June 1982, 09.00 (LT) the Hospital Ship ARA Bahia Paraiso meets Hospital Ship SS Uganda in the Red Box (Safety Zone).

11th June 1982, both hospital ships SS Uganda and ARA Bahia Paraiso meet again, and three more Argentine casualties are exchanged.

11th June 1982, the night battles will begin, firstly Mount Longdon, Mount Harriet and Two Sisters.

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

14th June 1982, Sapper Hill, last battle of the war.

These last five days has resulted in a total of **330** casualties, burns, multiple gunshot wounds, shrapnel wounds and traumatic amputations from mine explosions, **where did the blood come from to treat these wounded men?** Plus a further **22** casualties after the war, which brought the total to **352** casualties, SS Uganda is quite proud of the fact they performed **501** operations, I understand not all would require blood, but many would require several units of blood.

And what if the war had not ended on **14th June 1982**, what was the plan for the British resupply of blood, the front line units had received orders to attack and seize the Port Stanley Racecourse on the night of 14th /15th June 1982, this would have inevitably resulted in more deaths and casualties, **where is the blood coming from?**

And surprisingly, according to Mark Trawlers' figures the SS Uganda blood room, at the end of the laboratory workload they had **158** units of blood not used?

Where did the blood come from?

James O'Connell

My wounding.

I was wounded on 12th June 1982, I was shot in the face at approximately 02.00hrs (ZT). Resulting in the loss of my right eye, the bridge of my nose and extensive damage to the side of my face, not far from me, Cpl Steven Hope was also wounded; he received a gunshot to the top of the head, passing from front to rear.

We were together for the rest of the night, under intense artillery bombardment, both of us in a bad way, but Cpl Hope was in a worse condition than me, he was permanently asleep and snoring heavily, I have since been told it was a death rattle, but I'm not 100% sure on that. I was constantly falling asleep, but the medic Ashley Wright who stayed with me, would shake me and shout 'don't go asleep' at approximately 09.00hrs (zt) both I and Cpl Hope were placed into plastic ponchos, and carried to the Regimental Aid Post (RAP), this was a journey of about one kilometre through a minefield whilst under artillery fire.

Testimony of LCpl Paul Wray, 21 Years Old, 7 Platoon, 3 Para:
I remember when the shells caught us out in the open. At this point everyone dived for cover, and I found myself left alone with Pte O'Connell. I grabbed him under the arms and started dragging him towards the R.A.P, slipping and sliding on the frozen ground. After about 20 yards, Steve McConnell appeared and grabbed his legs, and between the two of us, we carried him and dropped him a few times, but managed to carry him to the nearest piece of cover. After the shelling stopped, and with the help of the rest of the lads, we managed to get Pte O'Connell to the R.A.P.

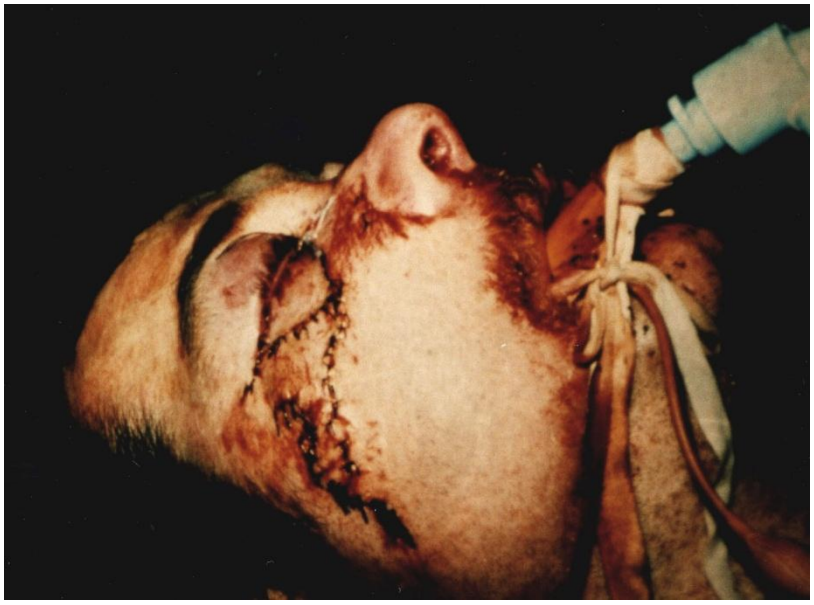
Once in the RAP, I was triaged by the RAMC Doctor, he placed me and Cpl Hope away from the other wounded, apparently we were very poorly, and it was thought would not make it.

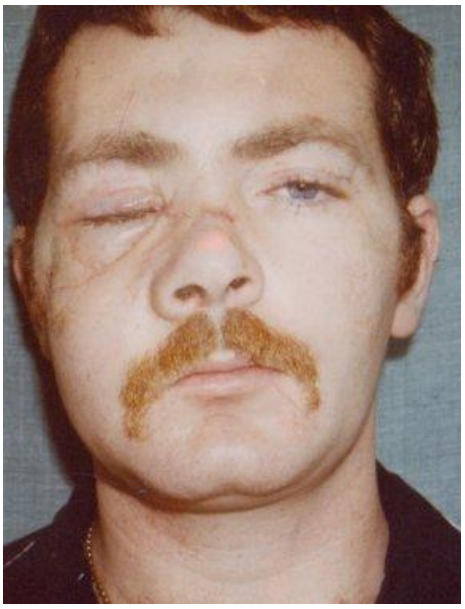
Testimony of LCpl Steve McConnell, 21 Years Old, 9 Platoon, 3 Para:
I met up with medic Pte John Kennedy and another person, who informed us that we needed to move some casualties. It was now daylight. I came across Pte O'Connell propped against a small rock, and alongside him was Cpl Hope. John Kennedy started to apply a field dressing to another casualty and Pte (Mac) McFarlane went over to Cpl Hope and started to adjust his field dressing and check his life-signs; at the

same time I checked Pte O'Connell for life signs. I remember his field dressing had lifted. I took his pulse and placed another field dressing over the wound. I removed his gloves and massaged his hands, trying to get circulation back into his fingers. I also remember blowing warm breath on his hands, which were icy cold. I pulled a poncho over him and tucked it around him to keep him warm. I was with him for about ten minutes.

At some stage, it was thought I had died, I was loaded on a stretcher and was being taken to an area, the medical team had designated for the dead, however I move as I was being carried, and one of the stretcher bearers said he's just moved, let's take him back. Fortunately at approximately 10.00hrs (ZT), a snowcat all-terrain vehicle had returned from dropping off wounded, I was loaded into the back with a group of wounded and transported five kilometres away to a helicopter Landing Zone (LZ), which took about an hour to travel, when we arrived, there was no helicopter, but one of the blokes managed to flag down a passing Gazelle Helicopter, the three of us with head wounds were loaded into the back of this very small helicopter. We arrived at Teal Inlet Field Hospital; they cut my clothes off looking for other injuries, my chest was covered in blood, after a moment they said 'take him outside and put him on the next chopper for Uganda', eventually I was loaded aboard a Wessex Helicopter and flown to Uganda, I don't remember getting off the chopper, but I next remember a doctor asking me questions, but the only one I remember is when did you last eat? I said, 'two days ago', the doctor shouted 'get him in theatre now',

You can see the extent of my wounds, after my initial operation, I was placed in the SS Uganda Intensive Care Unit, and funnily enough a male nurse Mike Clancy took a photograph of me unconscious with a breathing tube.





When I eventually woke, I had a nurse sat at the side of my bed, she said, 'Hello sleepy head, we've been waiting for you to wake up'. Amongst things she told me was, I'd been filled up with Argentine blood.

Sadly my colleague, Cpl Hope died aboard the SS Uganda; despite the best of care his injuries were not survivable. Another member of 3 Para, Pte Richard Absolon MM, would also die aboard SS Uganda, with a non survivable head wound.

This is why I do not believe I never had a blood transfusion, mine was not a minor wound, my wounding and thereafter, had lots extenuating circumstances, I was slowly dying, and don't believe for one minute, they did not give me blood.