EXERCISE "POLAR EXPRESS"


Medical Officer, The Coldstream Guards*

Introduction

The Norwegian Province of Troms forms the northern flank of the North Atlantic Treaty Organisation. Defence of this area is provided by the Norwegian Brigade North and by the A.C.E. (Allied Command Europe) Mobile Forces (Land), A.M.F.(L). This force consists of about 3,000 troops, comprising Canadian, Italian and British battalion groups, together with Italian and American supporting units, and a permanent headquarters staff. The British battalion was the 1st Battalion, the Somerset and Cornwall Light Infantry (S.C.L.I.), which has now handed over its role to the 1st Battalion the Coldstream Guards.

The strategic significance of Troms, and the Province to the south, Nordland, is not only that international airports are situated there, but also that in the area are the ports of Tromso and Narvik. These are all year ice-free ports from which the Northern Atlantic can be dominated, as was the case during the German occupation of Norway in the 1939-45 war. Politically the area is important, for here the frontiers of Sweden and Finland meet Norway, and Russia lies some six hundred kilometres to the east. The country is mountainous, with snow-covered peaks rising to 1,500 metres from deep fiords navigable to large warships. The vegetation is coniferous forest on the slopes, with silver birches on the valley floors, where there is also some arable farming. There are fast-flowing rivers, famous for salmon and other fish. Troms lies five hundred kilometres north of the Arctic circle but the coasts are warmed by the Gulf Stream; consequently the fiords are always free of ice. There is a short summer lasting from June to mid-August, when the weather is hot, and mosquitoes make life unpleasant. In the summer the sun does not set at all whereas in the winter there is continuous darkness. Autumn and spring are times of mists and rain; the country becomes waterlogged, with roads impassable. Winter is a time of extreme cold; temperatures drop to minus 40° Centigrade and movement is by snow vehicles or on skis.

Exercise Polar Express took place during the first week of June, 1968. The 1st Battalion the Somerset and Cornwall Light Infantry together with an observer party (of which I was fortunate enough to be a member) from the 1st Battalion the Coldstream Guards, travelled to Norway in H.M.S. Bulwark. With us travelled the aircraft carrier’s own Royal Marine Commando, which was to form part of the exercise “enemy”. When Bulwark came abreast of the north of Scotland she was joined by two Russian Riga-type destroyers, which generously gave anti-submarine escort until Norwegian territorial waters were reached. It was said that the destroyers were themselves both shadowed by an American submarine, behind each of which some officers claimed they could see an Indian umpire from the United Nations paddling furiously in a canoe. Bulwark can be recommended to Royal Army Medical Corps officers, not only because of the unbounded hospitality of the naval officers and our naval medical colleagues, but also for the excellent Chinese cuisine, and because whisky costs 3d. a tot.

*Now Ministry of Defence (Army), AMD.2
A land of mountains, forests and fiords.

H.M.S. Bulwark approaching Norway.
Exercise “Polar Express”

Disembarkation

The United Kingdom battalion left Bulwark in landing craft, to be met at Sorreisa by a Norwegian vehicular convoy. This moved us to Bardufoss where all the units’ base areas were established. Unfortunately we left the sun behind with Bulwark, and for the whole of our stay in Norway we experienced cold damp English weather, which the local people said was the worst they had experienced in June for ten years. 1 S.C.L.I. was established in a pine forest five kilometres from Bardufoss, and we quickly settled into the camp routine of sleeping late, gossiping and grumbling about the food and the rain. My commanding officer quickly noticed that his medical officer had settled well into this routine and had me transferred forthwith for the duration of the exercise to the A.M.F. (L) Headquarters staff to act as Assistant to the Medical Adviser to the Force. The Medical Adviser combined the functions of Assistant Director of Medical Services, Principal Liaison Officer with the Norwegian medical authorities, both civil and military, and Senior Medical Officer of the various medical units under his command. This was a task well nigh impossible for one man alone and allowed me, as an unofficial Deputy Assistant Director of Medical Services, to have both an interesting and busy time.

Medical units with the A.M.F.(L)

For the purpose of description both the A.M.F.(L) terminology and the appropriate British equivalent, where applicable, are shown in Table I.

Table I
Medical units with the A.M.F.(L)

<table>
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<tr>
<th>Medical unit</th>
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<tr>
<td>Regimental aid post with the United Kingdom Battalion Group</td>
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<tr>
<td>Regimental aid post with the Canadian Group</td>
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<tr>
<td>Regimental aid post with the Italian Group</td>
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<td>Regimental aid post at the Logistic Support Battalion (Base Administrative Area)</td>
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<td>Field ambulance section, British (from 19 Field Ambulance R.A.M.C.)</td>
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<tr>
<td>Field ambulance section, Canadian</td>
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<tr>
<td>Two field ambulance sections, Italian</td>
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<td>Two field hospitals, Italian (Advanced surgical centres)</td>
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<tr>
<td>Holding station, Italian (Casualty clearing station) with four medical liaison officers, British, Canadian, American, and Norwegian</td>
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<tr>
<td>Aerocasevac Team, Norwegian, at Bardufoss Airport</td>
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<tr>
<td>Civilian hospital facilities at Narvik and Tromso</td>
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Medical deployment

The exercise “battle” developed in four phases: firstly, key parties were sent out to skirmish with the enemy. There was then a move forward of all units from the base to forward area. This was followed by the battalion groups engaging the enemy, and finally redeployment to the base areas.

In the first phase Canadian and Italian key parties were supported each by an Italian field ambulance section. During the move forward, the key parties and ambulance sections were withdrawn, and the British field ambulance section formed an ambulance post on the convoy route halfway between Base Rear at Bardufoss and Base Forward
at Vollan. At the conclusion of the move the British section was placed in support of the British battalion group, the Canadian section in support of the Canadian battalion, and one Italian section in support of the Italian battalion. The Canadian section also gave medical cover to the Forward Administrative Area. A Field hospital (Advanced surgical centre) was set up at Vollan. During this phase the British and one of the Italian field ambulance sections were "captured", as messages could not be got to them in time warning them of enemy strikes. In the former case this was due to the fact that the British section was not fitted for radio, a potentially serious inadequacy, and in the latter, although the Italian section did have radio, reception was impossible due to local conditions. This radio communication difficulty was felt by all military units. It is understood that the A.13 set can overcome these local difficulties.

During the stage of contact with the enemy the field ambulance sections remained in support of their battalions. Half of the British section moved further up to support a British sea-borne assault behind the "enemy" lines, the other half gave medical cover to the Forward Administrative Area, whilst the Canadian section came up to support both the field hospital and the Canadian battalion.

Redeployment to the Base areas was along the same route as the move forward had taken. The road covered approximately 100 kilometres. The start point was covered by the Italian field hospital; at the first crossroads, which was also a traffic control point one third of the way along the route, the British section set up an ambulance post, and at the next traffic control point, covering the next third of the route, a further ambulance point was established by one of the Italian sections. The Release Point was medically covered by the Italian holding station (Casualty clearing station). At the termination of the move all the medical units returned to their original locations. Apart from the two sections becoming lost and captured, due to lack of communication, no problems were encountered in deployment of the medical units.

Sickness and injury

The procedure for dealing with casualties was as follows. No casualties were to be held by any units except for the holding station. Helicopters were available for urgent evacuation, otherwise casualties were to be taken to the civilian hospitals if at all possible, or flown out of the area, via the aerocasevac team. The reason for this was not that the holding station or field hospital was in any way inadequate, for both were superbly supplied with staff, equipment and centrally heated tents. It was felt rather that the undeniable advantage of superior asepsis etc, of large civilian hospitals would be to the benefit of a casualty occurring during the exercise. Under active service conditions the field medical units available would however amply fulfil their role.

As casualties were held only in the holding station, the rates of admission to that unit reflect accurately the non-effective rate of the Force. During the eight days while the exercise was actively in progress there were 42 admissions, giving a daily non-effective rate of 0.2 per cent. Causes for admission are given in Table II.

The road transport injuries were fortunately all trivial lacerations and bruises. All of them occurred where vehicles were travelling singly, none in convoy, except for the "enemy" casualties which are described below and are not included in Table II. The roads were hard-packed mud, for the extreme winter cold precluded tarmac, which was maintained only in built-up areas. Continuous rain made the surface extremely
slippery, and skids resulted from inexperience accompanied by speeding. In one accident a Norwegian passenger in an oncoming car sustained an open fracture of the knee. However he was not treated in the holding station, but was admitted directly to a civilian hospital. The only accident which occurred whilst in convoy, concerned a landrover belonging to the Commandos (the "enemy"). What actually happened is not clear, but the landrover left the road, rolled down a ravine, turning over several times, to be swept about 100 yards along a fast-flowing river. Fortunately, rescue operations started within seconds, and the injured men, who had sustained fractures and lacerations, were given first aid by the Commando medical officer who swam out to the half-submerged vehicle. The casualties were held transiently by the "captured" Italian field ambulance section before being flown to the civilian hospital at Tromso.

The six cases of "Exposure" (accidental hypothermia) all occurred in the wet, cold, windy weather which predisposes to this condition. They recovered rapidly in the holding station. Respiratory infections were fewer than might have been expected, and would probably have been more common had the exercise continued longer. No other sickness trends were seen and the wintry weather prevented fly breeding. Insects are a major nuisance in arctic Norway in summer, as in most southerly arctic regions. They are of three types: midges, mosquitoes and reindeer flies (similar to horse flies). Following the spring these flies breed rapidly in pools warmed by the sun in such numbers that they are said to make life unbearable if one is not adequately protected.

### Equipment

The British contingent was probably the best equipped on this exercise, being supplied with pouches, parkas, long underwear, sleeping bags, rubber overboots, and inflatable mattresses, all of which could be packed into a Bergen rucksack. As the temperature was always only a little above freezing, all this warm clothing was very welcome and was much envied by less well equipped men. Personal equipment was felt to be fully adequate for the prevailing conditions.

Medical equipment was found to contain no noteworthy deficiencies, apart from a lack of transfusion apparatus. This might be considered to be essential if helicopters were not always to be so readily available. Passage overland is virtually impossible during the rainy season in spring and autumn, and shock occurs rapidly in the extreme cold of winter. Transfusion whilst awaiting evacuation might well be life-saving.

Most medical units were found to be insufficiently lit. Even in a time of continual daylight, lighting is necessary.

Few units were adequately signposted and medical units were no exception; few regimental or R.A.M.C. personnel were wearing Red Cross armbands, and as far as
was known no one was carrying the Geneva Convention medical identification cards. (In both these latter points the writer was also at fault). The only unit which appeared to have any recreational kit with it was the British field ambulance section, which had a football and tennis net, and were able to play handball.

Conclusion

At the end of the exercise was held a "hot-wash-up" (a new expression to the writer). It is hardly believable, but there were actually more generals there than are seen at a Millbank guest night. We saw and listened to the COMTASKFORNON, the SACEUR, the COMBRICNON, and others identifiable only by their inexplicable alphabetical abracadabra. Following the "hot-wash-up" a round of parties started, and prominent in each was the tremendous hospitality of the Norwegian officers. Eventually, cringing with hangovers we crept into Hercules aircraft, to emerge a few hours later deafened and stunned into the warm English countryside.

THE R.A.M.C. HISTORICAL MUSEUM APPEAL

Appeal Committee
Lieutenant-General Sir Robert Drew
Major-General N. G. G. Talbot
Major-General J. C. Barnetson

The Museum

The R.A.M.C. Historical Museum was formed in 1951 very largely thanks to the efforts of the late Major-General Eric Barnsley, C.B., M.C. It is a matter of surprise that the Army Medical Services should have been so late in the day in forming a museum in view of their long history. Indeed it was the very lateness of its formation (in an era if financial restrictions) which is the cause for the present appeal. The Museum has only the minimum of staff and accommodation and is badly in need of funds to provide for day to day expenses and also to cover future developments and acquisitions etc.

It is hoped to raise £6,000 by this appeal. The money raised will be utilised as follows:--

Museum Endowment Fund. Approximately £1,000 are required to bring this fund up to £2,500, and thereby make it eligible to receive £500 from the Army Museum Ogilby Trust. The Endowment Fund would then stand at £3,000 which it is estimated would, if invested, bring in sufficient money to cover day to day expenses.

Museum Development Fund. The balance of the appeal remaining after completing the Endowment Fund will be used to create a Development Fund to cover future expansion, development and the acquisition of items for the Museum. At present items can only be purchased through the Corps Mess Fund.

How can you support the Appeal

We ask for a donation in the form of an outright gift. A suggested scale of donation is a quarter of a day's pay according to rank. A Donation Form is enclosed.

All donations should be sent direct to D.G.A.M.S., M.O.D. (A.M.D.) Lansdowne House, Berkeley Square, London, W.1.