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15(A-G)



MINISTRY OF DEFENCE
MAIN BUILDING WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

MO 6/17/15/1S

14 December 1990
[Private Secretary in answer]
C Powell

Dear Sir Kenneth,

BRITISH FORCES IN THE GULF: CALL OUT OF RESERVES

My Secretary of State has been reviewing plans for medical support of our forces in the Gulf in the light of the increase in our ground forces to a division and the passage of UN Security Council Resolution 678. He has concluded that the call out of certain essential Reservists under Section 10 of the Reserve Forces Act 1980 will be necessary, and he is recommending this course to his colleagues for their endorsement. The full background is explained in the attached minute which has been circulated to members of the Cabinet.

Subject to their agreement at a meeting on Monday morning, my Secretary of State would wish to sign an Order under Section 10 of the Act and then notify Parliament, if possible by means of a written answer on Monday afternoon.

The Secretary of State is therefore likely to have to seek The Queen's authorisation on Monday that members of the Reserve forces may be called out under Section 10 of the Act, in view of the Government's advice that national danger is imminent and a great emergency has arisen.

We will let you know when the Government has reached its conclusion.

I am sending a copy of this letter to **Charles Powell** (No 10) and Sir Robin Butler.

Yours sincerely
Simon Webb

S WEBB
(Private Secretary)

Sir Kenneth Scott KCVO CMG
Deputy Private Secretary to the Queen

SECRET



MO 6/17/15/1S

PRIME MINISTER

MEDICAL SUPPORT FOR BRITISH FORCES MIDDLE EAST

I have been reviewing plans for medical support in the Gulf as part of the increase in our ground forces to a division. This raises difficult issues over the impact on the NHS and the call-out of reservists.

Arrangements in The Gulf

2. Casualty rates are difficult to predict and depend to a great extent on specific circumstances. Based on NATO planning and experience from the 1967 Arab/Israeli war, we are planning to increase from 750 to 1850 beds in theatre. Most of the additional 1400 personnel needed can be found from regular forces. In some specialisms (surgeons, anaesthetists, theatre nurses and technicians) a shortage of regulars will make it necessary to deploy a small number of reservists.

Evacuation

3. Evacuation will be by air to the UK either direct or first to Cyprus. The increased force will require additional specialists including 160 aeromedical evacuation personnel of 4626 Sqn Royal Auxiliary Air Force (a volunteer unit). The need for RAuxAF personnel raises a particular difficulty which is discussed separately in paragraph 11.



Impact Elsewhere of Deployment to the Gulf

4. Two Service Hospitals will have to close anyway. Without use of reservists, a medical deployment on this scale would lead to the closure of all surgical facilities at the remaining 6 UK Service Hospitals, although some out-patient services could be maintained. In Germany two hospitals would close and a reduced service would be provided at the others, with assistance from the Germans. We cannot safely withdraw medical staff from Northern Ireland, the Falklands and Belize. This means that, in the UK, the choice is:

- either to employ sufficient reservists to keep UK Service Hospitals open; or
- to rely almost entirely on the NHS.

These options are discussed below.

Option 1: Keep Open UK Service Hospitals

5. Medical planning so far has assumed that returning casualties would be admitted to Service Hospitals, trained for battle casualties. This would provide a buffer period before significant casualties would need to be passed to NHS hospitals. With the increase in our forces maintaining UK Service Hospitals at the minimum level required for this approach would require some 1000 reservists. We must also have the correct mix of specialists. A recently completed trawl of over 3000 ex-regular reservists and members of the Territorial Army (TA) has established that only some 300 of those willing and able to volunteer would be in the right categories. Many others were interested but felt unable to come



forward because of worries about getting their jobs back. Call-out under the Reserve Forces Act 1980 would give statutory job protection and, for public sector employees, compensation for loss of earnings.

Option 2: Reliance on NHS

6. The alternative would be to base our plan for the treatment of casualties in the UK almost exclusively on the NHS. This would avoid the need to replace regulars deploying to the Gulf with reservists to keep Service Hospitals operational, and Service personnel and dependents in the UK would have to look to the NHS for medical care for the duration of the deployment.

Comparison of Options

7. An argument for relying almost exclusively on the NHS is that it would limit the medical reserve requirement to a minimum of some 225 to fill critical shortages. Our trawl suggests that this could be largely achieved by volunteers. It would reduce the need to use statutory powers but would impose an immediate additional load on NHS hospitals. Our contacts with the Department of Health suggest that the early transfer of up to 1000 patients and a large number of out-patients would be unwelcome. They would prefer to keep Service hospitals open even though the use of reservists would itself have an impact on the NHS.

8. The military arguments also favour the continued use of Service hospitals which would:

- Rely on well understood and practised casualty procedures.
- Provide a desirable "buffer" at the outset of hostilities.



- Allow concentration of casualties around particular airfields, facilitating reception arrangements and next of kin visits.
- Allow Service Hospitals in the UK to provide a reasonable level of care to Service personnel prior to hostilities.

9. We would aim to meet as much of the requirement as possible from calling out individuals known to be willing to serve. With job protection guaranteed, this is likely to meet the bulk of our need. Any shortfall would have to be met by calling out individual ex-regular reservists compulsorily. In view of the limited time available and the Christmas holiday period, I think it is fair to warn the reservists concerned now that they may be required if sufficient volunteers do not come forward. Although we would not call out members of the TA compulsorily, there would be considerable advantage in meeting part of the requirement by deploying a TA field hospital to the Gulf if most of a unit will volunteer. They are used to working together as a team in the role for which its members have trained. The unit we have in mind is 205 General Hospital, Royal Army Medical Corps (Volunteer) of some 350 personnel, based in Glasgow. Initial consultation with the Scottish Home and Health Department suggests that this should not create undue difficulties for the Health Service there.

Pay

10. Treasury officials have agreed that we should pay a supplement to reservists who are called out to make up any difference between their civilian earnings, up to a maximum of £55,000 a year, and their military pay. This is in line with my undertaking that Service personnel will not suffer financially as a result of being sent to the Gulf and should encourage a larger number of volunteers



to come forward. It would also remove any need for the Department of Health or Area Health Authorities to make continuing payments, except in respect of superannuation contributions.

RAuxAF Medical Evacuation Squadron

11. Most categories of reservists can be called out under Section 11 of the Reserve Forces Act 1980 ("when warlike operations are in preparation or progress"). The RAuxAF can only be called out under Section 10, when "national danger is imminent" or "a great emergency has arisen." Use of either section has to be reported to Parliament, which must be recalled if not sitting. The very latest that 4626 Squadron can form, to be operational at the same time as 1 Armoured Division, would be 2nd January 1991. To allow personnel reasonable notice to set their affairs in order this would imply call out, at the very latest, by the time Parliament rises on 20th December. Now that UNSCR 678 has been passed, authorising the use of force after 15th January, and there is still no indication of Iraqi withdrawal, it appears that both national danger is imminent and that a great emergency has arisen. I would particularly welcome the Attorney General's view on this point.

Conclusion

12. The military arguments point clearly to providing medical support in the UK through a combination of Service Hospitals and the NHS (Option 1 above). This would entail use of some 1000 reservists. I propose to seek volunteers to be called out from both ex-regular reservists and the TA, making it clear that if there remains a shortfall it will be necessary to call out selected ex-regular (but not TA) reservists compulsorily. In addition, we



need to call out 4626 Sqn RAuxAF under Section 10 of the Reserve Forces Act. I indicated in the Gulf debate on 11th December that it might be necessary to call out limited numbers of reservists and I believe this will be generally accepted.

13. Subject to confirmation that colleagues are content and, in particular, that the consequences for the NHS would be acceptable to the Secretaries of State for Health and Scotland, I propose to inform Parliament of these steps by Written Answer early next week, if possible on Monday 17th December.

14. I am sending a copy of this minute to members of OPD(G) (who will have an opportunity to discuss it on Monday morning), the Lord President, the Secretaries of State for Health and for Scotland, and the Chief Secretary to the Treasury, and to Sir Robin Butler.

Ministry of Defence
14th December 1990

(T K)
(Approved by the Defence
Secretary and signed in his
absence)

*col o/r.*

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Prime Minister

MO 6/17/15/1S

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Agree that we should call up reservists for medical duties in connection with ~~the~~ a only war?

MEDICAL SUPPORT FOR BRITISH FORCES MIDDLE EAST

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*CDP**15/12*Arrangements in The Gulf

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