OPERATIONAL PLANNING 27 OCT 1995 – 15 JAN 1996

UNCLASSIFIED
RH/WG MAY/2009
4 Confidential
M.B. 19 Dec. 2011

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/2234
MED 20/96

To: **DISTRIBUTION LIST**

From: **FMO**

Date: 15 January 1996

Subject: **MEDICAL SUPPORT DURING LIQUIDATION - AMENDMENT**

References:

A: 4000.1/LOG-28/1 (SRSG/FC) dated 28 December 1995

B: HQ UNAMIR MED BR 4000.4/34 dated 09 January 1996

1. Please find attached an updated Annex F as it pertains to medical support during the liquidation process.

M.E. FENSOM
MAJ
FMO

Distribution:

A/FC
CAO
COS/COMD CCIR
DCOS OPS
DCOS SP
CO INDBATT
CO NICOY
CO INDBATT
CO 95 CMSG
G3 PLANS
NORMED

MEDICAL SUPPORT DURING LIQUIDATION

GENERAL INSTRUCTIONS

1. The overall concept for medical operations for liquidation will be to maintain second and limited third line capability until 25 Mar 96. To ensure an orderly and smooth transition of responsibilities, while at all times maintaining the aim of continuous medical support, the following are issues and timings which will ensure completion of medical operations, logistics and administration. The FMO will visit all RAPs prior to departures for staff and equip checks and formal Med Branch presentations. This instruction should be read in concert with UNAMIR HQ Med Br File 4000.4/34 issued 09 Jan 96.

2. Malicoy (8 Jan 96), Malawicoy (17 Jan 96) and a portion of Ghancoy (28 Jan 96) will be departing the mission area in January 1996 as per Liquidation Instruction 1/95. These companies will provide limited level one care and in-transit med support for their move to Kigali. Sectors to turn in all medical consumables in excess of their 30 day requirement. Unit level emergency medical equipment will be turned over to Movcon on arrival at the transit camp for inclusion on the return flight. Interim support prior to their departure will be provided by NORMED.

3. The level one holding policy is to be downgraded to zero except for Nicoy and Indbatt RAPs who are authorized a two day holding policy. Level two/three holding policy will remain at five days until 15 Mar 96 at which time the holding policy will be determined by the FMO.

4. Casevac / medevac capability will continue until heli support ceases approx 22 Mar 96.

5. UNAMIR dental support will continue to be provided by NORMED augmented by Indbatt.

6. Warehouse inventory to be ongoing with inventory finalized by 15 Mar 96. Surplus to requirement medical consumables to be transferred to WHO for reimbursement and appropriate distribution NLT 22 Mar 96. Local destruction of all medical consumables with an expiratory date of 8 Apr 96 or earlier is to be effected as coordinated by AMG.

7. Discontinuation of humanitarian activities and the care of non-entitled personnel to decrease and eventually cease as determined by NORMED and the FMO but no later than 15 Mar 96.

8. The final disposition of bio-hazardous waste through Kigali Central Hospital to continue until end mission.

9. Dedicated standby aeromedevac aircraft to be provided with a 60 min notice to move from 28 Mar 96 by the TMG.

10. The contract to supply safe blood with the Netherland Red Cross is to continue until 25 Mar 96. Indbatt RAP to hold 10 Units of O Neg blood from closure of NORMED till Indbatt departure. Unused Units to Kigali Central Hospital.

11. Expanded first aid kits with a variety of medications and instructions for use by the Core Group to be issued by NORMED prior to their departure.

12. Following departure of Indbatt 20 Apr 96 remaining UNAMIR elements to utilize existing local facilities for all emergency care and arrangements to transfer them to the Nairobi University Hospital as soon as feasible to be coord by the PAX Team of the TMG.

CRITICAL DATES

DATE	ACTIVITY	RESPONSIBILITY
8 Jan 96	Malicoy departs	UNAMIR/Malicoy
17 Jan 96	Malawicoy departs	UNAMIR/Malawicoy
28 Jan 96	Elements of Ghancoy departs	UNAMIR/Ghancoy
22-25 Jan 96	FMO resp to Indbatt	FMO
22-25 Jan 96	FHO resp to Indbatt	FHO
23-30 Jan 96	OPD resp to NORMED	95 CMSG UMS/NORMED
23 Jan 96	Med Sup resp to NORMED	95 CMSG UMS/NORMED Pharmacist
23-30 Jan 96	Casevac resp to NORMED	Cdn Casevac Coord/NORMED
30 Jan 96	Expanded first aid kits to be held by NORMED	NORMED/95 CMSG UMS
23 Jan 96	road evac resp shared by NORMED/Indbatt	NORMED/Indbatt
30 Jan 96	NORMED admin self-supportive	NORMED
30 Jan 96	95 CMSG UMS cease operations	95 CMSG UMS

	02 Feb 96	95 CMSG departs	UNAMIR/95 CMSG
	15 Feb 96	SO Med Admin departs	UNAMIR
	23 Feb 96	Nicoy holding policy 0 days	FMO/Nicoy
	08 Mar 96	Nicoy RAP cease ops	Nicoy
	14 Mar 96	Nicoy departs	UNAMIR/Nicoy
	15 Mar 96	Limited Humanitarian and non-entitled care ceases	FMO/NORMED
C	15 Mar 96	NORMED Holding Policy 2 Days	FMO/NORMED
	15 Mar 96	Dental sp to Indbatt	NORMED/Indbatt
	15 Mar 96	Warehouse Inventory final	Pharmacist/G4 Med Log
	22 Mar 96	Heli sp ceases	UNAMIR
	22 Mar 96	Surplus med sup to WHO	FMO/Pharmacist/G4 Med Log
	22 Mar 96	Expired Med consumable destruction	Pharmacist/AMG
	23 Mar 96	NORMED Holding Policy zero	FMO/NORMED
C	25 Mar 96	NORMED cease ops	NORMED
	25 Mar 96	Med sup resp to Indbatt	NORMED/Indbatt
	28 Mar 96	Expanded First Aid kits to be given to Core Gp	NORMED
	29 Mar 96	NORMED departs	UNAMIR/NORMED
	14 Apr 96	Indbatt RAP limited ops	Indbatt
	17 Apr 96	Med Br cease ops	UNAMIR
	20 Apr 96	Indbatt departs	UNAMIR/Indbatt
	24 Apr 96	Core Group departs	UNAMIR

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 749, Kigali, Rwanda
Tel: 250-84265/6/8/9 Fax: 250-86877 [Rwanda]
Fax: 212-963-3090 [USA]

TELEFAX COVER SHEET

FMO 1/5

UNAMIR
1996 JAN 13 P 12:30

UNAMIR
1996 JAN 13 P 12:35

OUTGOING FAX NO: 157	DATE: 13 JANUARY 1996
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: WILLIAM CLIVE A/CAO, UNAMIR KIGALI, RWANDA
FAX : 212-963-~~2416~~ 3614	REPLY FAX: 212-963-3090
INFO:	MIR-097
SUBJECT: MEDICAL SUPPORT TO UNAMIR/CANADIAN PULL OUT	

1. Attached is plan for turnover of medical functions as at 9 Jan 96.

2. Final list of Cdn resuscitation equipment is being sent to UNNY this date for inclusion in LOA. (Copy attached).

3. NORMED replacement surgeon has cancelled and as at 1900 hrs this date UNAMIR has no surgical capability. We are attempting to make arrangements with the two competent surgeons at Kigali Central Hospital to cover for emergency requirements as an interim solution.

4. FAX received from Refugee Council this a.m. that a new surgeon will be arriving 17 Jan 96.

5. I would appreciate contact by telephone at UNAMIR Local 11105 15 Jan 96 around 0900 hrs New York time (1500 hrs Rwanda time). Your telecon with NORMED director 12 Jan 96 indicated no approval for 2 additional nurses. This will not cause critical shortfall in NORMED ability to support UNAMIR but will mean that humanitarian and possibily support to other UN agencies will have to be curtailed.

6. It should further be noted that NORMED staffing does not account for a variety of self-support functions which will have to be assumed with departure of 95 CMSG.

7. I look forward to our discussion.

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2/5

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 5	

3/5

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4.34
MED 12/95

To: **A/FC**
CAO
COS/COMD CCIR
DCOS OPS
DCOS SP
CO INDBATT
NORMED

From: **FMO**

Date: 09 January 1996

Subject: **MEDICAL RESPONSIBILITIES - UNAMIR / 95 CMSG / NORMED**

1. With the expected departure of 95 CMSG from the mission on 02 Feb 96 planning is necessary to ensure a smooth and timely turnover of essential responsibilities. Maintaining the aim of providing the best medical care possible to UNAMIR personnel the following are key dates and a brief synopsis for transferring responsibilities. It is stressed that these dates are firm for planning purposes but individual flexibility and initiative will likely be necessary to ensure a timely and painless transition.

a. **FMO** - the FMO responsibilities will be transferred to Indbatt; turnover period 22 - 25 Jan 96.

b. **FHO** - the FHO responsibilities will be transferred to Indbatt; turnover period 22 - 25 Jan 96.

c. **SO MED ADM** - will remain until mid-Feb; will finalize Med Fin /other Med Adm issues and assist new FMO.

d. **SO MED OPS** - to remain until the end of the mission.

e. **SO MED LOG** - to remain until the end of the mission.

4/5

f. **OPD** - the Outpatient Department responsibilities will be transferred to NORMED 23 Jan 96. The period 23 - 30 Jan 96 will be a transition period where 95 CMSG pers will be available to assist and advise as required.

g. **MED / SUP** - 95 CMSG medical supply responsibilities will be transferred to the NORMED pharmacist on 23 Jan 96.

h. **CDN ANAESTHESIOLOGIST** - will remain until mid-Feb; will assist in the NORMED transition and commence the local anaesthesiology training program.

i. **CASEVAC** - UNAMIR casevac turnover to NORMED will occur 23 Jan 96. Cdn Casevac Coordinator to be avail for assistance and advice during the period 23 - 30 Jan 96 as required.

j. **ROAD EVAC** - road evacuation responsibillities will be shared by NORMED and Indbatt. Combined on-call responsibilities will be determined by liaison between the two Contingents. Indbatt will provide amb response for multi-casualty scenarios.

k. **NORMED** - NORMED will assume the daily adminstrative responsibilities currently shared with 95 CMSG effective 30 Jan 96. NORMED to be administratively self-supportive, will arrange for hiring of 2 x cooks for feeding and will contract laundry and cleaning requirements. Humanitarian activities / care of non-entitled personnel is to decrease and eventually cease as determined by NORMED and the FMO.

l. **RESUSCITATION EQUIPMENT** - a UN lease of necessary Cdn resuscitation equipment to be arranged prior to 23 Jan 96.

2. All 95 CMSG medical personnel will cease operations on 30 Jan 96. To facilitate an orderly and effective turnover it will be necessary to work together during a period which will likely be hectic and at times confusing. The overriding principle will be to provide continuity of medical service to UNAMIR. Necessary adjustments to facilitate this aim will be actioned as required.

M.E. FENSOM
MAJ
FMO

A:\FENSOM.SAM 01/09/96

5/5

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ASSISTANCE MISSION FOR RWANDA | MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1/FMO
MED 16/96

To: **COS**

From: **MAJ M.E. FENSOM**
FMO

Date: 13 Jan 96

Subject: **LEASE OF CDN MED EQPT TO NORMED RWANDA**

Reference:

A. Telecon FMO/JIMed 12 Jan 96.

1. Below is list and pricing of medical equipment required by NORMED.

a.	6515-CF-001-1078 Suction Surgical Laerdal cost - -	$ 600.00
b.	6515-21-907-7435 Electrocardiograph - - -	$ 9,000.00
c.	6515-CF-001-0598 Ventilator - - - -	$ 9,100.00
d.	6515-21-885-4256 Lifepak 5 W Charger/Discharger - -	$ 9,800.00
e.	6515-CF-0014972 Monitor Vital Signs Model Propaq 104 ELSC	$19,700.00
f.	8120-21-112-9227 Oxygen Cylinder D cost $64.25x4= approx	$ 260.00
g.	8120-21-116-3910 Oxygen Cylinder K cost $64.25x3= approx	$ 190.00
h.	6680-21-116-4504 Regulator Pressure K cost $118.40x3=approx	$ 360.00
i.	6515-CF-001-3326 External Fixator set cost - - -	$10,000.00
j.	6630-CF-001-1271 Glucometer cost - - - -	$ 40.00
k.	6515-21-886-4424 Resuscitator Flynn cost - - -	$ 600.00
l.	6540-01-263-7740 Opthal moscope Head Qty 2 - -	$ 129.92
m.	6515-21-897-5564 Otoscope Set Qty 2 - - -	$ 181.04
n.	6515-01-394-2320 Tymponic Thermometer Qty 1 - -	$ 386.00
o.	Lens Immersion Qty 1 - -	$ 165.00

2. This should be included in list of 95 CMSG equipment submitted for LOA.

UNITED NATIONS

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4.34
MED 12/95

To: **A/FC**
CAO
COS/COMD CCIR
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NORMED

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M.E. FENSOM
MAJ
FMO

A:\\FENSOM.SAM 01/09/96

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No

To	Remarks/Action	
TMO		MMJ 26/12/95
Med Ops		Yale 26/12/95
Med Log		26/12
THO		
SO Med		26/12/95

Please initial and date when action complete then pass quickly

F/IN -3358

UNITED NATIONS NATIONS UNIES

UNITED NATIONS NATIONS UNIES

DEPARTMENT OF PEACE-KEEPING OPERATIONS

FACSIMILE TRANSMISSION

UNAMIR

Outgoing FaxNo.: MSU-MIR 2/95	Date: 22 DEC 1995 DEC 23
To: Colonel S. MATTHEW, CAO	From: MEDICAL ADVISER DPKO UNHQ-NEW YORK
Attn: MAJ FENSOM	Fax: (212) 962-2614
Fax: 3-3090	Ref.:
Number of transmitted pages: 1	
Subject: SURGICAL CAPACITY UNAMIR FIELD HOSPITAL	

1. WITH REFERENCE TO YOUR FAX 6942 DATED 22 DECEMBER YOUR ANALYSIS WAS CONFIRMED BY NORWEGIAN REFUGEE COUNCIL. EVERYBODY IS WORKING VERY HARD, DESPITE ONCOMING CHRISTMAS, TO SOLVE THIS PROBLEM. I AM SURE WE WILL FIND AN ACCEPTABLE SOLUTION PROBABLY ON VERY SHORT NOTICE.

2. WE WILL INFORM YOU AS SOON AS POSSIBLE.

MAJ. FENSOM

BEST REGARDS.

DRAFTED:	**AUTHORIZED:** DR. A. DECKNER
CLEARED:	

CAO CLS MAJ. FENSOM

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 749, Kigali, Rwanda
Tel 250 84265/6/8/9 Fax 250 86877 [Rwanda]
Fax 212 963 3090 [USA]

TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 13 DECEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212 963 2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **MEDICAL SUPPORT TO EXTEND UNAMIR MANDATE**	

1. Request immediate action to renew arrangements with Norwegian Refugee Council for a contingent of 26 pers in revised configuration as attached along with proposed pers rotation schedule. This incorporates lessons learned in initial deployment.

2. This would allow capability for continued humanitarian medical work and should be extended to liquidation of mission.

3. Turnover of pers will likely have to be staggered through month of Jan due to short time lines.

4. This assumes no change in Canadian military medical contribution.

5. Request reply within 24 hours.

yale 13/12/95
13/12

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 3	

NORMED STAFF ROTATION PLAN

Ø=Present/Ext, O=New

	POSITION	WEEK 52	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK5
N	Medical dir/surgeon	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Tor H. Kristiansen	ØØØØØØ					
N	Headnurse/admin	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Tor-Eilif Emaus	ØØØØØØ					
N	Administrative ass	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Sissel Kvinen	ØØØØØØ					
N	General surgeon	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Ralph Sørra						
N	Anaesthetist nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
N	Anaesthetist nurs						OOOO
	Harald Fretland	ØØØØØØ					
N	OR nurse						OOOO
N	OR nurse						OOOO
	Synnøve Madsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Tove Gullhav	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
N	ICU nurse						OOOO
N	ICU nurse						OOOO
N	ICU nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
N	ICU nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Åge W. Bøyum						
	Åse Korsvik	ØØØØØØ					
	Audhild Rogstad	ØØØØØØ					
N	Ward nurse						OOOO
N	Ward nurse						OOOO
N	Ward nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Anna Mørseth	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Else Røsland						
	Karin Simonsen	ØØØØØØ					
	Gerd Midtlien	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
	Margot Thanke	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
	Tone Aausterud	ØØØØØØ					
	Toril Sommerud ✓	ØØØØØØ					
	Synnøve Fjelldalen	ØØØØØØ					
	Ida Martinsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
N	X-ray technician	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Knut Korsvik	ØØØØØØ					
N	Lab. technician	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Bodil Tonheim	ØØØØØØ					
	General practitioner						
	Olav Klepp	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Ole E. Ommundsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Dentist						
	F.Dadkah-Jazi	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Dental assistant						
	Inger Hagen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
N	Pharmacist	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Ingse Resberg						
	Quarterm/maintnc.						
	Bjørn Sveen		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Paramedic/amb.dr.		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Bjørn Sveen	[illegible]					

REVISED STAFFPLAN FOR NORMED HOSPITAL AS TO 3 MONTHS EXTENSION OF UNAMIR MANDATE.

	POSITION	PRESENT NUMBER	REVISED NUMBER	REMARKS	
1	Med.Director / surgeon	1	1		
2	Head nurse / admin	1	1		
3	Hospital secretary	0 (1)	1	One nurse aux is used as secretary New person should have secretary, adm/computer experience English/french	
4	General surgeon	1	1		
5	Anaesthetist nurse	1	2	Increased one. Prepared for nursing tasks in ward.	
6	Operation theatre nurse	3	4	Increased one.	
7	Intensive care nurse	3	4	Increased one.	
8	Ward nurse	3	4	Increased one	
9	Nurse auxillary	8	0	Replaced with 1 dental ass, 1 secretary, 4 nurses	
10	X-ray technician	1	1		
11	Laboratory technician	1	1		
12	General practitioners	2	2		
13	Physician assistant	0	0		
14	Dentist	1	1		
15	Dental assistant	0 (1)	1	One nurse aux is used as ass.	
16	Pharmacist	1	1		
17	Paramedic / amb.driver	1	0	Replaced with technician / maintenance man. CMSG assume all prehosp service.	
18	Maintenance officer	0	1	"Quartermaster"	
		28	26		

FMO

UNAMIR

1995 DEC 22 A10: 12 UNAMIR

1995 DEC 22 A10: 11

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 749, Kigali, Rwanda
Tel: 250-84265/6/8/9 Fax: 250-86877 [Rwanda]
Fax: 212-963-3090 [USA]

TELEFAX COVER SHEET

OUTGOING FAX NO: 6942	DATE: 22 DECEMBER, 1995
TO: HOCINE MEDILI DPKO DIRECTOR, FALD/DPKO ATTN: DR DECKNER	FROM: WILLIAM CLIVE A/CAO, UNAMIR KIGALI, ~~RWANDA~~
FAX : 212-963-2116	REPLY FAX: 212-963-3090
INFO:	MIR-435
SUBJECT: ABSENCE OF SURGEON FROM NORMED HOSPITAL	

1. It has been brought to my attention by Maj ME Fensom, UNAMIR Force Medical Officer, that the only Surgeon Doctor Kristiansen is scheduled to depart RWANDA on 30 Dec 95.

2. It is also learned that there will be no replacement for about two weeks. This means that the hospital will function for two weeks without the services of a surgeon.

3. You are no doubt aware of the risks patients needing emergency surgery will be exposed to in the interim.

4. I should draw your attention to the fact that the Letter of Assistance (LOA) between the UN and the Norwegian Government provides for one (1) general surgeon at all times. This is definite in the final manpower establishment for NORMED. The absence of a surgeon at the hospital at anytime is therefore in violation of this understanding between the UN and NORMED. I should further point out to you that NORMED will be held liable for any incident that may occur as a result of the absence of a surgeon in the hospital.

5. I request your assistance in emphasizing to the Norwegian Refugee Council the seriousness of this breach of contract and their obligation to take suitable steps to provide this essential service.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY: for FMO
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 1	

CMO CGS FMO

13/12/95

23/12

26/12/95

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No

To		Remarks/Action	
	FMO		23/12/95.
	Med Ops		Yale 28/12/95
	Med Log		23/12
	FHO		
	SO Med		26/12/95

Please initial and date when action complete then pass quickly

UNITED NATIONS NATIONS UNIES

DEPARTMENT OF PEACE-KEEPING OPERATIONS

FACSIMILE TRANSMISSION

F/iN-335D

Outgoing FaxNo.: MSU-MI6 1/95	Date: 20 DEC 1995
To: S. MATTHEW, CAO	From: MEDICAL ADVISER DPKO UNHQ-NEW YORK
Attn: MAJ FENSOM	Fax: (212) 962-2614
Fax: 3-3090	Ref.:
Number of transmitted pages: 1	
Subject: AMENDMENT OF LOA NORWAY 95-287	

1. PLEASE BE INFORMED THAT HCC RECOMMENDED FOR APPROVAL SUBJECT LOA (26 PERSONNEL UNTIL END MARCH 1996).

2. NORWEGIAN PERMANENT MISSION AND NORWEGIAN REFUGEE COUNCIL IS INFORMED ALREADY. IF EARLY 1996 A FURTHER REDUCTION IS POSSIBLE I PROPOSE TO CUT THE NUMBER OF NURSES.

3. AS SOON AS I HAVE A SIGNED LOA WILL SEND YOU A COPY.

BEST REGARDS.

DRAFTED: **CLEARED:**	**AUTHORIZED:** DR. A. DECKNER

CAD CIS S MAJ. FENSOM

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR
P.O. Box 749, Kigali, Rwanda
Tel: 84265/6/8/9 Fax: 250 868 [illegible] Rwanda
Fax: 212 963 3090 (USA)

TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 22 DECEMBER, 1995
TO: HOCINE MEDILI DPKO DIRECTOR, FALD/DPKO ATTN: DR DECKNER	FROM: WILLIAM CLIVE A/CAO, UNAMIR KIGALI, RWANDA
FAX : 212-963-2116	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: ABSENCE OF SURGEON FROM NORMED HOSPITAL	

1. It has been brought to my attention by Maj ME Fensom, UNAMIR Force Medical Officer, that the only Surgeon Doctor Kristiansen is scheduled to depart RWANDA on 30 Dec 95.

2. It is also learned that there will be no replacement for about two weeks. This means that the hospital will function for two weeks without the services of a surgeon.

3. You are no doubt aware of the risks patients needing emergency surgery will be exposed to in the interim.

4. I should draw your attention to the fact that the Letter of Assistance (LOA) between the UN and the Norwegian Government provides for one (1) general surgeon at all times. This is definite in the final manpower establishment for NORMED. The absence of a surgeon at the hospital at anytime is therefore in violation of this understanding between the UN and NORMED. I should further point out to you that NORMED will be held liable for any incident that may occur as a result of the absence of a surgeon in the hospital.

5. I request your assistance in emphasizing to the Norwegian Refugee Council the seriousness of this breach of contract and their obligation to take suitable steps to provide this essential service.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY: [illegible] for FMO
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 1	

UNITED NATIONS NATIONS UNIES

DEPARTMENT OF PEACE-KEEPING OPERATIONS

F/in-335

FACSIMILE TRANSMISSION

Outgoing FaxNo.: MSU-MI6 1/95	Date: 20 DEC 1995
To: S. MATTHEW, CAO	From: MEDICAL ADVISER DPKO UNHQ-NEW YORK
Attn: MAJ FENSOM	Fax. (212) 962-2614
Fax: 3-3090	Ref.:
Number of transmitted pages. 1	
Subject: AMENDMENT OF LOA NORWAY 95-287	

UNAMIR DEC 20 P 4:28

1. PLEASE BE INFORMED THAT HCC RECOMMENDED FOR APPROVAL SUBJECT LOA (26 PERSONNEL UNTIL END MARCH 1996).

2. NORWEGIAN PERMANENT MISSION AND NORWEGIAN REFUGEE COUNCIL IS INFORMED ALREADY. IF EARLY 1996 A FURTHER REDUCTION IS POSSIBLE I PROPOSE TO CUT THE NUMBER OF NURSES.

3. AS SOON AS I HAVE A SIGNED LOA WILL SEND YOU A COPY.

BEST REGARDS.

DRAFTED: CLEARED:	AUTHORIZED: DPKO

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR
P.O. Box 749, Kigali, Rwanda
Tel: 250-84265/6/8/9 Fax: 250-86877 (Rwanda)
Fax: 212-963-3090 (USA)

UNAMIR 1995 DEC 14 P 6:01

TELEFAX COVER SHEET

OUTGOING FAX NO: 6819	DATE: 14 DECEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212 963 2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **MEDICAL SUPPORT TO UNAMIR**	

MIR-4231

1. Thank you for your prompt response to my fax 6288 13 Dec and for the homework.

2. Final review of pers required has been done and 24 pers would be the minimum to allow mission support and mandate activities. (i.e. capability for assistance to refugees as required).

3. This presumes Indbatt will retain dental capability. Dentist & dental assistant have been dropped from previous figure of 26.

4. A/FC, DCOS SP, CAO and the undersigned all agree that contracts should extend to end mandate plus 6 wks vice 3 wks. This would ensure flexibility and adequate pack up time for closure.

5. For your consideration.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET:	

UNAMIR 1995 DEC 14 P 6:08

CAO (FMO)

Yule is 1 in 55
15/12

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 749, Kigali, Rwanda
Tel: 250-84265/6/8/9 Fax: 250-86877 [Rwanda]
Fax: 212-963-3090 [USA]

UNAMIR 1995 DEC 13 P 2:26

UNAMIR 1995 DEC 13 P 2:48

TELEFAX COVER SHEET

OUTGOING FAX NO: 6788	DATE: 13 DECEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212 963 2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **MEDICAL SUPPORT TO EXTEND UNAMIR MANDATE**	

mnk-4207

1. Request immediate action to renew arrangements with Norwegian Refugee Council for a contingent of 26 pers in revised configuration as attached along with proposed pers rotation schedule. This incorporates lessons learned in initial deployment.

2. This would allow capability for continued humanitarian medical work and should be extended to liquidation of mission.

3. Turnover of pers will likely have to be staggered through month of Jan due to short time lines.

4. This assumes no change in Canadian military medical contribution.

5. Request reply within 24 hours.

14/12/95.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 3	

Go FMO

2/3

NORMED STAFF ROTATION PLAN

Ø=Present/Ext, O=New

	POSITION	WEEK 52	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK5
N	Medical dir/surgeon	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Tor H. Kristiansen	ØØØØØØ					
N	Headnurse/admin	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Tor-Eilif Emaus	ØØØØØØ					
N	Administrative ass	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Sissel Kvinen	ØØØØØØ					
N	General surgeon	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Ralph Sørra						
N	Anaesthetist nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
N	Anaesthetist nurs						OOOO
	Harald Fretland	ØØØØØØ					
N	OR nurse						OOOO
N	OR nurse						OOOO
	Synnøve Madsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Tove Gullhav	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
N	ICU nurse						OOOO
N	ICU nurse						OOOO
N	ICU nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
N	ICU nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Åge W. Bøyum						
	Åse Korsvik	ØØØØØØ					
	Audhild Rogstad	ØØØØØØ					
N	Ward nurse						OOOO
N	Ward nurse						OOOO
N	Ward nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Anna Mørseth	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Else Røsland						
	Karin Simonsen	ØØØØØØ					
	Gerd Midtlien	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
	Margot Thanke	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
	Tone Aausterud	ØØØØØØ					
	Toril Sormerud	ØØØØØØ					
	Synnøve Fjelldalen	ØØØØØØ					
	Ida Martinsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
N	X-ray technician	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Knut Korsvik	ØØØØØØ					
N	Lab. technician	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Bodil Tonheim	ØØØØØØ					
	General practitioner						
	Olav Klepp	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Ole E. Ommundsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Dentist						
	F.Dadkah-Jazi	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Dental assistant						
	Inger Hagen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
N	Pharmacist	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Ingse Resberg						
	Quarterm/maintnc.						
	Bjørn Sveen		ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Paramedic/amb.dr.		CANADA	CANADA	CANADA	CANADA	CANADA
	Bjørn Sveen	ØØØØØØØ					

3/3

REVISED STAFFPLAN FOR NORMED HOSPITAL AS TO 3 MONTHS EXTENSION OF UNAMIR MANDATE.

	POSITION	PRESENT NUMBER	REVISED NUMBER	REMARKS	
1	Med.Director / surgeon	1	1		
2	Head nurse / admin	1	1		
3	Hospital secretary	0 (1)	1	One nurse aux is used as secretary. New person should have secretary/adm/computer experience. English/french	
4	General surgeon	1	1		
5	Anaesthetist nurse	1	2	Increased one. Prepared for nursing tasks in ward.	
6	Operation theatre nurse	3	4	Increased one.	
7	Intensive care nurse	3	4	Increased one.	
8	Ward nurse	3	4	Increased one	
9	Nurse auxillary	8	0	Replaced with 1 dental ass, 1 secretary, 4 nurses	
10	X-ray technician	1	1		
11	Laboratory technician	1	1		
12	General practitioners	2	2		
13	Physician assistant	0	0		
14	Dentist	1	1		
15	Dental assistant	0 (1)	1	One nurse aux is used as ass.	
16	Pharmacist	1	1		
17	Paramedic / amb.driver	1	0	Replaced with technician / maintenance man. CMSG assume all prehosp service.	
18	Maintenance officer	0	1	"Quartermaster"	
		28	26		

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No 4/34

To		Remarks/Action
	FMO	MM 14/12/95.
	Med Ops	Jab 15/12/95
	Med Log	15/12
	FHO	
	SO Med	

O

Please initial and date when action complete then pass quickly

F/12 325 UNITED NATIONS NATIONS UNIES MD

DEPARTMENT OF PEACE-KEEPING OPERATIONS

14 DEC 1995

FACSIMILE TRANSMISSION

UNAMIR
1995 DEC 14 A 7:20

Outgoing FaxNo.: MSU MIR 2	Date: 13 December 1995
To: Susan Matthew, CAO UNAMIR	From: MEDICAL ADVISER DPKO UNHQ-NEW YORK
Attn: FMEDO M. Fensom	Fax: (212) 962-2614
Fax: 3-3090	Ref.:
Number of transmitted pages: 1	
Subject: UNAMIR Field Hospital	

Action to: 1
FCIS

1. With reference to your fax 6788 dated 13 December please be informed that after extension of mandate was decided last night, today Permanent Mission of Norway was asked if Norway would accept extension of LOA Norway/UNAMIR/Assist/95-287. Which means extension of tour of duty of UNAMIR Field Hospital. A verbal half/yes we have, a full yes in writing, we are waiting for.

2. The plan is to have a Field Hospital with about 20 personnel to cover the Treatment of UNAMIR personnel until the end of the mandate (8 march), plus an additional phase out period of 3 weeks. The LOA amendment will therefore (hopefully) cover the time period until end march 96.

3. I talked this morning already with Norwegian Refugee Council (Stainar Sjundvoll). They will start recruitment process immediately, provided that Norway says yes.

4. The Canadians indicated to me a week ago that they would stay if the Field Hospital stays, they would rather like to support the hospital with some needed specialist to keep it. however all your planning of strength of personnel for the hospital should be about a total of twenty.

Just to show you, that we, too, did a little bit of homework.

Best regards.

DRAFTED: **CLEARED:**	**AUTHORIZED:** DR A. DECKNER

CAO CAS FMO

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 549 Kigali, Rwanda
Tel: 250 84265/6/8/9 Fax 250 86877 (Rwanda)
Fax 212 963 3090 (USA)

TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 14 DECEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212 963 2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **MEDICAL SUPPORT TO UNAMIR**	

1. Thank you for your prompt response to my fax 6288 13 Dec and for the homework.

2. Final review of pers required has been done and 24 pers would be the minimum to allow mission support and mandate activities. (i.e. capability for assistance to refugees as required).

3. This presumes Indbatt will retain dental capability. Dentist & dental assistant have been dropped from previous figure of 26.

4. A/FC, DCOS SP, CAO and the undersigned all agree that contracts should extend to end mandate plus 6 wks vice 3 wks. This would ensure flexibility and adequate pack up time for closure.

5. For your consideration.

DRAFTED BY: MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 1	

UNITED NATIONS . NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT
KIGALI RWANDA

FROM RWANDA:PHON. 84523. EXT. 11731 FAX: 84523 EXT.11735.

FROM ABROAD: PHON.(----) 1212 963 9906 EXT. 11731. FAX: (---) 871 383 020 266.

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 749, Kigali, Rwanda
Tel: 250-84265/6/8/9 Fax: 250-86877 (Rwanda)
Fax: 212 963 3090 (USA)

TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 13 DECEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212 963 2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **MEDICAL SUPPORT TO EXTEND UNAMIR MANDATE**	

1. Request immediate action to renew arrangements with Norwegian Refugee Council for a contingent of 26 pers in revised configuration as attached along with proposed pers rotation schedule. This incorporates lessons learned in initial deployment.

2. This would allow capability for continued humanitarian medical work and should be extended to liquidation of mission.

3. Turnover of pers will likely have to be staggered through month of Jan due to short time lines.

4. This assumes no change in Canadian military medical contribution.

5. Request reply within 24 hours.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 3	

NORMED STAFF ROTATION PLAN

Ø=Present/Ext, O=New

	POSITION	WEEK 52	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK5
N	Medical dir/surgeon	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Tor H. Kristiansen	ØØØØØØ					
N	Headnurse/admin	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Tor-Eilif Emaus	ØØØØØØ					
N	Administrative ass	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Sissel Kvinen	ØØØØØØ					
N	General surgeon	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Ralph Sørra						
N	Anaesthetist nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
N	Anaesthetist nurs						OOOO
	Harald Fretland	ØØØØØØ					
N	OR nurse						OOOO
N	OR nurse						OOOO
	Synnøve Madsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Tove Gullhav	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
N	ICU nurse						OOOO
N	ICU nurse						OOOO
N	ICU nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
N	ICU nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Åge W. Bøyum						
	Åse Korsvik	ØØØØØØ					
	Audhild Rogstad	ØØØØØØ					
N	Ward nurse						OOOO
N	Ward nurse						OOOO
N	Ward nurse	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Anna Mørseth	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Else Røsland						
	Karin Simonsen	ØØØØØØ					
	Gerd Midtlien	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
	Margot Thanke	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
	Tone Aausterud	ØØØØØØ					
	Toril Sormerud	ØØØØØØ					
	Synnøve Fjelldalen	ØØØØØØ					
	Ida Martinsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØ
N	X-ray technician	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Knut Korsvik	ØØØØØØ					
N	Lab. technician	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Bodil Tonheim	ØØØØØØ					
	General practitioner						
	Olav Klepp	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Ole E. Ommundsen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Dentist						
	F.Dadkah-Jazi	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
	Dental assistant						
	Inger Hagen	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ	ØØØØØØØ
N	Pharmacist	OOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO	OOOOOOO
	Ingse Resberg						
	Quarterm/maintnc.						
	Bjørn Sveen		ØØØØØØØ	ØØØØØØØ	[illegible]	[illegible]	[illegible]
	Paramedic/amb.dr.		CANADA	CANADA	[illegible]	[illegible]	[illegible]
	Bjørn Sveen	ØØØØØØØ					

REVISED STAFFPLAN FOR NORMED HOSPITAL AS TO 3 MONTHS EXTENSION OF UNAMIR MANDATE.

	POSITION	PRESENT NUMBER	REVISED NUMBER	REMARKS
1	Med.Director / surgeon	1	1	
2	Head nurse / admin	1	1	
3	Hospital secretary	0 (1)	1	One nurse aux is used as secretary. New person should have secretary/adm/computer experience. English/french
4	General surgeon	1	1	
5	Anaesthetist nurse	1	2	Increased one. Prepared for nursing tasks in ward.
6	Operation theatre nurse	3	4	Increased one.
7	Intensive care nurse	3	4	Increased one.
8	Ward nurse	3	4	Increased one
9	Nurse auxillary	8	0	Replaced with 1 dental ass, 1 secretary, 4 nurses
10	X-ray technician	1	1	
11	Laboratory technician	1	1	
12	General practitioners	2	2	
13	Physician assistant	0	0	
14	Dentist	1	1	
15	Dental assistant	0 (1)	1	One nurse aux is used as ass.
16	Pharmacist	1	1	
17	Paramedic / amb.driver	1	0	Replaced with technician / maintenance man. CMSG assume all prehosp service.
18	Maintenance officer	0	1	"Quartermaster"
		28	26	

UNAMIR
1995 DEC -1 A 7:48

FMO
01/12/95

OUTGOING FAX NO: 6465	DATE: 30 NOVEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212 963 2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **MALARIA STATISTICS FOR UNAMIR OCTOBER 1995**	

MIR-406
Reference: Your FAX 15/11/95.

1. Attached is NORMED report for malaria cases seen Oct/95.

2. Result of survey from contingent RAP's as follows:

a. INDBATT
- strength 939 pers.
- 590 Slide tests performed, 105 positive for malaria parasites.
- UN local employees 40.
- CIV Local 57.
- INDBATT pers 6.
- UNAMIR Staff/Milobs 2.

Compliance at Indbatt is very strictly enforced. In one case the soldier missed at least one dose of Mefloquine while on leave. In general the others are difficult to assess as admitted failure to take prophylaxis for Indian soldiers is a disciplinary matter.

b. NICOY
- strength 144 pers.
- no slide tests done.
- reported cases 51 own troops, 65 locals, 5 NGO's.
- prophylaxis not taken due to endemic situation in Nigeria.

CAO FMO

UNAMIR 1995 DEC -1 A 7:48

Somalia

Yale 01/12/95

P 2/4
MIR 4060

c. GHANCOY - strength 307 pers.
- no slide tests done
- reported cases , own troops 41, locals 171, Milobs and Civpol 6.
- compliance with prophylaxis is spotty due to endemic situation in Ghana.

d. MALAWICOY - strength 135 pers.
- no slide tests done.
- reported cases own troops 12, locals 367.
- compliance with prophylaxis, although not universal, is good.

e. MALICOY - strength 132 pers.
- no slide tests done.
- reported cases own troops 12, locals 270.
- compliance rate is estimated to be greater than 90%.

f. CANADIAN - strength 110 pers.
- one case reported, compliance failure. Overall compliance almost universal.

3. Extrapolation of likely actual cases diagnostically confirmed on the basis of INDBATT and NORMED data would suggest that actual cases would be approximately 20% of those reported. Indbatt statistics are also of value in that they indicate a very low mefloquine failure rate. Other RAP's basically treat all febrile illness as malaria.

4. Rapid slide tests for the RAP's have been ordered some time ago but unfortunately arrived outdated. We are awaiting a replacement shipment. These kits should allow some semblance of accurate diagnosis.

5. Overall estimated incidence of malaria for UNAMIR military is 26 cases if all reported cases had been laboratory confirmed. This is from a force strength at end October of 1783 for an incidence of 1.4%. Such a prevalence level would be in accordance with previously studied low failure rate for Mefloquine prophylaxis.

6. For your information as requested.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY: MEFensom
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 4	

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

83/4
MIR4960

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

MALARIA-DISEASE IN NORMED FIELD HOSPITAL 01-31 OCT 95

NUMBER OF PATIENTS AND HOSPITALIZATION:
17 patients has been treated for malaria in the month of Oct 95.
The diagnosis was confirmed by finding of plasmodium by microscopy in 13 patients.
8 of the patients were hospitalized.
Main reason for hospitalization was that the patient vomited and needed iv antimalarial-treatment.
Each patient stayed on average 4-5 days in the hospital.
9 patients were treated as outpatients.

LABORATORY RESULTS:
In the laboratory it was done totally 106 malaria slides on 88 different patients.
In 25 slides from 13 different patients plasmodium was found ..
24 slides: Plasmodium falciparum
1 slide: Plasmodium vivax
4 patients had 2400-2800 parasites pr 200 leucocytes. The others less.
When parasites were found a malaria smear was analyzed every day or every second day until the parasites had cleared.

TREATMENT:
4patients was treated for malaria on clinical suspicion, but the malaria slide was negative. None of them were very ill. They were all given Fansidar. None of them developed further symptoms or needed other treatment. On of them was hospitalized one night.
3 patients with microscopic confirmed diagnosis were treated with Fansidar only.
2 patients were given Fansidar initially and did not respond and was given Quinine and Doxyclin.
2 patients were treated with Quinine only.
4 patients were treated with Quinine and Doxyclin. One had already taken a course of Chloroquine without effect.
2 patients were given Quinine and 3 tbs. Fansidar after the last dose of Quinine.
Until today no recrudence has been seen in the patients we have treated.

P#/4
MIK4966

COMPLICATIONS:
There has been no serious complications to the disease or the treatment.
In one woman the parasites cleared but she didn't respond satisfactory clinically and she was given Chloramphenicol orally.

WHAT MALARIAPROFYLAXSIS HAD BEEN TAKEN?
Only one patient had taken prophylaxis. This was an Indian soldier who was given Mefloquin 250mg every second week under supervision. Most likely the prophylaxis had been taken.
No other patients who developed malaria had taken any prophylaxis.
Wether the patients used mosquitosnets are not known.

Note: Follow up confirmed this soldier had missed dosage while on leave.
MA.

MILITARY OR CIVILIAN STATUS? NATIONALITY.
Only 2 patients were military: 1 from Zambia and 1 from India.
All the other patients were civilian members of UNAMIR:
6 from Rwanda, 3 from Uganda, 1 from Nigeria, 1 from Benin,
1 from South Africa, 1 from Holland, 1 from USA, 1 from Austria,

KIGALI 17 NOV. 95

Ole Eigil Ommundsen

Ole Eigil Ommundsen
general practitioner

LOG-281

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

To: DCOS (Ops)
[redacted]
MILOB Gp HQ
CIVPOL
IOC/HAC

From: DFC/COS

Date: 27 Nov 95

Subject: END OF MISSION REPORT

1. The current mandate expires on 08 Dec 95 and there is every likelihood that it will not be extended. In keeping with the UN requirements, a comprehensive Mission Closure Report is required to be submitted by this HQ to UNNY at the end of the mission.

2. You are requested to submit a brief mission closure report pertaining to your Branch to this office by 05 Dec 95 for our further action.

(3) cc

Pse fwd to G-1 and FMO for their action.

28 Nov 95

cc For FMO Info Attn.
See date brought fwd by DCOS (P)
Gale 28/11/95

Yale 30/11/95

P1/4

OUTGOING FAX NO: 6433	DATE: 29 NOVEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR A. DECKNER/DR ADLER	FROM: SUSAN MATTHEY CAO, UNAMIR KIGALI, ~~RWANDA~~
FAX : 212 963 2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: DRAFT OF LIQUIDATION PLAN - MEDICAL	

1. As requested the attached is a DRAFT medical plan for liquidation developed in preparation for anticipated mandate cessation. Please be advised it is in draft format only which will likely necessitate change depending upon closure date.

2. For your information only.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 4	

CAO FMO

30/11

P2/4

MEDICAL SERVICE

Medical support to UNAMIR will continue at level one, two and limited three until Phase 3 at D + 65. Level one will be provided until D + 97 with dedicated standby aeromedevac capability for duration of Phase 3 following NORMED closure. 95 CMSG will provide aeromedevac team and acute resuscitation capability to D + 97. Self care and local resources for emergencies will apply in Phase 4.

RAPs and 95 CMSG UMS will provide level one support until respective contingent departures. All medical equipment will be repatriated with contingents. Unused medical consumables will turned in for handover to WHO for appropriate distribution.

P2/4

DRAFT

MEDICAL SERVICES

1. Overall concept of med Ops for liquidation will be to maintain second and limited third line capability to D + 65. Reduction in capacity will commence with NORMED downsizing. Medevac capability will continue until Phase 3 complete.

2. **PHASE 1** (D to D + 30)

i. Finalize warehouse inventory.

ii. Preferred disposal for surplus to requirement. medical consumables is transfer to WHO for reimbursement and appropriate distribution. Complete by D + 30.

iii. Local destruction of all medical consumables expiring between D + 30 and D + 97 at 30 days prior to expiry.

iv. Discontinue humanitarian activities and care of non-entitled personnel at D + 15. NORMED downsizes to 20 pers.

v. Second / third line holding capacity decreased to 5 beds at D + 15. Holding policy no change (5 days).

vi. UNAMIR dental support provided by INDBATT from D + 15.

vii. Casevac / medevac no change.

viii. Independent coys turn in all medical consumables in excess of 30 day requirement. All medical equipment will be repatriated with contingents.

b. **PHASE 2** (D + 30 to D + 52)

i. Independent companies provide limited level one care and in transit med support for final move. Unit level emergency medical equipment will be turned over to Movcon on arrival at transit camp for inclusion on return flight. Interim support prior to departure provided by NORMED.

ii. Level one holding policy zero except INDBATT RAP with 2 day holding policy. Level two / three holding policy 5 days.

iii. Casevac / medevac no change.

c. **PHASE 3** (D + 49 to D + 97)

i. Level two / three capability ceases at D+ 65. Holding policy reduced to 2 days at D + 55.

ii. Level one provided by 95 CMSG UMS and INDBATT RAP to D + 97. Medevac team provided by 95 CMSG UMS to D + 97. Level one holding policy 2 days. Zero holding from D + 93.

iii. Final disposal of biohazardous waste through existing arrangement at Kigali Central Hospital.

iv. Dedicated standby aeromedevac aircraft provided in Kigali from D + 65 to D + 97. Minimum requirement is two stretcher capacity at 60 min notice.

v. Contract with Netherland Red Cross to supply Safe blood is continued to D + 97 with quantity reduced to 10 units after D + 65.

vi. Expanded first aid kits with variety of medications and instructions for use to be issued to core group by 95 CMSG UMS.

d. **PHASE 4**

Remaining elements utilize existing local facilities for emergency care with transport to Nairobi University Hospital as soon as feasible as coord by MCC.

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/9
MED 2020/95

To: **DCOS SP**

From: **FMO**

Date: 27 November 1995

Subject: **MEDICAL POINTS FOR INCLUSION IN FC BRIEF TO SECRETARY GENERAL**

1. **UNAMIR 1**

- military medical units provided a crucial presence at the onset when a complete vacuum in health care existed; later provided a bridge in service to allow NGO agencies to take over

- military med support to refugees prior to NGO arrival

- Australian medical unit provided critical rebuilding and clinical services to Kigali Central Hospital to allow it to start over

- success in working cooperatively with NGOs' both in support to Rwanda and mutual support when required

UNAMIR 11

- successful integration of contracted level 2/3 civilian organization (NORMED) within military medical framework to provide second / third line medical support (a first in UN miliary peacekeeping missions)

- colocation with military unit for security and mutual support proved ideal

- combined first line facility with Cdn/Nigerian military medical staff

- provision of Cdn Mil anaesthesiologist to NORMED organization

- testing integrated medical support concept and long term potential is high when deployed in the appropriate scenario ie: established stable mission with decreasing

security risks and minimal or no requirement to redeploy on short notice

UNAMIR 1 & 11

- efforts in training local health care personnel

- provision of humanitarian medical supplies

- effective liaison with Min of Health resulting in priorities established in accordance with local plans

- provision of aeromedevac capability for UNAMIR and others

- med support to UNAMIR assessed as the "best that a UN mission has ever achieved in such a short period" by Dr.Laux, UN Medical Director during her visit in Nov 94

- constant use of spare human resources from military medical units for humanitarian work

- provision of CISM (critical incident stress management) by Cdn military medical units

- military medical support to other UN agencies and UNAMIR civilian staff ie: routine and emergency care, employment medicals

M.E. FENSOM
M.E. FENSOM
MAJ
FMO

OUTGOING FAX NO:	DATE: 29 NOVEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR A. DECKNER/DR ADLER	FROM: SUSAN MATTHEY CAO, UNAMIR KIGALI, RWANDA
FAX : 212 963 2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: DRAFT OF LIQUIDATION PLAN - MEDICAL	

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2. For your information only.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 4	

MEDICAL SERVICE

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DRAFT

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d. **PHASE 4**

Remaining elements utilize existing local facilities for emergency care with transport to Nairobi University Hospital as soon as feasible as coord by MCC.

UNAMIR
1995 NOV 28 P 6:48

OUTGOING FAX NO: 6487	DATE: 28 NOVEMBER, 1995
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR A. DECKNER/DR ADLER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX: 212 963 2614 dk	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **REQUEST FOR MEDICAL DOCUMENTS**	

MIR-4036

1. I am fordwarding the following documents under cover of this letter for your information and appropriate action:

   a. **UNAMIR MEDICAL SOP's.**

   b. **CASEVAC SOP'S.**

   c. **MALARIA TREATMENT PROTOCOLS (FM OPD).**

2. This office Fax No.6312, MIR No. 3987 paragraph 3 dated 22 Nov 95 refers.

3. Submitted for your kind attention.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY: Signed for FMO
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 50	

UNAMIR
1995 NOV 28 P 8:13

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: 4/15

To: FMO Remarks/Action: 08/11 MB, 7/11/95.

Med Ops _____

Med Log _____

FHO _____

SO Med Fwd - I will attend! 7 NOV 95

0 _____ _____

Please initial and date when action complete then pass quickly

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

A.S.C. I / Rec. 7/11

From: Col W J Fletcher
DCOS (Sp) Extn 11109

To: C LOG O, SO ACCN, SO TPT, SO SUP, SO FOOD, [redacted]

File Reference: 4000.1/LOG-28/1

Date: 6 Nov 95

Subject: STAFF PLANNING GUIDANCE - UNAMIR LIQUIDATION

1. I trust that you have had an opportunity to read the subject document. You will note that you all have a role in the Liquidation Team and in specific instances have been named as the Co-chair of one of the Working Groups. CJSS and I intend to have a meeting of the Team this week. In anticipation of that I would like to meet with you in my office at 1100 hrs Tue 7 Nov.

2. Thank You.

② FYIO
We'd by does not form part of any liquidation team or working groups. Work groups will liaise with you re any need concerns prior to any final report. We do not have a copy of liquidation plan; DCOS(SP) will gladly lend you his for perusal.
7/11/95
SO Trng

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: 418

To: FMO Remarks/Action: MF 17/11/95.

Med Ops CC Pls BU when FMO is back Jade.

Med Log

FHO

SO Med 31 Oct 95 Hand for FMO

Please initial and date when action complete then pass quickly

I will attend initial meeting at 1000hrs Tomorrow! BF17 NOV95

Sorries

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

From: Col W J Fletcher Extn 11109
DCOS (Sp)

To: **CMPO, C LOG O, FMO**

Info: CO 95 CMSG

File Reference: 4000.1/LOG-28/1

Date: 30 Oct 95

Subject: END OF MISSION REPORT

Reference: UN Guidelines For Liquidation of Missions

1. Ref tasks the CAO to prepare an End of Mission Report upon termination or closure of a Mission. It that respect, it has been past practice that the civilian administration prepare the report with minimal military input. As UNAMIR has progressed over it's life in the creation of the ISS, the military input to the End of Mission Report will provide much of the content. At the section level; that is CMC, CMBS, PCIU, SUMMO etc, the Report I suspect will be a joint submission through the appropriate section head to the CAO.

2. The Report will not include peripheral data from the Force Headquarters staff, that may be most useful in denoting lessons learned for future missions. Contracted support and integrated structures will undoubtedly continue to evolve. From that perspective I would appreciate your comments in the form of an End of Mission Report. The key points to be covered are an observation of the performance of your respective area of responsibility. specific highlights, major concerns, recommendations or proposals and supporting data.

3. I would appreciate your comments to me by 1 Dec 95.

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: 4/3-41

To: FMO Remarks/Action: Pll to FMO on arr pl MJ RL 14/11

Med Ops Yale 14/11/95

Med Log

FHO

SO Med 14 NOV 95

Please initial and date when action complete then pass quickly

Fm-2930

United Nations Nations Unies

INTEROFFICE MEMORANDUM MEMORANDUM INTERIEUR

UNAMIR
1995 NOV 14 A 7:02

TO: *Ms. Susan Matthew*
A: *Officer-in-Charge, Administration*
UNAMIR - Rwanda
THROUGH: *FAX: 33097*
S/C DE:

FROM: Ingrid Laux, M.D.
DE: Medical Director
United Nations Medical Service

DATE: 10 November 1995
REFERENCE:

FMO
14 NOV 95

SUBJECT:
OBJET: **Role of the U.N. Medical Service, New York, in providing medical support to Peace-keeping Missions**

1. This is to re-affirm the role of the UN Medical Service at Headquarters in providing medical support to peace-keeping/ special missions, and to streamline incoming requests so as to avoid unnecessary delays in providing this vital support.

2. The UN Medical Service establishes UN medical policies and standards, provides medical reconnaisance, and performs day-to-day medico-administrative functions.

3. The following is the brief summary of responsibilities of the UN Medical Service vis-a-vis peace-keeping missions:

- to develop and update UN medical policies for use by DPKO, and Chief Administrative Officers and Chief Medical Officers in the missions;

- to establish and continuously review medical standards for personnel being assigned to peace keeping/special missions;

- to make on-site assessment of host nation and regional medical facilities;

- to provide medical briefings, in the relevant areas, at UNHQs to visiting Force Medical Officers, Force Commanders and Contingent Commanders from various troop-contributing countries;

- to advise on immunization and malarial prophylaxis;

- to determine medical fitness of UN staff members, Military Observers and Civilian Police selected for missions;

- to advise and assist on medical evacuations and repatriations of UN staff, Military Observers, Civilian Police and UN troops;

- to advise and assist on third country medical evacuations for UN troops where medical repatriation is not feasible

CMO FMO

because of lack of desired capabilities in their home country;

- to verify medical bills whenever the Organization is liable for treatment;

- to certify sick leave for UN staff, Military Observers and Civilian Police;

- to advise on medical questions of compensation claims, submitted by or on behalf of UN staff members, Military Observers and Civilian Police for service-incurred injury, illness or death; and

- to advise the UN Joint Staff Pension Fund on questions of disability benefit, whenever applicable.

4. Therefore, if there are any questions regarding UN medical policies, standards, immunization, compensation claims, disability benefit, or any requests for medical clearance, evacuation/repatriation, sick leave, and verification of bills, these should be directed to the Medical Director/UN Medical Service at telephone number (212) 963-7082/2951 or fax (212) 963-4925. However, if there are requisitions for medical equipment and consumables, these should be sent directly to DPKO at fax (212) 963-2614.

5. I would highly appreciate your cooperation in this matter.

cc: *Chief Medical Officer*
UNAMIR

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: _____

Pa to MZ FMO on arr

To: FMO Remarks/Action: 09/11

Med Ops yale 9/11/95

Med Log

FHO RR 09/11/95

SO Med

Please initial and date when action complete then pass quickly

United Nations Facsimile System - Thu Nov 02 15:42:58 1995

Fmt-2858

UNITED NATIONS NATIONS UNIES TELEGRAPH

A.S.C. UNAMIR II
PAGE 1 OF 8
Folio 4/24

For use of Cable Operations Only / Réservé au Groupe de la correspondance télégraphique

FROM/DE: UNAMIR

MSG. SER. NO.: 3247

9 NOV 1995

96 NO -2 15 107

For use of Drafter / A remplir par le rédacteur	DATE: 01 NOVEMBER 1995		
LDC/JGY	PMSS/FALD	2280A	3-6114

UNTSO JERUSALEM PERSAUD	UNIFIL NAQOURA MITCHELL	UNDOF CAMP FAOUAR BAUTISTA
UNFICYP NICOSIA DONNELLAN	UNMOGIP RAWALPINDI JOHANSSON	UNIKOM KUWAIT FENNESSY
UNAVEM LUANDA BALDIE	UNPF ZAGREB BJORNSSON	UNMIH/MICIVIH PORT AU PRINCE SERAYDARIAN
UNAMIR KIGALI/NAIROBI MATTHEW	UNMOT DUSHANBE QUIRKE	MINUSAL SAN SALVADOR MORRIS
MINURSO LAAYOUNE OUNI	OSGA JALALABAD SANDSTROM	UNAUB BAGHDAD JUNTTI
UNOMIL MONROVIA AFEWORKI	UNOMIG PITSUNDA BAPTISTE	UNLB BRINDISI SAVARD
MINUGUA GUATEMALA CITY PAZ Y MINO	UNSD PISA SOPP	BURUNDI BUJUMBURA ABDEL-AZIZ
UNPOS NAIROBI KABIA	UNSCO GAZA LARSEN	

12 PITCH - 85/12 → 10 PITCH - 65/10 →

DO NOT EXCEED MARGINS SEE INSTRUCTIONS ON THE REVERSE SIDE

NE PAS DÉPASSER LES MARGES VOYEZ LES INSTRUCTIONS AU VERSO

Action to
FMO
08 NOV 1995

AUTHORIZED BY / SIGNATURE: LUIZ CARLOS DA COSTA, CHIEF PMSS/FALD/DPKO — DATE

NAME AND TITLE OF ENTRY (TYPED) / NOM ET QUALITÉ (A DACTYLOGRAPHIER)

INP/165/95

CMO cclo FMO

UNITED NATIONS NATIONS UNIES **TELEGRAPH**

For use of Cable Operations Unit only — Réservé au Groupe de la correspondance télégraphique

FILE / ENTRY | MSG SEQ NO.

For use of Drafter - A remplir par le rédacteur:		DATE 1 NOVEMBER 1995		ALLOTMENT / COMPTE	FILE / DOSSIER
LDC/JGY	PMSS/FALD	S-2280A	3-6114		

10 PITCH - 65/12 | 10 PITCH - 65/10

FROM DA COSTA

FOR YOUR INFORMATION AND ACTION, ATTACHED PLEASE FIND A COPY OF THE REVISED PROCEDURES AND POLICY WITH RESPECT TO MEDICAL CLEARANCE AND MEDICAL STANDARDS. PLEASE NOTE THE CHANGES IN POLICY AND IMPLEMENT ACCORDINGLY.

REGARDS

(MEDILI/FALD)

NNNN

DO NOT WRITE BEYOND THIS MARGIN SEE INSTRUCTIONS ON THE REVERSE SIDE

NE PAS INSCRIRE RIEN DANS LES MARGES VOYEZ LES INSTRUCTIONS AU VERSO

////

AUTHORIZED BY / AUTORISE PAR

SIGNATURE: Luis Carlos da Costa, Chief DATE:
FPMSS/FALD/DPKO

NAME AND TITLE OF ABOVE - TYPED / NOM ET QUALITE CI-DESSUS DACTYLOGRAPHIES

PD/2/80/Rev.3
4 May 1995

PERSONNEL DIRECTIVE

To: All Executive, Administrative and Personnel Officers at Headquarters

Chiefs of Administration and Chiefs of Personnel at offices away from Headquarters

From: The Assistant Secretary-General for Human Resources Management

Subject: Medical Standards and Clearances*

1. Staff regulation 4.6 and staff rule 104.15 prescribe the establishment of medical standards and medical examinations for staff as a requirement for their contractual status and change of duty station. The purpose of this directive is to simplify further the procedures for obtaining medical clearances in order to avoid delays in the processing of appointments, extensions of appointment, changes of duty station and conversions to probationary appointment. This directive supersedes personnel directive PD/2/80/Rev.2.

Purpose of medical clearances

2. The initial purpose of the medical clearance is to ensure as far as possible that candidates for recruitment as staff members meet the United Nations standards of current and potential physical and mental fitness for employment. The subsequent purpose of medical clearance is to ensure that staff members continue to maintain such fitness in a manner that enables them to perform the functions assigned when they are redeployed to other duty stations, requested to travel on mission, detailed or assigned to missions. The medical clearance of candidates and staff members is determined with reference to their age and medical state, as well as to the general conditions at the duty station at which they are to serve. Aspects such as climate, altitude and medical facilities at the duty station are particularly important in this respect.

Medical clearance for recruitment

3. Upon recruitment, candidates are required to complete a pre-employment questionnaire and to certify the truth, completeness and correctness of the information given, to undergo such medical examination and tests as may be prescribed and to furnish such medical certificates, documents and data as the Medical Director may require.

---

* Personnel Manual index No. 4070

/...

4. No candidate may be appointed without (a) submitting a certificate of good health in accordance with paragraph 5(a) below; or (b) clearance by the Medical Director or a duly authorized medical officer. Clearance by the Medical Director or a duly authorized medical officer is always required for peace-keeping missions, candidates for Field Service, Security Service or Manual Worker posts and for appointments for six months or more. When medical clearance is required, a request for Medical Classification (P.17) form is forwarded to the Medical Service by the Recruitment Officer. The Recruitment Officer will duly provide the information required under the various headings and the Medical Director will return the form giving the medical classification, the length of the clearance and any observations which may be appropriate.

Types and conditions of clearance

5. Appointments under the 100, 200 or 300 series of Staff Rules

(a) Appointments for less than 6 months
Candidates:

(i) who are only required to travel within the country of their normal residence;

(ii) whose appointments are not expected to be extended beyond 6 months;

(iii) who are over 60 but are only recruited for short-term in New York;

may be initially appointed on the basis of a certificate of good health (P.272) from their own physicians dated no more than four (4) weeks prior to recruitment. The certificate will be submitted to the Recruitment Officer and retained in the Official Status file. When no satisfactory health certificate can be produced, the matter must be referred to the Medical Director for advice before the candidate is appointed. The certificate will be valid for one year from the date of issuance.

(b) Appointments for 6 months or more

When a candidate is recruited for a period of 6 months or more or if an appointment for less than 6 months is extended beyond 6 months, clearance by the Medical Director is required on the basis of a full Medical Examination (MS.2) form.

(c) All candidates who are expected to travel on mission outside their home country and outside Western Europe or Northern America

Medical clearance by a duly authorized Medical Officer on the basis of a full medical examination (MS.2) form is required before appointment.

(d) Appointment at offices away from Headquarters

(i) Candidates locally recruited at the site of the Regional Commissions may be appointed on the basis of a health certificate or clearance given by the Medical Officer in accordance with the criteria laid down in paragraphs (a) and (b) above.

(ii) International candidates must be cleared by the UN Medical Director before recruitment in accordance with the same criteria.

(iii) In the case of other offices away from Headquarters, appointments shall be subject to the same criteria as above. The medical examination/certificate may be performed/issued by a designated UN Examining Physician, but the clearance is given by the UN Medical Director.

(e) Reappointment of project personnel or personnel previously employed on short-term contracts

When these personnel are to be reappointed, the Medical Director or the duly authorized Medical Officer should first be consulted. On the basis of the most recent medical records, he/she will communicate the decision.

alidity of Pre-employment medical clearances

. Generally, medical clearances given on the basis of a full medical xamination (MS2) are valid for two (2) years.

. However, when recruitment has not taken place within one year, edical clearance must be obtained on the basis of a new examination.

edical clearance procedure after initial appointment

. Medical clearance by the Medical Director is required for change of uty station, travel on mission and mission detail or assignment. n case of re-deployment/re-assignment between field missions, no new edical clearance is required if the staff member's two-year medical learance is still valid and there has been no medical evacuation during he previous field deployment/assignment.

. The medical classifications are defined as follows:

1A Candidates who are fit for general employment.

1B Candidates who have a chronic medical condition that is under control and are fit for general employment.

2A Candidates who have a serious medical condition and are not fit for employment but could be considered for employment if the condition is corrected.

2B Candidates with reduced work capacity or reduced life expectancy, and are not fit for employment.

10. No medical clearance is required for:

(a) extension of contracts at the same duty station, including extension of contract beyond retirement age;.

(b) transfer from a field duty station to a duty station at which the Headquarters of an organization of the United Nations family is located;

(c) conversion to probationary and/or permanent appointments.

11. Staff members travelling on official business to duty stations in health-hazard areas, as defined by the International Civil Service Commission, should be requested to report to the appropriate Medical Service with an MS.20 form in triplicate prior to their departure in order for them to be medically cleared and informed of the health precautions appropriate to the area.

12. Procedures for the medical clearance of individual contractors and consultants are established in administrative instructions ST/AI/295, para.23, and ST/AI/296, para.26, respectively.

UNITED NATIONS

ST

Secretariat

ST/AI/295/Amend.1
5 July 1995

ADMINISTRATIVE INSTRUCTION

To: Members of the staff

From: The Under-Secretary-General for Administration and Management

Subject: TEMPORARY STAFF AND INDIVIDUAL CONTRACTORS

Paragraph 23 of administrative instruction ST/AI/295 is amended as follows:

Medical clearance

23. An individual contractor who is expected to work in any office of the Organization shall be required to complete a statement of good health. Individual contractors may not be authorized to travel outside the country of their normal residence at the expense of the United Nations unless the individual concerned:

(a) Has been cleared by the United Nations Medical Director on the basis of a medical examination (MS.2) performed by a recognized physician; and

(b) Has been informed regarding inoculations required for the country or countries to which the individual is to travel.

The validity of the medical clearance will be one year from the date of issuance.

95-19975 (E) 070795 110795

UNITED NATIONS

ST

Secretariat

ST/AI/296/Amend.1
5 July 1995

ADMINISTRATIVE INSTRUCTION

To: Members of the staff

From: The Under-Secretary-General for Administration and Management

Subject: CONSULTANTS AND PARTICIPANTS IN ADVISORY MEETINGS

Paragraph 26 of administrative instruction ST/AI/296 is amended as follows:

Medical clearance

26. A consultant who is expected to work in any office of the Organization shall be required to complete a statement of good health. Consultants may not be authorized to travel outside the country of their normal residence at the expense of the United Nations unless the individual concerned:

(a) Has been cleared by the United Nations Medical Director on the basis of a medical examination (MS.2) performed by a recognized physician; and

(b) Has been informed regarding inoculations required for the country or countries to which the individual is to travel.

The validity of the medical clearance will be one year from the date of issuance.

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