OPERATIONS-GENERAL

10 MAR – 24 AUG 1995

UNCLASSIFIED
RA/WE MAY 2001

1 Confidential
1 Strictly Confidential
M.B. 19 Dec. 2011

UN ARCHIVES

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BOX 32
FILE 4
ACC. 1998/0284

UNITED NATIONS NATIONS UNIES

UNAMIR MINUAR

UNAMIR
INTEROFFICE MEMORANDUM

File 538-12-1
MED 921/95

To CMPO

Info CMO
Air Ops

From **FMO**

Date 24 Aug 95

1 Recent experience confirms the difficlty new Milobs have in utilizing unfamiliar Casevac SOP's

2. Suggest you include briefing from Med Ops in their orientation package.

3 Contact is Lt Cdr YD Gunat, ext 11116

M FENSOM
Maj
FMO

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 538 - 12 - 1 Correspondence No. _____

To: FMO Remarks/Action: _____

for filing. Med Ops 21/1 Any comments. MAJ Crawford will type this draft for COL Ramsey signature. Copy will be faxed to Med Br ASC 2

Med Log _____

FHO _____

_____ _____

_____ _____

Please initial and date when action complete then pass quickly.

Headquarters Australian Defence Force

MINUTE

SG94-32557
SGADF 6181/94

See Distribution List

REVIEW OF UNITED NATIONS OPERATIONAL SUPPORT MANUAL

1. A copy of Chapter 7 (Medical Support) of the draft United Nations Operational Support Manual is enclosed. The chapter outlines broad UN policy and procedures for health support to UN peacekeeping operations. It aims to provide:

a. a basis for the production of UN medical operational doctrine, training organisations and equipment;

b. a planning tool for current operations;

c. a management tool for the audit of health support to current operations; and

d. a basis for future UN operational health support development.

2. The chapter is to be reviewed within the ADF drawing on the experience of recent peacekeeping operations, and particularly UNAMIR. The results of the review and recommendations for amendments to the chapter will be passed to the medical staff of the Directorate of Peacekeeping Operations/Field Operations Division.

3. Your comments on the chapter are requested by 31 Mar 95.

L.P. HAINES
LTCOL
SO1LOPHS
CP4-6-18
Ext 63899

29 Nov 94

Enclosure:

1. Chapter 7 of United Nations Operational Support Manual

Distribution:

DHPI

DMS

DDS

DNS

DDFEOHS

DHRIS

SO1 MOPHS

SO1 AOPHS

COMASC UNAMIR

FMO MHQ

COL HLTH SVCS LHQ

SHO AHQ

SO1JNTHLTH HQNORCOM

CMO HQNSC

COL HLTH HQ LOG COMD

PMO HQTC

UNAMIR Specialists (12)

For Information:

DGOPHS

ADFWC

Department of Defence
The Special Air Service Regiment
MINUTE

OC RMC SQN
CASR

538-11-1

SGADF (For SO1 LOPHS)

For Information:

SO1 HLTH OPS LHQ
COMASC ASC II UNAMIR

REVIEW OF UN OP SPT MANUAL

References:

A. SGADF Minute 6181/94 Dated 21 Nov 94

1. I have reviewed the medical support aspects of the UN manual and provide the following comments as requested at ref A. In general terms, the document has been refined from the copy reviewed at the commencement of OP TAMAR.

a. Page 13. I would prefer the term Force Medical Officer be used in preference to Chief Medical Officer (CMO). This will avoid confusion with the appoimtment of the Chief Military Observer (also CMO).

b. Pages 23-24. The terminology of Inter and Intra theatre evacuation needs further explanation. I would suggest that "Medical Evacuation" not only describes evacuation of a patient who "....is expected to return to duty...." but also the evacuation of a patient who needs rapid treatment in a facility outside of the mission area and then is unlikely to RTD. Any soldier who was evacuated to Nairobi and then repatriated to his home country when ready would fit this description.

c. Page 24. The manual suggests that the evacuation system within the mission must be capable of evacuation 24 hr/day in all weather and over all terrain. This would suggest that when road evacuation is not possible (as it often was on the Kigali-Kibuye road), that a night AME capability is required. This clearly did not happen in UNAMIR.

d. Page 47. Patient tracking is a weakness within the UN. The reference needs to detail the responsibilities for patient tracking within the mission.I am sure that the UN has some ideas in this regard, however they are unknown at mission level.

e. Page 51. I dont believe that a dedicated Medical Evacuation communications net is required. The advantages of running Casualty Evacuation on a well used command net outweigh the disadvantage of competing for priority on such a net.

f. Page 51. AME assets should only be under the comd of the FMO if they are a dedicated asset. In the case of UNAMIR where the assets were at priority call, they should remain centrally controlled by operations pers.

g. Page 83. I believe that the Medical Director at UN NY intends to replace this Medical Treatment Report with the version produced by us during OP TAMAR.

2. The above comments cover the importany aspects of Medical Operations as they apply to the UN. The manual is littered with numerous throw away lines about Medical Logistics that are clearly not being addressed adequately.

3. I am happy to discuss any of these matters with you if you require clarification. Regards.

R. J. CRAWFORD
MAJ
FORMERLY SO2 MED OPS
HQ UNAMIR

Mar 95

DRAFT ONLY

HQ UNAMIR II

MINUTE

538-12-1

COMASL

REVIEW OF UN OP SPT MANUAL - MEDICAL SUPPORT

Reference:

A. Minute to you from LTCOL Haines, OSGADF Dated 29 Nov 94.

1. I have reviewed the medical support aspects of the UN Manual and provide the following details as comment. They seem to have tidied the document up a little since I last read it, although it still has typical UN flavour throughout:

a. Page 13. I would prefer the term Force Medical Officer be used instead of Chief Medical Officer. This clears up any confusion with the appointment of Chief MILOBS;

b. Pages 23-24. The terminology of Inter and Intra theatre evacuation needs further explanation. I suggest that "Medical Evacuation" not only describes evac of a patient who is expected to RTD but also evac of a patient who needs rapid treatment in a facility outside of the mission area and is then unlikely to return to duty. An example would be our Ethiopian soldier currently in Nairobi. He was "Medevac" to Nairobi and when ready will be "Repatriated" to Ethiopia;

c. Page 24. The manual suggests that the evacuation system within the mission must be capable of evacuation 24 hr/day in all weather and over all terrain. This would suggest that 24hr/day helo is required if the terrain (eg Road from Kigali - Kibuye) will not allow vehicle access;

d. Page 47. Who is responsible for tracking patients out of theatre. This needs to be explained as I see patient tracking as one of the weaknesses in the UN system. We probably need to look at the system in theatre a little more closely; and

e. Page 47. Surely, the personnel staff/branch on the mission HQ should be responsible for establishing a system of NOTICAS.

2. There are many throw away lines about Medical logistics throughout the document which would make Stuart Piess roll over laughing. Fine in principle but not working like that at the moment!!.

3. Once you have looked at the document, I can produce a consolidated list of comments.

CRAWFORD
MAJ
G3 MED
10 Feb 95

Additional comments to para 1:

Page 51 f. I dont believe that a dedicated medical net is required. There are advantages to having casevac co-ordinated on a well used net;

Page 51 g. Similarly, I dont believe that air assets should be "under comd" of the medical comd; and

Page 83 h. As discussed, our Med Treatment Report format should be used.

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE EN RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 538-12-1
MEDI OG 648/95

To: G3 OPS

From: FMO

Date: 20 Jun 95

Subject: MEDICAL CONSIDERATIONS FOR DEPLOYMENT OF UNAMIR MILOBS TO ZAIRE

1. A number of serious medical issues require consideration when deployment of MILOBS to Zaire is contemplated. In summary these are

   a. How is Level One medical support to be provided? Under some circumstances the MILOBS will require access to medical officer and medical personnel for routine and most importantly emergency medical treatment.

   b. Communications to UNAMIR HQ Medical Br (Via Ops Br) to arrange medical evacuation

   c. Will arrangements be put in place to assure Aero Medical Evacuation by helicopter from the point of injury to the only appropriate medical facility (AUSMED in Kigali).

   d. Will a reliable source of potable water and rations be made available?

   e. Will it be possible to undertake an environmental health assessment of likely operations locations and residences?

2. It would be appreciated if these points could be raised with the Special Envoy. I would be happy to provide further details if required.

NFS NOTE:
O/W LTCOL MELIA + COL ARC 27 JUL. LTCOL MELIA WILL RAISE ISSUES WITH CMO TO ENSURE APPROPRIATE SUPPORT (AND THAT BUDGET IS IN PLACE TO SUPPORT THE PLAN). NOT AWARE OF DETAILS OF SOFA MEDICAL. PLEASE SEE FURTHER ADVICE IF REQUIRED.

G4 MED 27 JUN. & G3 Ops to attend Milobs Mtg Rwanda 30/6/95 & 28/6.

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No:_____

To:	Remarks/Action:
FMO	Δ 28/2
Med Ops	KJ Covered in OST report 27/7
Med Log	28/7
FHO	27/7
~~SO Log~~	

Please initial and date when action complete then pass quickly

Headquarters Australian Defence Force
Department of Defence
CANBERRA ACT 2600

SURGEON GENERAL
AUSTRALIAN DEFENCE FORCE

FACSIMILE MESSAGE / COVER

006/24

Classification:	Message Number:
UNCLASSIFIED	DHPI 3789 /95

Precedence
ROUTINE

Facsimile Addressee:	Facsimile Originator:
ASC2 for SO4 MED ADMIN Med Coy UNAMIR II Kigali, Rwanda	Health Planning Section CP4-6-25 Operational Health Support Branch Campbell Park Offices CANBERRA ACT
Facsimile Number: 0011 - 250 10000 001 (check) or 0015 - 212- 963 3090 (tbc)	Facsimile Number: 61-6- 266 3784 (OPHS) or 61-6- 2663933
Telephone Number: 0011 - 873-154 5271	Telephone Number: 61 - 6 - 266 3934 or 61 - 6 - 266 3800

Subject Title: MEDICAL SPOT REPORT (MEDSPOTREP)		
Facsimile Reference: SG94-23169	Date 19 Jul 95	Number of Pages 3

~~Releasing Officer Sign~~	Printed Name:	Rank/Appointment:
	B. MORGAN	LTCOL / SO1 HP

Instructions/ Comments:

Please pass to LT A.L. Dennings, 0011 250 10005

References:

A. Your Message E3L/I4O dated 210711Z JUL 95

B. Telecon SO1 HP OSGADF/SO2 HEALTH OP LHQ of 24 Jul 95

1. Thank you for the Sharps Injury return at Reference A. In relation to para 2, OSGADF was **not** aware on any sharps injuries in ASC 2 prior to SGADF's visit.

2. The guidance on MEDSPOTREP is contained in ADFP 53 Chapter 6. I have attached a copy of Annex C for your information.

3. Unfortunately, the advice you received from ASC1 was incorrect. HQ LC Health Svcs staff and LTCOL Curren have been briefed and are aware of the correct procedures. If you require further guidance, I am sure they will be able to provide the appropriate information, as both areas hold a copy of ADFP 53.

Best Wishes

MEDICAL SPOT REPORT

1. Purpose of medical spot report (MEDSPOTREP): To inform medical staff of specific incidents that have resulted in or are likely to result in significant casualties, or other incidents of a medical nature which are likely to attract higher staff, public, political or media attention.

2. Security Classification: SIC:PPJ

a. DTG of release.

b. Report as at (DTG).

c. Place of incident:

(1) Place.

(2) Type of location.

(3) Nickname.

(4) Geographic name.

(5) Grid reference.

d. Incident:

(1) Type or incident.

(2) Diagnosis.

(3) Numbers affected.

e. Remarks (incl assessment of incident).

HEALTH INTELLIGENCE REPORT

1. Purpose of health intelligence report (HEALTHINTREP): To inform medical staff at tactical, operational and strategic headquarters of the health and environmental situation in the area of interest.

2. Security classification (with caveats as required):

3. SIC:P3A

   a. DTG of release.

   b. Report as at (DTG).

   c. Source of information.

   d. General information (detail on topography, climate, water sources, coordinates, etc).

   e. Socio-economic information (demographic factors, social factors, political factors, economic factors).

   f. Public health information (water supply and potability, sanitation, pollution, vector control, food handling, electricity, etc).

   g. Insect, plant and animal hazards.

   h. Military trauma hazards (unconventional weapons systems).

   i. Diseases of military importance (endemic diseases, attack, case fatality rates and general importance).

   j. Civilian health services (organisation and administration, civil defence/disaster relief, quality of civil health care).

   k. Military health services (ORBAT, medical logistics, quality of health care).

   l. Civilian and military health facilities (capacity, availability, access, facilities, services, etc).

   m. Medical materiel (production capabilities, stockpiles, etc).

   n. Medical training, research and development.

   o. Health aspects of port calls (medical entry requirements, screening, quarantine, water supplies garbage and sewerage arrangements, health and sanitation of port, diseases, and medical facility arrangements).

TO: CMFO 25JUL95

FROM: G4 MSD

COULD YOU PLEASE

ENQUIRE WITH NIBATT

AS TO WHEN THEIR MMO

MAJ A.A. OROKTO WILL

RETURN FOLLOWING HIS

ESCORT OF PRISONER.

MAJ R.P. WILTSHIRE

CORRESPONDENCE DISTRIBUTION
COVER SHEET

( ) File No:_____

To: FMO Remarks/Action: & 2/7

Med Ops 25/7

Med Log 24/7

FHO _____

~~SO Log~~ _____

PLEASE COPY TO ATTACHED ORS (INTSECT) Ltr DONE

Please initial and date when action complete then pass quickly

HEADQUARTERS AUSTRALIAN DEFENCE FORCE
DEPARTMENT OF DEFENCE
CANBERRA ACT 2600

OFFICE OF THE SURGEON GENERAL
AUSTRALIAN DEFENCE FORCE

33901/95
#9

FACSIMILE MESSAGE / COVER

Classification: UNCLAS	Message No:
Precedence: R	Operator's Initials: / Date:
Facsimile Addressee: SO1 MED OPS, LHQ	Facsimile Originator: CP4-6-45, CAMPBELL PARK OFFICES, CANBERRA
Facsimile No:	Facsimile No: (06) 266 3933
Telephone No:	Telephone No: (06) 266 3340

Subject / Title: HEALTH FACILITIES - SUB SAHARAN AFRICA.

Facsimile Reference: 93 / 26180	Date: 14 July 1995	No of Pages (Including Cover): 2

Releasing Officer's Signature: J. Thomas	Printed Name: J. L. THOMAS	Rank/Appointment: LCDT SO2 HI

WARNING: Facsimiles on thermal paper can be highly unstable. If the accompanying documents contain authorisations or other important information they should be copied to good quality paper before filing.

Instructions / Comments

REQUEST HEALTH FACILITIES ASSESSMENT BE TRANSMITTED TO CO ASC 2 UNAMIR

AUSTRALIAN ARMY
LHQ LC Health Services Branch

FACSIMILE COVER SHEET

Classification:	UNCLAS	Message No.	33930/95
Precedence:	ROUTINE	Operator Initials/Date:	PTD 20 July 1995
Facsimile Address:	COM ASC ASC 2 UNAMIR II KIGALI Rwanda	Facsimile Originator:	Health Services Branch Land Command Land Headquarters Victoria Barracks Oxford St PADDINGTON NSW
Facsimile No:	AUTODIAL	Facsimile No:	(02) 339 3556
Telephone No:	AUTODIAL	Telephone No:	(02) 339 3119
Subject/Title:	Health Facilities - Sub Saharan Africa		
Reference:		Date:	20 July 1995
Pages	Printed Name	Rank	Signature
3	R Holmes	MAJ	

Instructions/Comments

Please find eclosed Health Facilites Assessment for Sub Sahara as requested.

HEALTH INFORMATION - SUB-SAHARAN AFRICA

1. The following information has been offered by the British and Canadian missions in Uganda.

Medical officers in Kampala

Commission as the registered doctors for Australian migration medicals. Dr Gibbons and Dr Stockley are both registered in the UK and are fully equipped to deal with most medical problems in Kampala. They are also in the best position to recommend referral to specialists.

Medical facilities in Kampala

3. The most appropriate hospital for acute medical emergencies is the St Francis Hospital, Nsambya (telephone 267012 or 267013). The missions recommend that patients first attend Dr Stockley or Dr Gibbons who will refer them to the most appropriate secondary care facility. The doctors often recommend evacuation to Nairobi and use African Air Rescue. The doctors can be contacted via the British High Commission (telephone 256 041, 257054 or 257301) during normal working hours.

Blood supplies in Kampala

4. The Nakasens blood bank in Kampala is reported to meet international testing standards for HIV. A walking bank of low risk donors can be implemented with a list of diplomatic personnel kept by the mission doctors.

Medical facilities in Tanzania

5. The Muhimbili Medical Centre and the Aga Khan hospitals are recommended as the most appropriate hospitals for trauma treatment but the after care is described as very poor , and the standard of cleanliness well below Australian standards. Evacuation to Nairobi is generally recommended if anything other than standard procedures is required. Hospitals in Mombasa are only used for very basic procedures, any patient requiring acute care or surgical aftercare is evacuated to Nairobi Hospital.

6. The Canadian High Commision telephone number is (255) (51) 46000 and the British High Commission telephone number is (255) (51) 29601-5.

Blood supplies

7. Blood testing facilities in Mombasa and Dar es Salaam are available but have been described as unreliable.

538-12-1

+6123601524 LHQ JOINT OPS ROOM F-557 T-108 P-001 JUL 14 '95 16:50

A.S.C. UNAMIR II
538 / / /
Folio 14

AUSTRALIAN ARMY
LHQ LC Health Services Branch

FACSIMILE COVER SHEET

Classification:	UNCLAS	Message No:	33930/95
Precedence:	ROUTINE	Operator Initials/Date	PTD 14 July 1995
Facsimile Address:	[redacted] ASC 2 UNAMIR II KIGALI Rwanda	Facsimile Originator:	Health Services Branch Land Command Land Headquarters Victoria Barracks Oxford St PADDINGTON NSW
Facsimile No:	AUTODIAL	Facsimile No:	(02) 339 3556
Telephone No:	AUTODIAL	Telephone No:	(02) 339 3118
Subject/Title:	Health Facilites - Sub Saharan Africa		
Reference:		Date:	14 July 1995
Pages	Printed Name	Rank	Signature
3	R Holmes	MAJ	

Instructions/Comments

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*Copy Sent TC Comms 14/7

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CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No:_____

To: FMO Remarks/Action:_____

Med Ops 7/7

Med Log

FHO

SO Log

Please initial and date when action complete then pass quickly

FMO

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 538-12-1
MED 691/95

To: **List A**
List B
List C
List E
List F

From: **FMO**

Date: **30 June 1995**

Subject: COUNSELLING SERVICE

1. A Counselling service run by Major Dave Ward (Australian Army Psychologist) will commence Monday 3 July 1995 and will be held every week Monday to Friday, from 0830 to 1230 hours at the Australian Medical Support Force UN Hospital Kigali. Call RWANDATEL 75619 between 0900 to 1200 hours for bookings.

2. The counselling service is **Free** and **Confidential** and is conducted by a trained counsellor.

REMEMBER THAT IF YOU SUFFER TOO MUCH OR TOO LONG HELP IS AVAILABLE

C:\AMIPRO\DOCS\TEMP\691.SAM 30/6/95

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
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OR TOO LONG
HELP IS AVAILABLE

691 538-12-1

Australian
Medical Support Force
MINUTE

538-1-1
AS MSF 3623/95

Med Br HQ UNAMIR

COUNSELLING SERVICE

1. Find enclosed advertising material for a counselling service at the Australian Medical Support Force UN Hospital. This service will commence Mon 3 Jul 95, and will run every week Mon to Fri, from 0830-1230.

2. I would be grateful if you would disseminate this material for me.

David Ward

D.M. WARD
MAJ
PSYCH OFFR
RwandaTel 76519/ 75046

28 Jun 95

Do 8 qty pls circulate as-delg:
- UNAMIR military
- UNAMIR civilian
- UN agencies

Enclosure:

1. Counselling service advertising material.

COUNSELLING SERVICE

* Free

* Confidential

* Trained counsellor

* Open Monday to Friday 0830-1230

A COUNSELLING SERVICE RUN BY MAJOR DAVE WARD (AUSTRALIAN ARMY PSYCHOLOGIST) OPENS MONDAY 3 JULY 1995 AT THE AUSTRALIAN MEDICAL SUPPORT FORCE UN HOSPITAL. CALL RWANDATEL 76519 BETWEEN 0900 AND 1200 FOR BOOKINGS OR JUST DROP IN FOR A CHAT.

REMEMBER THAT IF YOU SUFFER TOO MUCH OR TOO LONG HELP IS AVAILABLE.

COUNSELLING SERVICE

* Free

* Confidential

* Trained counsellor

* Open Monday to Friday 0830-1230

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UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
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OR TOO LONG
HELP IS AVAILABLE

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: 538-12-1

To:		Remarks/Action:
	FMO	X 19/6
	Med Ops	22/6
	Med Log	21/6
	FHO	

Please initial and date when action complete then pass quickly

United Nations Development Programme

UNDP FAX

Sustainable Human Development

NO: 1375-T DATE: 14 JUNE 1995

REF: DKG 136/3/UNAMIR

UNAMIR - REGISTRY Action 1 2 3 4 17 Initials

TO: C. DUZIEL
CAO, UNAMIR
KIGALI, RWANDA

MOVCON (ATTN MAJOR R. EMBURY)

CITY/COUNTRY: KIGALI/RWANDA
FAX NUMBERS: 250 86877

THIS TRANSMISSION CONSISTS OF ONE PAGES

SUBJECT: HOSPITAL SUPPORT ARRANGEMENTS IN DAR ES SALAAM FOR UNAMIR MOVEMENT CONTROL TEAM (OP CHAMELEON)

REFERENCE IS MADE TO YOUR FAX NO. 4060 RECEIVED BY UO ON 15 JUNE 1995.

KINDLY ADVISE THE TEAM TO COMPLY WITH THE FOLLOWING LOCAL BILLING ARRANGEMENTS IN THE AGA KHAN HOSPITAL.

1. FOR OUT-PATIENT TREATMENT THE TEAM SHOULD ENCOUNTER THE FOLLOWING EXPENSES:-

   OPD CARD FEES TSHS. 500.00

   CONSULTATION FEES TSHS 2,000.00 - 3,000.00

   LABORATORY INVESTIGATION FEES

   MEDICINE PRESCRIBED COST

2. FOR IN-PATIENT TREATMENT THERE IS A CASH DEPOSIT IN VALUE OF TSHS. 80,000.00 PAID IN ADVANCE FOR TREATMENT IN THE AGA KHAN HOSPITAL.

KIND REGARDS.

P.O. VICTOR ANGELO
RESIDENT REPRESENTATIVE AND
RESIDENT COORDINATOR OF THE UN SYSTEM

AGENCY/ACCOUNT TO CHARGE: UNAMIR

CAO G4,MED LOG Maj Embury/MOVCON

Mataasalemi Mansion, Zanaki Street / Samora Avenue, P.O. Box 9182, Dar es Salaam, TANZANIA.
Telephone: (255-51) 46711/4 or 36834/5. Cable Address: UNDEVPRO DAR ES SAT & AM. Telex: 41792, Fax: 46919, 46460

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No:_____

To: FMO Remarks/Action: X 21/6.

Med Ops _____

Med Log _____

FHO _____

Ops _____ pl give verbal agreement

PASSED TO CAPT SAW OF CONCURRENCE

_____ _____

Please initial and date when action complete then pass quickly

21/6

Australian Medical Support Force

MINUTE

538 12 1

538-1-1

AS MSF 3499 /95

Med Br HQ UNAMIR

For Information:

DCO 95 FLSG (Less Enclosure)
MAJ Ward

PSYCH SUPPORT TO 95 FLSG

References:

A. 95 FLSG 9610-1(CO) Dated 17 Jun 95

B. Telecon CAPT Spiers/MAJ Wiltshire of 20 Jun 95

1. Reference A (enclosed) is a request for Critical Incident Stress Debriefing for those members of 95 FLSG due to redeploy to Canada in late July.

2. AS MSF requests:

a. FMO concurrence for this task, and Agreed

b. direct liaison with 95 FLSG in order to coordinate the provision of this support. Yes

T. SPIERS
CAPT
A/OPSO
RwandaTel 75216

20 Jun 95

Enclosure:

1. Reference A

ESD1028.SAM

UNITED NATIONS
ASSISTANCE MISSION IN RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

95 FORCE LOGISTIC SUPPORT GROUP
KIGALI RWANDA

MEMORANDUM

FILE NO.: 9610-1(CO) DATE: 17 June 95

FROM: 95 FLSG CO

TO: CO Ausmed

SUBJECT: CRITICAL STRESS DEBRIEFINGS

1. The members of 95 FLSG are due to be repatriated to Canada around 25 Jul 95. A large number of our soldiers have experienced many stressful and/or disturbing situations over the course of their tour in Rwanda.

2. Previous discussions with Col Warfe and yourself have identified that you have trained counsellors in your unit that could give Critical Stress debriefings to our members. I request your assistance in setting up two briefing sessions in the latter part of the month of July to provide counselling and information to our soldiers.

3. My DCO, Maj Blaine Striethorst is my primary OPI, and specific timings can be set up with him, as well, he can provide you with any additional information you may need.

4. Best regards.

R.J. Powell
LCol
CO
L9

copy for file 538-12-1

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION IN RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

10 June 1995

Dear Lt. Ndahiro,

Subject: Your request for vacation by UNAMIR of certain premises by 20 June 1995

We refer to your memorandum dated 5 June 1995 on the above subject. I wish in this letter to refer only to the occupancy of the Military Academy.

Initially, there was a verbal understanding between the Vice President of the Government of Rwanda, Major General Paul Kagame, and the UNAMIR Force Commander, Major General Guy Tousignant, that UNAMIR would use the Military Academy till 31 August 1995. After further discussions between the two sides, and also with the Australian Chief of Defence Forces during his visit, it was agreed to put this verbal understanding into a written Memorandum of Understanding which was to be signed between the Ministry of Defence of the Government of Rwanda and the United Nations Assistance Mission for Rwanda (UNAMIR). On this basis, the Memorandum was prepared and duly signed by Major General Tousignant on 28 January 1995 and forwarded to the Ministry of Defence of the Government of Rwanda for the appropriate counter-signature. A copy of the Memorandum as signed by Major General Tousignant is attached. We never received the copy counter-signed by the Ministry of Defence; however, we did receive repeated verbal affirmations that the understanding was in place.

Consequently all our plans were based on staying in the Academy until end-August. Your request naturally creates enormous difficulties in vacating the Academy on such a short notice and in finding replacement accommodation for such a short period. Indeed, it is simply unrealistic to expect the move by the date requested.

In the circumstances, the Ministry of Defence may wish to reconsider its request for UNAMIR to leave before the expiry of the agreed period. We will welcome any further discussion on this matter at your convenience.

Yours sincerely,

Chaim Ouziel
Chief Administration Officer

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION IN RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

UNAMIR/MOU/95/3

MEMORANDUM OF UNDERSTANDING

between

THE MINISTRY OF DEFENCE OF RWANDA

and

THE UNITED NATION ASSISTANCE MISSION IN RWANDA

WHEREAS within the overall UNAMIR Mandate in Rwanda it is envisaged that UNAMIR shall provide humanitarian and other assistance to Rwanda within the confines of its budgetary allocations;

WHEREAS the provision of such assistance requires that UNAMIR have office space, living accommodation, and other infrastructure for its personnel;

WHEREAS under its obligations as a member State of the United Nations, and as a host country under the Status of UNAMIR Agreement, the Government of the Republic of Rwanda has an obligation, to the extent that it can, to provide some office space and accommodation for UNAMIR's operations;

AND WHEREAS UNAMIR requires accommodation for UNAMIR troops;

AND WHEREAS the Military Academy, which the Government of the Republic of Rwanda has undertaken to put at the disposal of UNAMIR to be used as accommodation for UNAMIR troops, sustained some damage during the war;

NOW THEREFORE, it is agreed as follows:

1. The Government of the Republic of Rwanda, through the Ministry of Defence, places at the disposal of UNAMIR for the accommodation of UNAMIR troops, the Military Academy in Kigali;

FILE

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE MINISTRY OF HEALTH OF RWANDA
AND
THE UNITED NATIONS ASSISTANCE MISSION IN RWANDA

PREAMBLE

Out of ties of friendship and cooperation and in consideration of the United Nations Assistance Mission in Rwanda (UNAMIR) providing a Medical Support Force to further the aims of the United Nations (UN) as stated in Resolution 925 (1994) the Ministry of Health of Rwanda and UNAMIR have AGREED as follows:

DEFINITIONS

"Medical Officer in Charge" is the military officer appointed by UNAMIR to be in charge of the Private Wing of the Central Hospital of Kigali (CHK).

"Medical Services" includes but is not limited to surgery, post operative care, dispensing of pharmaceutical drugs, physiotherapy, dental, radiography, and pathology services.

"Military Wing" is that part of the Central Hospital of Kigali described diagrammatically by shading in Annex A to this Memorandum of Understanding.

"VIP" status of a patient will be determined by the Director of CHK.

"UNAMIR Forces" includes both civil and military personnel working with the United Nations (UN).

"War Damage" is damage that has occurred either directly or indirectly from the armed conflict that took place in Kigali before August 1994.

THE AGREEMENT

1. The primary focus of the Medical Support Force is to provide medical services to UNAMIR Forces. UNAMIR also agrees to provide medical services to VIPs.

2. UNAMIR will have sole use of, and right to manage, those parts of the Central Hospital of Kigali (CHK) 'Military Wing' described in Annex. A. The Ophthalmologie Bloc Operatoire will be managed by UNAMIR but will be made available for ophthalmology theatre lists to be conducted by agreement between the Director of CHK and the Medical Officer in Charge. Belgium Red Cross is to have access to their refrigerator and centrifuge for as long as these items are in the Military Wing.

3. UNAMIR agrees to provide 10 beds immediately for the medical care of VIPs and on the completion of structural repairs to the Military Wing this will be increased to 25 beds.

4. All medical services provided to VIP patients at the Military Wing will be provided free of charge.

5. Any medications used in the Military Wing will be provided by UNAMIR.

6. Any damage caused to the Military Wing occupied and used by UNAMIR that can be described as war damage will be repaired by UNAMIR. UNAMIR will use its best endeavours to have this damage repaired in three months from the date of signing of this Memorandum of Understanding.

7. Occupation by the Medical Support Force in the Military Wing is to be till 31 August 1995. Any further extension of this occupation is to be negotiated between UNAMIR and the Ministry of Health.

8. The Medical Officer in Charge of the Military Wing will liaise on administrative matters with the Director of CHK. Furthermore, the Medical Officer in Charge of the Military Wing undertakes to keep the Ministry of Health informed, through the Director of CHK, of the medical status of any VIP who is receiving medical attention in the Military Wing.

9. UNAMIR will assist in the training of local medical staff and will provide specialist and consultancy assistance to the Director of CHK for the development and reactivation of the hospital departments.

10. UNAMIR will repair the third operating theatre in the main CHK theatre suite.

11. UNAMIR will maintain the CHK generator and will provide fuel for the generator for the duration of its occupation of the Military Wing.

12. UNAMIR will continue to provide a range of support to CHK from within its spare capacity, the nature, priority and extent of this support being agreed between the Commanding Officer of the Medical Support Force and the Director of CHK.

13. UNAMIR only accepts medical responsibility for the care of patients receiving medical services within the Military Wing.

SIGNED IN KIGALI, RWANDA, BY THE DULY AUTHORISED REPRESENTATIVES OF UNAMIR AND THE MINISTRY OF HEALTH OF RWANDA ON THIS 16th DAY OF January 1995.

COMMANDER UNAMIR FORCES

Dr E. Rwakasirabo
Director

FOR THE MINISTRY OF HEALTH

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: 538-12-1

To: FMO Remarks/Action: 1/16

Med Ops

Med Log

FHO

_____

_____

Please initial and date when action complete then pass quickly

4063

Cover Sheet Classification
UNCLASSIFIED

Enclosure Classification
UNCLASSIFIED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MOUVAR

Out Going FaxNo. 617/95 Page 1 of 1 File 538-1-1

TO: UNDP DAR ES SALAAM TANZANIA	FROM. C. OUZIEL CAO UNAMIR, KIGALI, RWANDA
ATTN: J. VICTOR ANGELO RESIDENT REPRESENTATIVE AND RESIDENT COORDINATOR OF THE UN SYSTEM	DATE JUN 95
FAX NO 255 51 46 718/46 469 (Tel)	PHONE INT – 250 84270 Ext 11116
INFO: DR MOUKUMGU MEDICAL OFFICER UNDP DISPENSARY	FAX NO INT + 250 86877
Internal dist MOVCON (ATTN MAJ R. EMBURY)	DRAFTED BY MAJ R.P. WILTSHIRE G4 MED LOG
Subject: HOSPITAL SUPPORT ARRANGEMENTS IN DAR ES SALAAM FOR UNAMIR MOVEMENT CONTROL TEAM (OP CHAMELEON)	
REFERENCE: UNDP ORG 130/3/UNAMIR OF 8 JUN 95	

1. THANK YOU VERY MUCH FOR YOUR PROMPT AND COMPREHENSIVE REPLY TO THE REQUEST FROM THE FMO FOR INFORMATION ON MEDICAL SUPPORT ARRANGEMENTS AVAILABLE TO THE UNAMIR MOVEMENT CONTROL TEAM DEPLOYING TO DAR ES SALAAM.

2. I AM REASSURED BY THE INFORMATION THAT MEDICAL CARE WILL BE AVAILABLE TO THE TEAM AND THAT IT IS COMPREHENSIVE AND ACCESSIBLE.

3. I WOULD HOWEVER APPRECIATE YOUR ADVICE ON ONE FURTHER QUESTION THAT IS RAISED BY YOUR FAX. COULD YOU PLEASE ADVISE ON THE VALUE OF THE CASH DEPOSIT IN ADVANCE THAT WILL HAVE TO BE MADE BY THE TEAM PRIOR TO TREATMENT IN THE AGA KHAN HOSPITAL.

4. I WILL TAKE ACTION TO ALLOW THE TEAM TO COMPLY WITH THE LOCAL BILLING ARRANGEMENTS.

5. REGARDS

CAO G4 MED LOG Maj Embury/MOVCON FC 010-2

File copy

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UNCLASSIFIED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

Out Going FaxNo. 617/95 Page 1 of 1 File 538-1-1

TO: **UNDP** **DAR ES SALAAM** **TANZANIA**	FROM: **C. OUZIEL** **CAO** **UNAMIR, KIGALI,** **RWANDA**
ATTN: **J. VICTOR ANGELO** **RESIDENT REPRESENTATIVE** **AND RESIDENT COORDINATOR** **OF THE UN SYSTEM**	DATE: **JUN 95**
FAX NO: 255 51 46 718/46 469	PHONE: INT + 250 84270 Ext 11116
INFO: **DR MOUKUMGU** **MEDICAL OFFICER** **UNDP DISPENSARY**	FAX NO: INT + 250 86877
Internal dist: MOVCON (ATTN MAJ R. EMBURY)	DRAFTED BY: **MAJ R.P. WILTSHIRE** **G4 MED LOG**
Subject: **HOSPITAL SUPPORT ARRANGEMENTS IN DAR ES SALAAM FOR UNAMIR MOVEMENT CONTROL TEAM (OP CHAMELEON)**	
REFERENCE: UNDP ORG 130/3/UNAMIR OF 8 JUN 95	

1. THANK YOU VERY MUCH FOR YOUR PROMPT AND COMPREHENSIVE REPLY TO THE REQUEST FROM THE FMO FOR INFORMATION ON MEDICAL SUPPORT ARRANGEMENTS AVAILABLE TO THE UNAMIR MOVEMENT CONTROL TEAM DEPLOYING TO DAR ES SALAAM.

2. I AM REASSURED BY THE INFORMATION THAT MEDICAL CARE WILL BE AVAILABLE TO THE TEAM AND THAT IT IS COMPREHENSIVE AND ACCESSIBLE.

3. I WOULD HOWEVER APPRECIATE YOUR ADVICE ON ONE FURTHER QUESTION THAT IS RAISED BY YOUR FAX. COULD YOU PLEASE ADVISE ON THE VALUE OF THE CASH DEPOSIT IN ADVANCE THAT WILL HAVE TO BE MADE BY THE TEAM PRIOR TO TREATMENT IN THE AGA KHAN HOSPITAL.

4. I WILL TAKE ACTION TO ALLOW THE TEAM TO COMPLY WITH THE LOCAL BILLING ARRANGEMENTS.

5. REGARDS

FILE 586-1-1

F 1927

64 Med
1. Ph copy to Maj Bailey SGMSA
2. Note & thanks ph 8/9/6

United Nations Development Programme

Sustainable Human Development

F A X

NO: 1330-T

DATE: 8 June 1995

REF: ORG 130/3/UNAMIR

TO: COLONEL P. WARFE
FORCE MEDICAL OFFICER, MEDICAL BRANCH
UNAMIR, KIGALI

CITY/COUNTRY: KIGALI / RWANDA

FAX NUMBERS: 250 - 6877

THIS TRANSMISSION CONSISTS OF TWO PAGES

SUBJECT: MEDICAL SUPPORT AVAILABLE IN DAR ES SALAAM TO UNAMIR MOVEMENT CONTROL TEAM

FC 010-1

WE REFER TO YOUR FAX NO. 808 DATED 7 JUNE 1995.

1. THE MEDICAL SUPPORT AVAILABLE FOR UNAMIR MOVEMENT CONTROL TEAM IS AS FOLLOWS:

A) UN CLINIC - LOCATED ON ALI HASSAN MWINYI ROAD, TELEPHONE NO. 66045

- THE CLINIC IS EQUIPPED WITH THE FOLLOWING:
  ECG MACHINE
  LABORATORY
  MINOR SURGICAL PROCEDURE KIT

B) AGA KHAN HOSPITAL - LOCATED ON OCEAN ROAD, TELEPHONE NO. 30081

THE HOSPITAL HAS THE FOLLOWING MEDICAL FACILITIES: INTENSIVE CARE UNIT, SURGICAL WARD, MEDICAL WARD, PEDIATRIC WARD, OB/GYNECIOLOGICAL WARD AND THEATER, LABORATORY UNIT, X-RAY UNIT, DENTAL UNIT.

C) MEDICAL SPECIALISTS AVAILABLE: (1) CARDIOLOGIST - DR. LWAKATARE, TELEPHONE NO. 66747 (2) GENERAL SURGEON - DR. V.M.T. MUKUNGU, TELEPHONE NO. 863801, (3) ORTHOPEDIST - DR. MSERU, TELEPHONE NO. 30081.

..../2

Matasalamat Mansion, Zanaki Street / Samora Avenue, P.O. Box 9182, Dar es Salaam, TANZANIA.
Telephone: (255-51) 46711/4 or 36834/5, Cable Address, UNDEVPRO, DAR ES SALAAM, Telex: 41284, Fax: 46718, 46469

United Nations Development Programme

Continuation Sheet .....

D) POINT OF CONTACT THROUGH UN CLINIC AND DIRECT TO THE AGA KHAN HOSPITAL.

E) BILLING ARRANGEMENTS: CASH DEPOSIT IN ADVANCE FOR AGA KHAN HOSPITAL, FREE OF CHARGE FOR UN CLINIC.

F) AIR EVACUATION: WILL TAKE PLACE TO NAIROBI HOSPITAL AND ALL ARRANGEMENTS WILL BE DONE THROUGH UN CLINIC.

WITH KIND REGARDS.

J. VICTOR ANGELO
RESIDENT REPRESENTATIVE AND
RESIDENT COORDINATOR OF THE UN SYSTEM

AGENCY/ACCOUNT TO CHARGE: UNAMIR

Matasalamat Mansion, Zanaki Street / Samora Avenue, P.O. Box 9182, Dar es Salaam, TANZANIA.
Telephone: (255-51) 46711/4 or 36834/5, Cable Address, UNDEVPRO, DAR ES SALAAM, Telex: 41284, Fax: 46718, 46469

OUT 3965

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Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UNCLASSIFIED

UNITED NATIONS — NATIONS UNIES

Out Going FaxNo 608/95 Page 1 of 21 File 538-1-1

TO: UNDP DAR ES SALAAM TANZANIA	FROM COLONEL P. WARFE FORCE MEDICAL OFFICER MEDICAL BRANCH UNAMIR, KIGALI, RWANDA
ATTN **DR MOUKUMGU** **MEDICAL OFFICER** UNDP DISPENSARY	DATE 7 JUN 95
FAX NO. 255 51 46718	PHONE: INT + 250 84270 Ext 11116
INFO	FAX NO: INT + 250 86877
Internal dist: MOVCON (ATTN MAJ R. EMBURY)	DRAFTED BY MAJ R.P. Wiltshire G4 Med Log
Subject: MEDICAL SUPPORT AVAILABLE IN DAR ES SALAAM TO UNAMIR MOVEMENT CONTROL TEAM (OP CHAMELEON)	
REFERENCE: FCU/CHM/600 OF 3 JUN 95	

1. UNAMIR WILL TEMPORARY LOCATE FOUR PERSONNEL IN DAR ES SALAAM FOR A MONTH TO ASSIST IN THE MOVEMENT TO RWANDA OF SEA CONTAINERS HELD IN THE PORT. I WOULD APPRECIATE YOUR ASSISTANCE IN REGARD TO INFORMATION ON MEDICAL SUPPORT THAT WOULD BE AVAILABLE TO THE TEAM.

2. I WOULD APPRECIATE YOUR ADVICE BY FAX OR PHONE ON THE FOLLOWING POINTS:

A. ACCESS TO UN MEDICAL SERVICES THAT MAY BE AVAILABLE?

B. DETAILS OF LOCAL HOSPITAL OF CHOICE (INCLUDING ADDRESS AND PHONE NUMBER, CAPABILITIES, POINT OF CONTACT AND BILLING ARRANGEMENTS).

C. AIR EVACUATION ARRANGEMENTS IF HOSPITAL INADEQUATE.

3. I WOULD APPRECIATE ANY OTHER SUGGESTIONS THAT YOU COULD MAKE.

4. THE TEAM LEADER IS MAJOR RON EMBURY

UNAMIR ARCHIVES
08 JUN 1995
RECEIVED

FMT

G4-MED LOG FC4 MOVCON

FC 010.

OC 88
Revised Mar 85

Department of Defence

ACTION MEMO

KLO

File 538-1-1 | Folio

To (Name or Appointment) FNO | Attention/Location | Reference(s)

Subject MED SUPPORT AT DARK. Boatyard Ltr

FOR ☑ Action ☐ Information ☐ Comments
FOR ☐ Approval ☐ Signature ☐ Circulation
Please ☐ Telephone/Discuss ☐ Note and Return/Retain ☐ Prepare Draft Reply Signature of ☐ File on ...../...../.....

Comment/Action is Requested by...../...../.....

Nil Returns are ☐ Required ☐ Not Required

Additional Comments PLEASE ADVISE MEDICAL MATTERS AS TO MOVE PROCESS

8/6

PROVIDE ME WITH DETAILS ASAP AS WE NEED TO ARRANGE POSSIBLE MOVE PROCESS.

THIS TO BE COMPLETED BY WED AM PLEASE.

Originator ..... WICKSHAW ..... MAJ 5/6
(Signature) (Printed Name) (Rank) (Appointment) (Phone) (Date)

Stock No 7530-66-102-0600

FMO

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

MINUAR

GENERAL INSTRUCTION FOR
OPERATION CHAMELEON

FCU/CHM/600

FROM: Mr C.Ouziel
Chief Administrative Officer

TO: See Distribution List

Aim

1. The aim of this instruction is to provide the necessary guidance and direction for the implementation of Operation Chameleon. It outlines tasks and responsibilities that cover a broad cross section of the division and accordingly this document is to be used as the authority.

Assessment of Situation

2. The following is a short summary of the situation surrounding the movement of the containers from UNOSOM:

a. Recent experience has indicated that the loads arriving from UNOSOM are not matching the shipping advice on what is in the containers.

b. A some of the consignments have deteriorated to an extent that they are unusable or are of no value to any mission, and therefore have to be written off.

c. The amount and type of equipment that was originally requested by UNAMIR may no longer be required due to the impending force reduction and Procurement Section having been able to find an alternative item.

d.The availability of space in Kigali is diminishing and it is proving difficult to find space to accommodate the extra containers.

3. Consequently there is now a need to address the problem at the port rather than after its arrival in Kigali.

Concept of Operations

4. The concept of Operation Chameleon is to deploy a team from key sections of UNAMIR to the ports in Dar-Es-Salaam and Mombasa, and perform the following:

a. Conduct an R&I of all the equipment in the containers.

b. After the above conduct the appropriate PCIU inventory task.

c. Write-off and destroy the unsalvageable food and equipment.

d. Arrange the movement of the containers to either UNAMIR, UNAVEM or UNMIH.

Organization

5. To achieve the objectives of Operation Chameleon the following personnel have been selected to undertake the operation:

a. Major R. Emby - MOVCON;

b. Major Pankaj Arora - Logistics;

c. G.Castellon - R&I and PCIU;

d. S.du Chatenet - Logistics/Container Manager.

Execution

6. The operation will be performed in three phases as follows:

Phase 1

a. R&I: Once the containers are opened R&I will:

(1) Conduct an R&I on the contents.

(2) Recommend any contents for write off action that have been damaged or that are infested.

(3) In conjunction with Logistics or the user section, identify any contents for another mission or long term storage.

(4) Once the above criteria has been met , specify what UNAMIR contents need to be sent to Kigali.

(5) For the R&I of technical equipment the R&I element will call in the R&I representative on a one time visit to conduct their own R&I.

Phase 2

b. PCIU: On completion of Phase 1 PCIU will:

(1) Conduct an inventory on all items and contents.

(2) Distinguish between equipment that will be sent to UNAMIR, UNMIH, UNAVEM or those that will be written off.

(3) Coordinate and supervise the destruction of the equipment identified for write-off.

Phase 3

c. MOVCON: Upon the completion of Phase 2 MOVCON will:

(1) Ensure that the goods destined for Kigali continue in accordance with the original contract and as per the priority list developed by the committee.

(2) With a freight forwarder contracted by either UNAMIR or UNNY, move the containers and/or vehicles to the selected destinations.

d. Logistics: Logistics will be responsible to:

(1) Check all the containers to ascertain which are end of line and which are suitable for onforwarding to UNAMIR.

Container Considerations

7. The following considerations need to be applied to the container classification and selection plan:

a. The containers need to be assessed to determine the residual life of the containers.

b. Containers with at least 1-2 years life that can be utilized for the withdrawal should be sent to Kigali.

c. "End of line" containers should be sent to UNAVEM with the equipment identified by UNAMIR and Op Chameleon.

d. At the conclusion of the operation if there are good empty containers remaining they should be shipped to UNAMIR. Empty "end of line" containers will be disposed of by either sale or destruction.

8. Global Containers have agreed to provide the assessment of the containers for the above classification.

Administrative Plan

9. The administrative plan for Operation Chameleon is attached as Annex A.

Priorities

10. The list of priorities has been attached at Annex C but from time to time it may be necessary to amend them and this will be advised by UNAMIR to Op Chameleon. The movement of the BMS accommodation units, ablution, kitchen and laundry units have priority over all container movement as directed by UNNY.When enough units have arrived in Kigali the container movement will then commence.

Diplomatic Considerations

11. UNAMIR will advise UNDP of conduct and purpose of Op Chameleon and request their support for the operation. This may entail advice to the Government of Tanzania if necessary. For Kenya, all contact will be through the Nairobi office.

Summary of Containers

12. A summary of the containers and accommodation units is attached at Annex B.

Command and Control

13. Major R.Emby is appointed as the team leader for the operation and accordingly will report to the Chief Integrated Support services on all operational and personnel issues.

Reports and Returns

14. The team leader will send a sitrep every Monday, Wednesday and Friday to the Chief ISS and the Chief FCU. The format is to be established before the team deploys. On receipt of the report it will distributed to all sections concerned.

Costings

15. Global Containers are to provide a detailed costings list of the support that they are going to provide to UNAMIR which is outside the terms of the original contract.

Annexes:

A. Administrative Plan
B. Summary of Containers and Units
C. List of Priorities

Distribution List:

Chief Of Integrated Support Services
Chief of Civilian Personnel
Chief of Finance
Chief of Procurement
Chief MIS
Chief Integrated Logistics Management
Chief Communications Officer
Chief BMS
Chief MOVCON
Chief ITMM
Supervisor PCIU and R&I

External:
Global Containers

DCOS (Spt)
G3 Plans
FMO

ANNEX A
OP CHAMELEON
FCU/CHM/600

ADMINISTRATIVE SUPPORT PLAN TO OPERATION CHAMELEON

Finance

1. MOVCON is to raise a requisition to cover the expenses that will be incurred in the performance of the operation. This should cover the following areas:

a. Hire of labour;

b. Rental of MHE;

c. The rental of a storage yard and office if necessary;

d. Allowance for personnel;

e. Container assessment service;

f. Rental of a mini-van to move the team about and a pick-up truck if necessary;

g. Communications.

2. Since Global were originally contracted to ship all the containers to Kigali, they agreed to cover the cost of some of the functions, as it could form part of their original contract. Other costs not covered by the contract may be paid by Global and invoiced to UNAMIR.

3. The team leader will be responsible for selecting the most cost effective method for performing the operation and will certify all receipts for the eventual reconciliation.

Petty Cash

4. The CFO will issue the team leader a petty cash account of $3,000 to cover the incidental and immediate cash expenditures of the operation. He will provide a detailed brief on the operation of the account to the team leader before his departure.

Allowances

5. The CFO will advance the four team members the appropriate allowances for operating in Dar-Es-Salaam for the period 8 Jun - 8 Jul 95. Should the team need additional time in Dar-Es-Salaam then the extra allowances will be organized through UNDP. The advances for Mombasa will be issued at a later date when the dates are known.

Communications

6. Faxes from Dar-Es-Salaam should be sent through the UNDP office. Global Containers has agreed to provide the team leader with a mobile phone. A weekly printout must be presented with an invoice, certifying calls and the cost.

EDP

7. The Chief MIS will issue the team with a lap top computer and printer with all the associated accessories to facilitate using the data base with listed containers.

Medical

8. The FMO will arrange medical services through UNDP Dar-Es-Salaam and provide a point of contact for medical treatment to the team leader. Medical evacuation, if necessary, will be determined by the FMO. AUSMED is to provide 30 days of preventative medical supplies to the team which should include Mefloquine, Doxycycline etc.

Travel

9. The Travel Unit is to make arrangements to move the team to Dar-Es-Salaam via Nairobi on 8 Jun 95. As well, the ticket should then reflect movement from Dar-Es-Salaam to Mombasa but with the date open.

Transport

10. Transport Section is to make arrangements to have a vehicle rented for use of by the team whilst in Dar-Es-Salaam.

Dress

11. Dress of the day for military personnel will be civilian clothing.

ANNEX B

OPERATION CHAMELEON

CONTAINER LOAD SUMMARY

LOCATION	MOMBASA		DAR-ES-SALAAM	
SHIP	CONTAINERS	ACCOMMODATIONS	CONTAINERS	ACCOMMODATIONS
PUTVIL	121	120	-	-
BREST	-	96	-	-
COSMAN	-	-	157	150
VINNITSA	-	-	79	100
TOTAL	121	216	236	250

LOCATION SUMMARY

TYPE / LOCATION	CONTAINERS	ACCOMMODATIONS
MOMBASA	121	216
DAR-ES-SALAAM	236	250
TOTAL	357	466

GRAND TOTAL 823

ANNEX C

LIST OF PRIORITIES

Priorities as of May 30, 1995 are as follows:

Dar es Salaam

Priority One

1. 30 abolution units, ex. M/V 'COSMAN I'
2. All available NORCOY accommodation containers (excluding 2, which will be used as Operation Chameleon offices).
3. 30 x 20' containers of various equipment, only to be mobilized once the inspection team has opened and confirmed contents per packing list.
4. All available kitchen units
5. All acceptable MRE's to be mobilized after inspection.

Priority Two

1. Balance of the accommodation units (UNAMIR staff housing)
2. Containers as instructed by OIC Operation Chameleon
3. Rolling stock ex. M/V 'Skulptor Gulobkina' (subject to force engineers requirement).

Mombasa

Note: Concurrent to Priority One, 96 accommodation units ex. M/V 'Brest' to be mobilized for Kigali. Balance equipment in Mombasa to mobilized upon instructions from the OIC of Operation Chameleon.

Telephone: (516) 222 0707 Telefax (516) 222 0377 Telex: 216762

United Nations **Nations Unies**
ASSISTANCE MISSION FOR RWANDA **MISSION POUR L'ASSISTANCE AU RWANDA**

UNAMIR - MINUAR

INTEROFFICE MEMORANDUM

Date: April 27, 1995

To: - ~~Major Peter Wheatley, Austmed~~
- Captain Debashish Pal, Indmed

From: A. Koumago
OIC, Personnel Section

Subject: Locally hired Personnel Medical Treatment

Please refer to paragraph 5 to the attached circular No. 012/95 from the OIC/Administration. In this connection, I should be grateful if locally hired UNAMIR Personnel could be provided primary health and impatient services.

Thank you for your continuous cooperation.

1. Current policy provides for treatment to all locally hired staff. ✓
2. FMO will review content of policy on his return from leave.

UNITED NATIONS
ASSISTANCE MISSION TO RWANDA

UNAMIR-MINUAR

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

ADMINISTRATIVE INSTRUCTION N° 012/95

DATE: 8 April 1995

TO: All UNAMIR Personnel
Civilian, Military, CIVPOL and MILOBs

FROM: Ally H. Golo, Officer-in-Charge
Administration

SUBJECT: **Guidelines on provision of treatment at UN medical facilities**

Introduction

1. Confusion exists over the responsibilities of UNAMIR medical facilities to provide treatment to non-UN personnel. The major area of concern appears to be the responsibility to treat Brown and Root Services Corporation (BRSC), expatriate and locally hired UNAMIR employees. This instruction provides guidance on the UNAMIR medical dependency.

UN Personnel

2. UNAMIR medical facilities have a responsibility to provide primary health care and inpatient services to all UNAMIR personnel and to UN personnel for emergency cases only and on a reimbursement basis. These personnel fall into any of the following categories:

(a) UN military
(b) UN international staff
(c) CIVPOL
(d) MILOBS
(e) UNV
(f) Agencies [Expatriate personnel from other UN agencies such as UNREO, UNDP, UNHR, UNICEF, UNHCR, etc for emergency cases only and on a reimbursement basis].

BRSC

3. BRSC provide a range of services to the UN which are often readily available from other sources. When the UN establishes a contract with BRSC in each particular mission, it decides on who is responsible for the provision of medical care. In the case of UNAMIR, the UN has decided that since an adequate UN medical facility exists, the responsibility of providing health care to BRSC will rest with the UN.

NGO's

4. There is no obligation to provide treatment to NGO personnel. However in emergencies a request for assistance can be anticipated and treatment provided on reimbursement basis.

Locally Hired Personnel

5. Medical treatment should be provided to all locally hired staff of UNAMIR.

SUGGEST ONLY ON EMERGENCY BASIS OR INJURED AT WORK.

Identification

6. A simple identification process should be the easiest way to determine who is entitled to medical care. Identification cards are explained as follows:

(a) Blue. UNAMIR military, CIVPOL, MILOBS, UNV and International Civilians - entitled to full medical treatment.

(b) Other UN Agencies - As per their system of identification.

(c) Green. BRSC - These cards are issued to BRSC expatriate. Expatriates are entitled to full medical treatment.

(e) Pale Blue. UNAMIR locally hired civilians.

RPA

7. There are often incidents involving RPA casualties where UNAMIR assistance could be provided. There is considerable goodwill to be gained by providing such treatment but it must also be understood that the RPA often prefer to deal with their own casualties. The following guidelines should be followed when treating RPA casualties:

(a) If at the scene there is a requirement to provide immediate first aid, then it should be provided until relieved;

(b) As soon as an RPA representative arrives at the scene, they should be asked if further assistance is required; and

(c) If a request for assistance is received, treatment should be given as appropriate. As an example, if an incident occurs in Butare, assistance can be given within the Butare area including evacuation to a medical facility in Butare. Medical Branch at HQ UNAMIR should be informed of any request to evacuate away from the immediate area as the RPA LO on HQ UNAMIR will need to be informed.

Non entitled personnel

8. Those personnel not entitled to treatment at a UN facility should be directed to attend either the NGO section of the Central Hospital Kigali or King Faisal Hospital.

Reporting for treatment

9. Before an entitled person reports to a UN medical facility, they should where possible consult their own medical staff and ensure that all medical documentation is brought with them to the UN facility.

Conclusion

10. There will always be occasions where the status of a person presenting for medical treatment cannot easily be identified. Facilities providing medical treatment should exercise common sense to ensure that all personnel are directed to appropriate and adequate care. A great amount of goodwill can be gained from providing medical support to those in need, which can only serve to enhance the image of what is already considered a professional facility.

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 538-12-1
MED 608/95

To: **TEAM LEADER OP CHAMELEON**

From: **FMO**

Date: **07 Jun 95**

Subject: **MEDICAL POINT OF CONTACT DAR-ES-SALAAM**

1. The point of contact for medical support in Dar-Es-Salaam during Operation Chameleon is as follows:

a. Dr Moukumga;

b. UNDP Building Dar-Es-Salaam;

c. Telephone: 255 51 32475, 255 51 46178; and

d. Fax: 255 51 46718.

2. The points of contact for Med Br HQ UNAMIR are as follows:

a. FMO - COL Warfe 11105;

b. G3 MED - LT COL Curren 11116; and

c. FHO - CAPT Nerney 11115.

3. The Team Leader should make contact with the Medical Officer at UNDP on arrival in Dar-Es-Salaam.

OUT 3965

Cover Sheet Classification
UNCLASSIFIED

Enclosure Classification
UNCLASSIFIED

UNITED NATIONS

NATIONS UNIES

Out Going FaxNo 608 95 Page 1 of 2 1 File 538-1-1

TO: UNDP DAR ES SALAAM TANZANIA	FROM COLONEL P. WARFE FORCE MEDICAL OFFICER MEDICAL BRANCH UNAMIR, KIGALI. RWANDA
ATTN DR MOUKUMGU MEDICAL OFFICER UNDP DISPENSARY	DATE 7 JUN 95
FAX NO. 255 51 46718	PHONE: INT 250 84270 Ext 11116
INFO	FAX NO INT + 250 86877
Internal dist MOVCON (ATTN MAJ R. EMBURY)	DRAFTED BY MAJ R.P. Wiltshire G4 Med Log
Subject: MEDICAL SUPPORT AVAILABLE IN DAR ES SALAAM TO UNAMIR MOVEMENT CONTROL TEAM (OP CHAMELEON)	
REFERENCE: FCU CHM/600 OF 3 JUN 95	

1. UNAMIR WILL TEMPORARY LOCATE FOUR PERSONNEL IN DAR ES SALAAM FOR A MONTH TO ASSIST IN THE MOVEMENT TO RWANDA OF SEA CONTAINERS HELD IN THE PORT. I WOULD APPRECIATE YOUR ASSISTANCE IN REGARD TO INFORMATION ON MEDICAL SUPPORT THAT WOULD BE AVAILABLE TO THE TEAM.

2. I WOULD APPRECIATE YOUR ADVICE BY FAX OR PHONE ON THE FOLLOWING POINTS:

A. ACCESS TO UN MEDICAL SERVICES THAT MAY BE AVAILABLE?

B. DETAILS OF LOCAL HOSPITAL OF CHOICE (INCLUDING ADDRESS AND PHONE NUMBER, CAPABILITIES, POINT OF CONTACT AND BILLING ARRANGEMENTS).

C. AIR EVACUATION ARRANGEMENTS IF HOSPITAL INADEQUATE.

3. I WOULD APPRECIATE ANY OTHER SUGGESTIONS THAT YOU COULD MAKE.

4. THE TEAM LEADER IS MAJOR RON EMBURY

UNAMIR ARCHIVES
08 JUN 1995
RECEIVED

TMD G4-MED LOG FCU MOVCON

FC 010

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UNCLASSIFIED

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MISSION POUR L'ASSISTANCE AU RWANDA

Out Going FaxNo 608/95

UNAMIR - MINUAR
Page 1 of 1 File 538-1-1

TO: UNDP DAR ES SALAAM TANZANIA	FROM: COLONEL P. WARFE FORCE MEDICAL OFFICER MEDICAL BRANCH UNAMIR, KIGALI, RWANDA
ATTN: DR MOUKUMGU MEDICAL OFFICER UNDP DISPENSARY	DATE: 7 JUN 95
FAX NO:	PHONE: INT + 250 84270 Ext 11116
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C. AIR EVACUATION ARRANGEMENTS IF HOSPITAL INADEQUATE.

3. I WOULD APPRECIATE ANY OTHER SUGGESTIONS THAT YOU COULD MAKE.

4. THE TEAM LEADER IS MAJOR RON EMBURY.

/

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 538-12-1
MED 486/95

To: **AUS MED**

From: **FMO**

Date: **08 May 95**

Subject: **HEALTH TASKING REQUEST - AUS MED**

1. Currently the UN has a number of shipping containers of bottled water which have been received from other UN missions.

2. These supplies of water need to analysed to determine if they are fit for human consumption.

3. Details of the tasking is as follows:

a. Location of containers - UNAMIR compound at Magerwa (grid 0981 Kigali town map);

b. Source - Breakfree natural spring water Midrand - 5lt containers;

c. Complete chemical and microbiological analysis to be conducted;

d. Representative sampling will need to be conducted; and

e. Point of contact at Magerwa - Mr Scipion Du Chatenet HL1A Ch /1/

4. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

Department of Defence
MESSAGE FORM

Security Classification
UNCLAS

LINE 1
LINE 2 → 538-12-1
LINE 3
LINE 4
LINE 5

GR
MESSAGE INSTRUCTIONS

PRECEDENCE - ACTION	PRECEDENCE -INFO	DATE - TIME GROUP		SIG/ORIG NO
IMMEDIATE	IMMEDIATE	220915ZAPR95	428	95

ROUTING INDICATORS

From: HQ UNAMIR

To: TAC HQ BUTARE
INFO: ZAMBATT
SENBATT

SUBJ: REQUEST FOR DETAILS ON MEDICAL DETAILS - BUTARE

1. REQUEST DETAILS ON CIVILIAN MEDICAL FACILITIES BE PROVIDED URGENTLY TO UNAMIR MED BRANCH FOR MEDICAL PLANNING PURPOSES.

2. CURRENT DETAILS ARE REQUIRED ON HOSPITALS IN BUTARE AND GIKONGORO HOSPITALS AS FOLLOWS:

3. NAME OF FACILITY — ~~HOME KHOSPITA~~ KIGEME
4. LOCATION — HOSPITAL — GR 474256 472261 150:00
5. POINT OF CONTACT — ZAMBATT
6. PHONE NUMBER — ~~12~~ 11244 & 11246 & 11243
7. RADIO FREQUENCY AND CALL SIGN ~~GB~~ 12 CH — ~~B~~ ZULU OPNL T=QRA
8. DISTANCE TO HELICOTER LZ — 600M
9. NO. OF DOCTORS — 2 & ASST BY ZAMBATT DR
10. NO. OF NURSES — 10
11. NO. OF BEDS — 100
12. SURGICAL CAPABILITY — UP TO ~~LAPAL~~ K TOTONY — & AMPUTATION & REMOVE BULLETS
13. OPERATING ROOMS — 4 PATIENTS AT TIME
14. OPERATING TEAMS — 2 DOCTORS 2 X TEAMS
15. BLOOD AVAILABLE FOR TRANSFUSION BLOOD IS INQEQT 45 ZAMBAT.
16. AMBULANCES/VEHICLES FOR EVACUATION (CONTACT DETAILS) 1 AMB

PAGE NO	DRAFTER'S NAME AND TITLE	PHONE	REF FILE NO
1	L.P. WILTSHIRE MAJ G4 MED		

NO OF PAGES	RELEASER'S NAME AND TITLE	BRANCH/UNIT	SIGNATURE	DATE
2			11BE90	

FOR OPS USE	DATE	TIME	SYSTEM	OPERATOR		DATE	TIME	SYSTEM	OPERATOR
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SECURITY CLASSIFICATION
UNCLAS

Department of Defence
MESSAGE FORM

UNCLAS

17. THIS INFO REQUIRED URGENTLY BY MED BR. SUGGEST BE GATHERED BY SENBATT AND ZAMBATT MEDICAL STAFF.

18. POC MED BR EXT 11116 OR III15

~~19.~~

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2	P. WILTSHIRE MAJ G4 MED		
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DR MALI Coy. AMB.

MAJ PHIL LANCASTER.
11235

CORRESPONDENCE DISTRIBUTION
COVER SHEET

Correspondence No. _____

File No. 943-1-1

Remarks/Action:

To: FMO

Med Ops

Med Log

FHO

_____

_____

Please initial and date when action complete then pass quickly.

BUTTARS.

Ch 6

Freq 146.250

MSF BELGIUM

Ch 4

146.200

MSF FRANCE

MAT LANCASTER

CAROLYN.

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. _____ Correspondence No. _____

To: FMO Remarks/Action: _____

Med Ops _____

Med Log _____

FHO _____

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 538-12-1
MED 472/95

To: FSO

From: G3 Med

Date: 03 MAY 95

Subject: AUTHORISED CALL SIGNS ON THE FORCE COMD NET

Reference:

A. Your Memo 101/UN/Ind Sigs/Comm dated 24 Mar 95

B. MED 301/95 dated 25 Apr 95

1. Further to the above References, a requirement exists for the FMO and other users of the Force Comd net to be able to communicate with deployed elements of AUSMED when those elements are in support of UNAMIR forces. An example of this requirement is clearly demonstrated with the current deployment of a Casualty Collection Post (CCP) in support of ZAMBATT at KIBEHO. The deployed medical element has FFR vehicles assigned for the task but is presently only authorised to communicate with their unit headquarters via HF. During the recent evacuation of casualties from KIBEHO, all communication from Med Br to the CCP had to be passed through the AUSMED operations room. On matters associated with casualty regulation or other technical issues, this is an unnecessary and time consuming restriction. OPS staff from this headquarters were confronted with similar difficulties when they were seeking situation updates.

2. It is understood that the FFR vehicles have the capability, through a Motorola system, to communicate on the Force Command net if authorised. Accordingly it is requested that call signs Alpha Sierra One (AS1) and Alpha Sierra Two (AS2) be added this net for use when medical elements are deployed in support of operations. Only information essential to the medical mission would be passed over this net with all routine administrative traffic being directed through the Unit's internal system.

B.R. CURREN
LTCOL
G3 MED

C:\WINWORD\DOCS\MED\COMM2.SAM

file

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 538-12-1
MED 301 /95

To: FSO

From: G3 Med

Date: 25 APR 95

Subject: AUTHORISED CALL SIGNS ON THE FORCE COMD NET

Reference: Your Memo 101/UN/Ind Sigs/Comm dated 24 Mar 95

1. Reference A released an updated list of call signs for the various channels used within UNAMIR.. FMO is concerned that the MED OPS call sign of UNAMIR HQ (M93) and the AS MSF (AS0) have been left off the Force Comd net utilising Channel 1. In accordance with UNAMIR SOPs, all independent units under command are to be included on this net. The inclusion of MED OPS is to enable Med Br staff to initiate and monitor casualty evacuation tasks, particularly AME for priority 1 casualties.

2. The Force Coord net also needs to include the call signs of the other two members of Med Br, namely the FHO and the OPS WO. Their respective call signs are M94A and M93A. It is requested that appropriate action be taken to amend the lists circulated with reference A and in the case of the Force Comd net this should be done as matter of urgency.

B.R. CURREN
LTCOL
G3 MED

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. [redacted] 588-12-1

Correspondence No. _____

To: FMO

Med Ops

Med Log

FHO

ops WO

Remarks/Action: _____

for file

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1543

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UNAMIR - MINUAR

OUT GOING FAX NO 0459 **PAGE 1 OF 1**

MIR NO _____

MISC NO 0443

TO : A. H. GOLO OIC, ADMINISTRATION UNAMIR, KIGALI	**FROM :** NILS I. GOERANSSON SAO UNAMIR, NAIROBI
ATTN : COS,DCMO,DCOS(Sp), WELFARE OFFICER, MEDICAL BRANCH	**DATE :** 31 MAR 95
FAX NO : 3-3090	**PHONE :** 254-2-623140 **FAX :** 254-2-622668
ORIGINATOR : MAJ RAJESH SAHAI	**SECTION :** FORCE COORDINATING TEAM, NAIROBI
SUBJECT : MEDICAL ADMINSTRATION RESPONSIBILITIES	

1. Please refer to Paragraph No 1 of HQ UNAMIR MED letter No 160/95NAMIR,Kigali dated Feb95.

2. The following points are forwarded for consideration so as to effectively perform the duties of the FCT:-

(a) A updated list of patients be forwarded who are admitted in any hospital at Nairobi.

(b) A constant telephone contact with the FCT be established so as to provide effective patient coverage.

(c) Any task assigned by the Med Branch by Fax may also be informed by telephone to the FCT in case of an eventuality wherein the Fax is not recieved at this end.

3. Any other points if noticed at this end while discharging the duties will be forwarded to the Med Branch for better coordination.

Regards.

CAO COS DCMO DCOS(SP)

5/612

FC 010-1

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UNCLASSIFIED

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OUT 22.72
MISC 134

UNAMIR - MINUAR

Out Going FaxNo. 368/95 Page 1 of 3 File538/12/1

TO: **Mr N. GOERANSSON** **SAO UNAMIR** **NAIROBI**	FROM: **COL P.G. WARFE** **FMO** **UNAMIR, KIGALI,** **RWANDA**
ATTN: **Maurice O'Donohue** **ACTING SAO/Procurement**	DATE: 6 APR 95
FAX NO: **Fax No: 254 2 622 668**	PHONE: INT + 250 84270 Ext 11116
INFO:	FAX NO: INT + 250 86877
Internal dist:	DRAFTED BY: **MAJ R.P. Wiltshire G4 Med Log**
Subject: UNAMIR HEALTH SUPPORT PLANNING	
REFERENCE: TELECON O'DONGHUE/WILTSHIRE	

COMMENTS/INSTRUCTIONS

AAA AS REQUESTED, A PRECIS OF THE HEALTH SUPPORT SITUATION IS ATTACHED.

BBB REGARDS

FC 010-1

Releasing Officer's Name	Signature	Rank/Appointment	Date

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UNCLASSIFIED

FMO

THE UNAMIR HEALTH SUPPORT PLAN

43

1. All national contingents are expected to deploy to Rwanda with integral level one care and limited level two capability including 48 hour holding, dental section and road evacuation assets. The AS MSF provides a level two capability which could augment contingent level two when required and a level three facility based on two surgical teams and a 35 bed holding capability.

2. The battalions and companies deployed to Rwanda as national contingents, all have varying capabilities when compared with the requirements listed in the UN Guidelines for Contributing Nations. Many arrived without the equipment to maintain a holding capacity and few deployed with the required number of ambulances (five) to support their operations adequately. By the same token, many deployed with additional assets including limited surgical, pathology and Xray capabilities.

3. The health support plan revolves around the level three facility provided by the AS MSF which is located in Kigali. National contingents are deployed throughout Rwanda with their level one / two facilities and provide support from within bn/coy locations. Many of these contingents are capable of holding minor cases for 24 hours although this arrangement remains flexible.

4. The AS MSF has the capability to deploy a level two facility based on a Treatment Section to augment the level one facilities as required. This facility could be split to provide up to two Casualty Collecting Posts (CCP) each with a holding and resuscitation capability. These CCP also have evacuation assets added to them when required. To date, a CCP has been used to augment a bn RAP on only one occasion. On other occasions, the Treatment Section has been used to provide level two support to the Force from Butare in the south west and during independent operations. AS MSF also has the capability of deploying Preventive Medicine Teams to conduct health inspections, evaluate food and water supplies, inspect garbage disposal sites and assist with rodent and vector control on a force wide basis.

5. Evacuation assets within the contingents are used for tasks forward of unit Aid Posts and for routine evacuation back to Kigali. On other occasions, casualties are evacuated to Kigali utilising the AS MSF evac sect of six wheeled ambulances or by one Bell 212 RW acft available for forward AME tasks at priority call. Appropriately trained AME teams for in-flight care are provided by AS MSF on an as required basis. The AME aircraft capability is provided under civilian contract by Canadian Helicopters and is more than adequate for daytime operations. However by night, the helo is restricted by civilian air charter rules to flying in areas below 8 000 ft ASL which immediately rules out most of the west of the country. Fortunately, there has never been an urgent requirement to evacuate an injured person from the west of the country at night however this lack of capability remains a cause for concern.

6. Aircraft available for Strategic AME to Nairobi, Kenya include an L100 C30, an ANTIVOV 26 and a GULF STREAM (LEAR JET). These acft are not dedicated to AME tasks but all have the capacity to transport stretcher cases in a pressurised environment with a two hour flight time to Nairobi. Trained AME crews are also available from AS MSF for these flights. Due to a lack of accommodation and administrative support in Kigali, the acft remain in Nairobi when not used. This does not effect the evacuation plan adversely. All FW aircraft are available for Strategic AME on an opportunity basis. These opportunity assets are also used for transfer of patients to Nairobi for

routine specialist consultations. Once in Nairobi, the UN system for managing patients in hospitals is less than adequate. There is little access to national contingent representatives, with the only staff in a position to assist being the Senior Administrative Officer (SAO) and a Welfare Officer who has had his duty statement amended to include medical liaison tasks. FMO staff do their best to monitor the hospitalisation of UNAMIR patients evacuated to Nairobi. For casualties requiring Repatriation or Strategic AME outside of Africa, Medical Branch co-ordinates the movement in consultation with national contingents and UN movements staff.

7. There is no dedicated communications net to co-ordinate casualty evacuation. All communications on casualty evacuation are made over the Force Co-ordination or Force Command nets, telephone or often on a combination of all three. This system is adequate as all key players including Medical Branch, the level three facility and AME aircraft are callsigns on the net and casevac transmissions are given priority. In outline, all casualty evacuation requests are directed to Ops Br at HQ UNAMIR using a standard reporting format. This information is then passed to Medical Branch who are responsible for all casualty regulation. Medical Branch then task the evacuation resource using the means described and monitor the progress of the task using the same means. The system once known to all has proved to be successful.

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 538-12-1
MED 340 /95

To: **AUS MED**

From: **FMO**

Date: **05 Apr 95**

Subject: **HEALTH TASKING REQUEST - AUS MED**

1. It is requested that AUS MED conduct the following health tasks:

a. Provide pest control service to the ECONOMAT food warehouse at the airport;

b. Provide humanitarian health support to the three coy sponsored orphanages;

c. Assess suitability of the Kigali refuse disposal site;

d. Monitor the following restaurants by-weekly, Cha Lando, HQ UNAMIR Cafe and BBC Restaurant; and

e. Monitor water quality of the Kigali Sports Centre swimming pool by-wekly, for the first visit an interpreter is essential.

2. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE. 538-12-1
MED 342/95

To: **AUS MED**
SO FOOD

From: **FMO**

Date: **05 Apr 95**

Subject: **MEDICAL INSPECTION OF FOOD HANDLERS**

1. A requirement does exist to conduct initial and periodic medical assessments on local personnel involved with the handling of food for issue to UNAMIR contingents.

2. There are currently 27 local employees working for the current food contractor (ECONOMAT). It is requested that AUS MED conduct initial and periodic (six monthly) medical assessments of these locally employed food handlers.

3. Point of contact for co-ordination of these checks is CAPT Mike Bramwell, SO FOOD HQ UNAMIR, ext 11117.

4. Attached is the proposed Standards for Food Handlers - UNAMIR which may be useful in the conduct of the medical assessments.

5. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

P.G. WARFE
COL
FMO

STANDARDS FOR FOOD HANDLERS

1 The following is an outline of a proposal for standards of food handlers within UNAMIR.

Food Handlers - Medical Examination

2 The term "Food Handler" can be defined as follows:

a Any locally engaged civilian who handles food, ice or drink intended for consumption by UNAMIR Personnel at any stage of its receipt, storage, issue, preparation and cooking within locations occupied by UNAMIR personnel.

b Any locally engaged civilian who handles cutlery, china, crockery glass and kitchen utensils within locations occupied by UNAMIR personnel.

c. Water-pump or distribution attendants or any person who adds chemicals to water supplies intended for consumption by UNAMIR personnel.

3 Medical Officers are responsible for ensuring that the medical standards for employment of food handlers are maintained.

Pre-Employment Acceptance Standards

4 No person is to be considered as having attained the necessary standards for a food handler unless he or she:

a Is in good health.

b Has a high standard of oral and personal hygiene. and

c Satisfies the requirement of the medical examination.

5 No person is to be accepted as a food handler who:

a Shows active signs of, or who is under treatment for, any infectious diseases;

b Has suffered from recurring sore throat;

c Has suffered from the enteric group of fevers;

d Suffers from a chronic skin ailment, including contact dermatitis, eczema; and

e Suffers from a chronic infection in any part of the body.

6 Personnel whose medical history discloses any previous attack of amoebic dysentery, or an attack of bacillary dysentery within the previous 12 months, or of any illness which may be transmitted by means of contaminated food, are not to be accepted until shown to be free from active infection by six bacteriological examinations carried out over a period of one month. or by such other test as appropriate.

Initial (pre-employment) Medical Examination

7 In addition to the general physical examination given to all new employees, potential food handlers are to have:

a. Chest X-ray;

b. Bacteriological examination of a faecal sample; and

c. HIV - Tests

Continuation Standards

8. Food handlers in employment are to be medically examined every six months and/or on return from absence on account of illness and/or on return from any country where infective bowel disease is considered endemic.

9. All contractors must ensure local employees meet these standards. The Force Medical Officer (FMO) reserves the right to spot check contractor's employees to ensure above standards are met.

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UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 338/95

TO: **AS MSF** **DATE: 4 APR 1995**

FROM: **FMO**

SUBJECT: **SECURITY TASKING REQUEST - AS MSF**

1 It is requested that AS MSF provide security for the road move, of the FHO, SO FOOD and Caterer AUS MED, to Kampala.

2. The detail of the tasks are:

a. Provide security for the forward journey from AUS MED to the Rwanda/Uganda border on Wed 12 Apr 95;

b. Provide security for the return journey from the Rwanda/Uganda border to AUS MED on Fri 14 Apr 95;

c. Additional 40 lt Dieso fuel will be required to refuel veh on return;

d. Weapons are not to be carried into Uganda, therefore weapons will be handed over to the security party at the border; and

e. The time of return RV will be provided by land line to AUS MED on 13 Apr 95.

3. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

FMS

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. 538-12-71 Correspondence No. _____

To: FMO Remarks/Action: Δ 23/V

Med Ops

Med Log

FHO

_____

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Please initial and date when action complete then pass quickly.

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

INTER-OFFICE MEMORANDUM

13 March 1995

TO: Mr J. Owens/ BRSC PGM

INFO: Mr G. Wordley, CLIM/ STOM 10.00
Col P.G. Warfe/ FMO

FROM: Mr G. Brière/ CMCO

REF: FMO memo dated 11 March 95

SUBJECT: **MENINGITIS VACCINATION - BRSC EXPATRIATE EMPLOYEES**

1. Please find a copy of a memo on the subject of meningitis vaccination from the FMO.

2. FMO will notify us as soon as the vaccines are received.

Attachment: 01

C:\DATA\BRSC\WBS\10_00\2\MENI_VAC.001

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 228/95

11 March 1995

Brown and Root

For Information:

CMCO

MENINGITIS VACCINATION FOR BROWN AND ROOT EXPATRIATE EMPLOYEES

Reference: A. Conversation Mr T.W. Scafide BRSC Safety and Security/MAJ Wiltshire of 4 Mar 95.

1. Prior to deployment to Rwanda, Brown & Root personnel were not advised of any requirement for meningitis vaccination for their expatriate employees. It is understood that the recent UN invitation to bid for continuing administrative support requires prospective organisations to ensure their personnel are vaccinated. While the risk is small, I consider vaccination of B & R expatriate personnel is justified in Rwanda.

2. As part of the provision of health care to B & R, I will arrange for vaccination of the B & R expatriate employees currently employed in Rwanda.

3. Please understand that the arrangements for procurement of the vaccine may cause some delay in this process. I will advise you of the details and administrative arrangements for the actual vaccinations.

P.G. WARFE
COL
FMO

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. 538-12-1 Correspondence No. _____

To: FMO Remarks/Action: X 28/3

Med Ops B. 28/3

Med Log _____

FHO _____

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Please initial and date when action complete then pass quickly.

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 160/95

From: FMO

To: DCOS (Sp)

Info: CMPO

Date: February 1995

Subject: MEDICAL ADMINISTRATIVE RESPONSIBILITIES FOR NAIROBI BASED MILOB

1. Following our discussions regarding the requirement for an officer to undertake medical administrative duties in Nairobi, I have identified a number of tasks that could be added to an overall job description for the MILOBS concerned. Medical Administrative duties would include the following:

a. Daily visits to patients for welfare and to ensure on a non technical basis that the provision of care to the patient is adequate.

b. Provision of daily Medical Condition States to Med Br HQ UNAMIR on patients hospitalised in Nairobi.

c. Liaison with Nairobi Hospitals, local ambulance services and Med Br HQ UNAMIR regarding requirement for road transfer of patients to and from airheads.

d. Coordination of patient movement between Nairobi hospitals and airhead for Medivac of patients to other DMF (eg: South Africa for specialised surgery prior to repatriation). This fine coordination whereby the patient should not leave the Nairobi hospital prior to the aircraft being ready to receive him is very difficult to arrange from Kigali.

2. Details of current MILOBS located Nairobi (Grigiri) are:

FMO
COPY

104-8

UNITED NATIONS NATIONS UNIES
ASSISTANCE MISSION IN RWANDA MISSION POUR L'ASSISTANCE AU RWANDA
UNAMIR - MINUAR

TO: Maj Rajesh Sahai, Maj NG Chowdhury
UNAMIR Force Coord Team,
Gigiri, Nairobi

FROM: Col Moeen
DCMO

Maj Deepak Das
Force Welfare Officer

INFO: CMO, CISS, DCOS Sp, CMPO, SAO (Nairobi), CIC MOVCON

FILE: WELFNBO1

DATE: 01 Mar 1995

SUBJECT: LEGISLATION OF DUTIES OF ASST WELFARE OFFR AND FORCE COORD TEAM AT NAIROBI

1. The appointment of Maj Rajesh Sahai, MILOB to perform the duties of an assistant welfare offr at Nairobi has been approved by the CMO with effect from 26 Feb 95. The Force Coord Team will now have two officers viz. Maj NG Chowdhury and Maj Rajesh Sahai at Gigiri, Nairobi.

2. In order to ensure that all welfare activities are carried out effectively by them, duties given out in the succeeding paragraphs are legislated after coordination between the Force HQ and the MILOB Gp HQ.

3. *In conjunction with UNAMIR MOVCON /AIR OPs/ Travel Sec,*

a. organise reception, accommodation and transport for all UNAMIR military personnel arriving at Nairobi on duty for whom specific instructions have been received from FHQ or MILOB Gp HQ.

b. receive, transport and assist all UNAMIR patients requiring hospitalisation in local hospitals personally. Necessary liaison with local hospitals, ambulance services and Med Br of UNAMIR HQ for road transfer of patients to and from airheads should be carried out.

c. coordinate patient movement between Nairobi hospitals and airhead for medivac of patients to other DMF (eg: South Africa for specialised surgery prior to repatriation). This fine coordination whereby the patient should not leave the hospital prior to the aircraft being ready is very difficult to arrange from Kigali.

d. and UNAMIR Registry and Pouch, Nairobi ensure regular and speedy delivery of military mail and pouches to and from Kigali / host countries.

4. Visit all UNAMIR patients admitted in hospitals in Nairobi *atleast twice a week* to ensure that the provision of care to the patients is adequate and forward a *biweekly Medical Condition State to Med Br of UNAMIR HQ and a weekly non technical welfare report to the Welfare Office.*

5. Maintain an account of the 'petty cash' of US $ 500.00 (taken as advance out of the Force Welfare Fund) for clearance of registered letters and parcels for UNAMIR military personnel and forward a weekly statement of account of payments made to the FWO to enable collection of the amount from individuals / contingents at Rwanda.

6. Explore and obtain all possible information like subsidised hotel, tour, safari and air travel rates offered by business operators in Nairobi for UNAMIR personnel on R&R / CTO. Such recreational package deals with duration and rates should be forwarded to the FWO/MILOB Gp HQ to enable further publicity to maximum personnel at Rwanda.

7. Liaise and assist the UNAMIR Procurement Section at Nairobi in obtaining the correct type of stores requisitioned by the Force Welfare Office from Kigali.

8. Obtain sports and recreational items catalogues from dealers at Nairobi and forward them to the FWO at Kigali to enable contingents to requisition these items as per their expenditure entitlement correctly.

9. Extend any assistance sought by UNAMIR personnel in trouble due to unforeseen and unavoidable circumstances while they are at Nairobi.

10. Execute or oversee progress on any other task assigned by Force / MILOB Gp HQ from time to time.

11. Best regards.

NOTES FOR VISIT TO NAIROBI
WO2 W. SMITH
30 MAR - 1 APR 95

CONTACT WITH WELFARE LO - SEE ATTACHED DUTY STATEMENT

* CONFIRM CONTACT NOs : PH 254 2 622598
  FAX 254 2 622668
  254 2 218016

* CONFIRM DUTIES AS PER DCMO MEMO

* DID THEY RECEIVE AND ACT ON FAX DEALING WITH GHANBATT SOLDIERS, COPY ATTACHED

* ANY GENERAL COMMENTS ON THEIR DUTIES FROM THEIR PERSPECTIVE, DO THEY NEED TO CONTACT US ON A REGULAR SCHEDULE EACH WEEK ?

MEDICAL ACCOUNTS

* CONTACT A MR NILS GOERANSSON AT UN GRIGIRI PH 623140 TO DISCUSS THE PROCESSING OF MEDICAL ACCOUNTS AND WHAT WE CAN DO TO REDUCE DELAYS. SUGGEST THAT YOU TRY AND VISIT HIM AND INTRODUCE YOURSELF.

NAIROBI HOSPITALS

* CALL THE NAIROBI HOSP ON 722160 AND SPEAK TO COMPTROLLER (ACCOUNTS). TRY TO ASCERTAIN WHETHER THEY HAVE ANY PROBLEMS WITH UNAMIR HOSP ACCTS, DELAYS ETC.

* CALL THE AGA KHAN HOSPITAL AND ATTEMPT TO DO THE SAME. CONTACTS AT BOTH HOSPITALS ARE DETAILED ON THE ATTACHED SHEET IN CASE YOU HAVE DIFFICULTY.

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 294/95

TO: **AS MSF** **DATE: 25 MAR 1995**

FROM: **FMO**

SUBJECT: **VISIT TO KING FAYCAL HOSPITAL - 27 MAR 95**

1. The FMO and CO AUS MED will visit King Faycal Hospital at 1500 Mon 27 Mar 95.

2. It is requested that AS MSF provide interpreter support (French language) to assist with discussions during the visit.

3. Late notification of this visit is regrettable but unavoidable.

4. Point of contact for this visit is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

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ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 280/95

TO: **AS MSF** **DATE: 22 MAR 1995**

FROM: **FMO**

SUBJECT: **HEALTH TASKING REQUEST - AS MSF**

1. It is requested that AS MSF conduct Health support to the Kigali Sports Centre.

2. The detail of the tasks are:

a. Conduct a complete analysis of the water in the swimming pool;

b. Assess the filtration and chlorination system of the swimming pool; and

c. Advise on the suitability of the facility for use by Australian Service personnel.

3. Point of contact for access to the complex is PTI AS MSF.

4. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

C

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 281/95

TO: **CO GHANBATT** **DATE: 23 MAR 1995**

FROM: **FMO**

SUBJECT: **PROPOSED MALARIA SCREENING - GHANBATT**

1. I have been trying to contact you since my visit to GHANBATT on 11 Mar 95 to discuss the prevalence of malaria in your battalion.

2. Your medical staff are reporting up to 60 cases of malaria per week, although not all cases are confirmed by blood slides.

3. To be certain of the malarial situation within your bn I propose conducting a small scientific study. This study would involve taking blood samples, by small finger prick, from around ten soldiers from each platoon over one-two days. These slides would then be read by a trained microscopist and the results analysed scientifically. Both you and I would then know the true rate of malaria within GHANBATT.

4. In considering this proposal please note that all blood collection, slide reading and administrative support would be conducted by AUSMED. There would be no administrative burden to GHANBATT. In addition, please note that the results would remain confidential between you and I.

5. Should you agree to this plan I would propose deploying the necessary personnel to your bn during the period 27-30 March.

6. Your agreement to examine scientifically, the rate of malaria within your battalion is requested.

P.J. WARFE
COL
FMO

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 279/95

TO: **AS MSF** **DATE: 22 MAR 1995**

FROM: **FMO**

SUBJECT: **HEALTH TASKING REQUEST - AS MSF**

1. It is requested that AS MSF provide Humanitarian Health support to the Orphanage at Nyundo via Gisenyi.

2. The detail of the tasks are:

a. Location GD 248117 - viscuinity of the church;

b. Date for tasking is 25 Mar 95;

c. Conduct vector control of all buildings;

d. Survey the orphanage and advise on possible engineering tasks required to enable the facilty to reach a suitable standard of health;

e. Point of contact is CAPT St-Denis (ADC to FC);

f. Transport will be Helo co-ordinated by the ADC;

g. Duration of task - six hours maximum;

h. Rations should be taken by personnel; and

i. Currently three seats are available with the possibility of an additional seat.

3. The orphanage houses 600 children in some twelve buildings. The Canadian Government through the Canadian Contingent are planning to sponsor this Orphanage.

4. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 269/95

TO: **AS MSF** **DATE: 20 MAR 1995**

FROM: **FMO**

SUBJECT: **HEALTH TASKING REQUEST - AS MSF**

1. It is requested that AS MSF conduct the following Health tasks at MALICOY Gitarama:

a. Conduct vector control of MALICOY locations at Gitarama, Kabgaya, Ruhango and Ntogwe;

b. Conduct analysis of water storage containers within all MALICOY locations; and

c. Conduct Health Inspection of MALICOY locations.

2. In conjunction with this tasking the following Humanitarian Health tasking is authorised to be conducted at the Orphanage sponsered by MALICOY:

a. Conduct vector control accommodation, class rooms and food storage areas;

b. Conduct analysis of water supply and assess suitability of supply; and

c. Advise on any significant health problems within the orphanage.

3. Time for tasks would not exceed 4 days (MALICOY 2 days, ORPH 1.5 days).

4. Point of contact is CMDT Sall MO - MALICOY.

5. Rations and accommodation are available at MALICOY.

6. Use of an interpreter (French language) would be advisable for this task.

7. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 538-12-1 Correspondence No. _____

To: FMO Remarks/Action: X 1273

→ Med Ops J.B. Guilloriano AME

Med Log with Hospstaff in accordance

FHO _____

_____ _____

_____ _____

Please initial and date when action complete then pass quickly.

Medical-In-Confidence

ASC MED SPT FORCE RWANDA

MINUTE

538-2-2
MED COY 4/11/95

FMO
CO
MED COY (OC)
LHQAUST (COL HLTH)

For Information:

AHQAUST (SHO)

AME MISSION AND MANIFEST REPORTS - AUSMED UNAMIR II

1. Enclosed are the AME Mission and Manifest Reports for Mission No. 9/95 and 10/95.

2. Forwarded for further action.

T.L. SMART
SQNLDR
OIC AME

9 Mar 95

Enclosures:

1. PM 173 AME Mission Reports - 9/95 & 10/95

2. PM123 AME Manifest Reports - 9/95 & 10/95

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 245/95

TO: **AS MSF** **DATE: 14 MAR 1995**

INFO: **MIL OPS GISENYI**

FROM: **FMO**

SUBJECT: **HEALTH TASKING REQUEST - AS MSF**

1. It is requested that AS MSF conduct a treatment with residual pesticide within the toilet facilities in the Return Persons Camp (RPC) at Gisenyi.

2. The details of the tasking is as follows:

a. Personnel - 4 Pers, 2 x Hlth Asst, 1 x Interpreter and 1 x Security;

b. Transport from Meridian to RPC prov by Mil Ops;

c. Location of task is as recce by WO2 Attard;

d. Task is to be conducted on Thur 16 Mar 95 departure and return air details TBA;

e. Point of contact Gisenyi is OPSO Mil Ops; and

f. Duration of task 5 hrs on the ground minimum .

3. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 231/95

5 March 1995

See Distribution List

MEDICAL LOGISTICS ISSUES - FORCE MEDICAL OFFICER'S CONFERENCE 7 MAR 95

References:

A. UNAMIR Logistics Directive 01/95 dated 3 Feb 95

B. UNAMIR SOP No. 7 Section 6.

1. **Medical SOP Translation.** Action is being undertaken to translate critical parts of SOP 7 into French.

2. **UNAMIR Medical Stores Demand Procedures.** Medical consumables are to be demanded in the same manner as all other stores requested by UNAMIR units. The procedure is detailed at References A and B. Medical officers are requested to discuss the procedure with their Logistics Officers. The only modification that is to be made is that **routine requests for stores** are to be made on the **Medical Supply Request Form** (copies enclosed) sent direct to G4 Med at UNAMIR HQ. The new form will allow much better stock management by G4 Med and will help to avoid UNAMIR running out of stores in the long term. Further integration with the LSG is anticipated in the future, however while certain lines of critical Medical Consumables remain in very short supply, and distribution is commonly required on an immediate basis, Supply Request Forms are to be submitted direct to G4 Med. This is a change to the procedure given at Reference B. This Reference will be amended.

3 Routine requests are to be placed each month. Items will be available for collection at AUSMED pharmacy seven days after submission of the request to G4 Med. Urgent requests may be submitted at any time and will be processed as soon as possible. It is preferable for units to collect stores using their own personnel to ensure correct handling and security. Units that require delivery of stores to their location are to provide specific details and reasons. Transport /security will then be arranged as required.

4 As discussed during the conference, a list of medical consumables available for issue to units (including those that can only be held in limited numbers) will shortly be provided to the units. It is planned that Pharmacist (CAPT Kearney) and G4 Med will visit units to evaluate force requirements in the near future.

5. **Humanitarian Medical Stores Demand Procedures.** Medical consumables for treatment of humanitarian patients are to be drawn from humanitarian sources. These items are not to be used to treat UNAMIR/UN or Brown & Root patients. The primary source of these consumables is Pharmaciens Sans Frontieres Rwanda Mission (PSF). Stores are to be ordered on the PSF request sheet. Supplies are to be requested on a weekly basis to G4 Med. Each order is to have a PSF Information Sheet detailing patients treated during the previous week and any special requirements eg: paediatric suspensions. G4 Med will authorise each order and pass the UNAMIR requests to PSF HQ. Orders received by Monday will be available for collection from the PSF warehouse in the Kigali Industrial Park on Thursday. The team approach by UNAMIR and PSF has been very successful and it is essential that units continue to meet the requirements of PSF if stores are going to remain available. Copies of the PSF order form and Information Sheet are enclosed.

6. Requests for humanitarian items not available through PSF may still be made through G4 Med. Attempts will be made to obtain items through other humanitarian sources, eg: vaccines through UNICEF.

7. **Malaria Testing.** AUSMED is requested to arrange malaria slide collection kits and request forms for distribution to each level one medical facility (Battalion Aid Post). These kits are in short supply and are only to be used on UNAMIR/UN/Brown and Root personnel. This will be a short term measure, as it is intended to provide enough consumable stores to those units with microscopes to allow the units to do their own malaria examinations. Units without microscopes will have to continue sending thick films to AUSMED for examination.

8. AUSMED is requested to ensure that sufficient microscope slides, staining jars and stains are on order for issue to each facilities with a microscope. AUSMED is requested to investigate and advise FMO on pathology training/quality control options for units within the scope of blood films/malaria microscopy, urine and faecal microscopy. A visit schedule will be instituted where appropriate.

9. **Ordering of Pathology Consumables.** Each unit is to send a list of their pathology laboratory equipment they hold to G4 Med HQ UNAMIR. Consumables will be provided to support the equipment when sufficient stocks are received by UNAMIR. Pathology testing for UNAMIR personnel is only authorised to occur in UNAMIR facilities or facilities assessed by FMO as being acceptable in terms of quality control and practice. If units wish to use Civilian/NGO/Government hospital facilities they are first to request FMO that they be assessed. FMO will task AUSMED to do assessments with the assistance of Unit RAP personnel.

10. **Equipment Repair.** Equipment repair procedures are laid down in UNAMIR SOP's.

Conclusion

11. I will maintain close contacts with the units supported and I assure all Medical Officers that every attempt is being made to solve the priority medical resupply problems.

To assist in this aim, Medical Officers are requested to conserve scarce supplies where possible and instead substitute items that are held in greater numbers.

R.P. WILTSHIRE
MAJ
G4 MED

Enclosures:

1. Medical Stores Request Form
2. PSF Order Form
3. PSF Information Form

Distribution List

For Action (With Enclosures):

AS MSF (Attn: MAJ Peter Wheatly OC Med Coy)
ETHIOBATT (Attn: Dr Genanew Tekleselase Medical Officer)
GHANBATT (Attn: MAJ Jacob Brobbey Medical Officer)
INDBATT (Attn: MAJ Ravinder Kak and MAJ Dabendra. Nath Karan, Medical Officers)
LSG (Attn: Medical WO J. Gagce SR MED A)
MALAWI COY (Attn: LT Gliston Chinamale Medical Officer)
MALI COY (Attn: MAJ Sall Abdoulaye Medical Officer)
NIBATT (Attn: CAPT Ikechukwu Okeke Medical Officer)
SENBATT (Attn: CAPT Soumare Masserigne Medical Officer)
TUNBATT (Attn: CAPT Buorghida Sami Medical Officer)
ZAMBATT (Attn: MAJ Bornwell Shabukali Medical Officer)

For Information (Without Enclosures):

DCOS (Sp)
FMO
CISS
CILM
G4
95 FLSG
PSF

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 234/95

TO: **AS MSF** **DATE: 13 MAR 1995**

FROM: **FMO**

SUBJECT: **MED TASKING REQUEST - AS MSF**

1. It is requested that AS MSF provide malaria screening on GHANBATT personnel.

2. Details of the tasks are envisaged to be as follows:

a. Personnel required are as follows:

(1) MO - Co-ordination of the sampling program;

(2) LABTECH - SGT;

(3) INF SECT - to conduct the collection of malaria slides;

(4) HLTH SECT (-) - to conduct mosquito control programs; and

(5) Catering staff as required.

b. Equipment required as follows:

(1) Tentage for accommodation and work areas

(2) Microscope and laboratory equipment for taking and preparing malaria smears;

(3) Prev Med - as determined by HLTH SECT; and

(4) Administrative stores as determined.

c. Duration of task would be in the vicinity of 5 days with a repeat screening in approximately four weeks; and

d. Total number of members for screening would be two hundred.

3. Detailed tasking will be forwarded once approval for task has been granted by HQ UNAMIR.

4. Point of contact for this staff visit is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 232/95

TO: **AS MSF** **DATE: 13 MAR 1995**

FROM: **FMO**

SUBJECT: **HEALTH TASKING REQUEST - AS MSF**

1. It is requested that AS MSF conduct a treatment with residual pesticide within the toilet facilities in the Return Persons Camp (RPC) at Gisenyi.

2. The details of the tasking is as follows:

a. Personnel - 4 Pers, min 3 x Hlth Asst;

b. Transport from landing site prov by Mil Ops;

c. Location of task is as recce by WO2 Attard;

d. Confirmation with FHO if chemicals are DC is required;

e. Depart Presidential Hanger 0900 hr, Return 1400 hr; and

3. Point of contact at Gisenyi is OPSO Mil Ops.

4. As this tasking will be conducted during the FMO visit to TUNBATT the available seats on the aircraft for AS MSF pers as previously advised are cancelled.

5. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 233/95

TO: **AS MSF** **DATE: 13 MAR 1995**

FROM: **FMO**

SUBJECT: **SECURITY TASKING REQUEST - AS MSF**

1. It is requested that AS MSF provide security for the FMO visit to MALICOY on Saturday 18 Mar 95.

2. Details of the staff visit are as follows:

a. Depart AS MSF - 0830 hr;

b. Arrive Gitarama - 1000 hr;

c. Staff visit 1000 hr - 1330 hr;

d. Depart Gitarama - 1330 hr; and

e. Arrive AS MSF - 1500.

3. If available a driver for the FMO veh would be appreciated but not essential.

4. Point of contact for this staff visit is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 228/95

11 March 1995

Brown and Root

For Information:

CMCO

MENINGITIS VACCINATION FOR BROWN AND ROOT EXPATRIATE EMPLOYEES

Reference: A. Conversation Mr T.W. Scafide BRSC Safety and Security/MAJ Wiltshire of 4 Mar 95.

1. Prior to deployment to Rwanda, Brown & Root personnel were not advised of any requirement for meningitis vaccination for their expatriate employees. It is understood that the recent UN invitation to bid for continuing administrative support requires prospective organisations to ensure their personnel are vaccinated. While the risk is small, I consider vaccination of B & R expatriate personnel is justified in Rwanda.

2. As part of the provision of health care to B & R, I will arrange for vaccination of the B & R expatriate employees currently employed in Rwanda.

3. Please understand that the arrangements for procurement of the vaccine may cause some delay in this process. I will advise you of the details and administrative arrangements for the actual vaccinations.

P.G. WARFE
COL
FMO

Sir, Please disregard this.
I apologize for the effort I caused you. It seems we have been vaccinated for Meningitis already.

Tom Scafide
BRSC.

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

538-12-1
HQ UNAMIR MED 210/95

TO: **AS MSF** **DATE: 10 MAR 1995**

FROM: **FMO**

SUBJECT: **HEALTH TASKING REQUEST - AS MSF**

1. It is requested that AS MSF conduct the following tasks at the Blue Beret Camp (Belgium Village):

a. Complete water analysis of the water supply within the complex;

b. Assessment of the health risk/possible disposal from roaming dogs within the complex;

c. Inspection of the messing facility on a twice weekly basis; and

d. Advise the Brown and Root employee on correct operation of the swimming pool treatment equipment.

2. Point of contact for this tasking is Captain John Nerney at UNAMIR HQ MED BR ext 11115.

J.E. NERNEY
CAPT
For FMO