FORCE MEDICAL UNIT

26 JULY - 13 SEPT 1995

[1 CONFIDENTIAL]

EL/WG MAY 2001

1 Strictly Confidential

M.B. 23 Dec. 2011

UN ARCHIVES

SERIES S-1062

BOX 39

FILE 7

ACC. 1998/0284

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UN RESTRICTED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

F/6-4753
MIR 3230

REGISTRY Action to: 1 2 3

FMO

MED 966/95

TO:	FROM:
United Nations New York HOCINE MEDILI, Director FAKD/DPKO Attn: Dr A. Deckner Dr J. Adler	Medical Branch HQ UNAMIR II KIGALI RWANDA
FILE NO: 640-1-6	DATE: 13 September, 1995
FAX NO : 212 963 2116	PHONE: 0011 873 154271
	FAX NO: 0011 212 963 3090
	DRAFTED BY: MAJ FENSOM
SUBJECT: NORMED INITIAL DEPLOYMENT REPORT	

1. Attached for your information is the initial deployment report for NORMED. I agree in general terms with this assessment but would like to emphasize some additional points.

2. In my opinion Level 3 is required as a minimum to support a dependency of this size in the total absence of suitable local back-up services.

3. Many of the difficulties in initial equipment and set-up could have been avoided with more appropriate composition of recce and advance party (i.e. medical director should be on recce, some OR staff should be on advance).

4. There was inadequate input from "user" clinician and nursing staff in the equipment and supply procurement process.

5. There is a requirement for such a facility to deploy with adequate administrative and clerical staff for self and patient administration.

FMO

95 SEP 15 PM 1:

6. Medical documentation should come with a hospital. NORMED arrived with none.

7. Future deployments should include "stand-by" recruits in key positions to avoid repetition of the surgical staff deficit created by last minute cancellation of 2 surgeons.

8. Deployment of NORMED colocated with military logistics unit is ideal in terms of security and mutual support. However, in future military manning in such units should be augmented to account for increased workload associated with support functions.

9. Communication function required of the medical facility vis-a-vis casevacs was not considered. This "command post" function could be done by trained civilians or alternatively military signallers could be allocated if this was included in pre-deployment plan.

10. There remains some basic disagreement on the issue of requirement for specialist anaesthesiologist/intensivist. My position remains that this is essential and I believe it has been borne out already in a few of the clinical situations we have encountered which were beyond the scope of the nurse anaesthetist. NORMED would not have opened on time without the technical work done by the anaesthesiologist in assuring assembly and necessary modifications to anaesthetic equipment.

11. NORMED came very "light" on resuscitation equipment generally. This should be corrected.

12. Many of the deficiencies noted in the report arise out of a basic difficulty of the Norwegian Refugee Council in making the paradigm shift from providing NGO type disaster relief care to duplicating First World standard health care, which is the minimum acceptable for support to deployed Canadian military personnel.

13. Had NORMED deployed independently of augmentation by Cdn medical/logistics staff and equipment, it would have been unable to function adequately and on time.

14. Overall integration of staff has been excellent, with military and civilian both adapting and learning from each other. Long term potential for highly effective combination support efforts such as this were assessed as high. It is always easy to accentuate the negative. However, in the final analysis, this first deployment has been able to produce fully capable operational support. The mix of personnel and equipment has ultimately resulted in a

superior product, albeit more complicated to deploy and manage. Further experience utilizing lessons learned will no doubt alleviate this.

RELEASING OFFICER'S SIGNATURE

M Benson

WITH RANK: MAJ/FMO

4

NORMED

INITIAL REPORT 3 SEPT 1995

NORMED / FORCE MEDICAL UNIT / UNAMIR

INITIAL REPORT

1. INTRODUCTION

NORMED (Norwegian Medical Contingent) is the successor of AUSMED, the Australian military hospital. The mandate is giving medical support to UN's peacekeeping operation, UN civilian units and NGOs in Rwanda. AUSMED had 150 staff and a full level 3 medical service. In accordance with reduction of UNAMIR forces, the holding capacity is reduced to 10 beds for 5 days and medical level two/level three.

AUSMED was established in a section of KCH (Kigali Central Hospital). Ministry of Health in Rwanda wanted to use the complete hospital after withdrawal of AUSMED. NORMED is therefore situated at Trafipro in the outskirts of Kigali. We are sharing campsite with 95 CMSG, the Canadian logistic unit for UNAMIR. After a transition period of 3 -4 days, we took full responsibility as from 18th of August 1995 for the UNAMIR medical service.

2. TERMS OF REFERENCE

A level two/three treatment facility will be established by the combined elements of the Canadian Mission Support Group's (95 CMSG) unit medical station (UMS) and the surgical element provided by The Norwegian Refugee Council (NORMED). This facility, to be established at TRAFIPRO, will be requested to provide CASEVAC, IWS and a ten bed holding capability on the departure of AUSMED. This support is to be ready to receive patients as of the 15 Aug 95 to ensure continuity of care.

2.1 MISSION

To provide medical support to UNAMIR

2.2 MEDICAL TREATMENT

Level two. 95 CMSG in conjunction with NORMED is to establish a level two/level three facility capable of receiving and holding up to ten patients for five days. This facility is to be open by 15 Aug 95 to allow for patient transfer from AUSMED.

Level three. NORMED is to establish a limited level three facility capable of initial wound surgery by 15 Aug 95. Level three surgical support beyond the scope of this facility will be provided by civilian hospitals in NAIROBI following air evacuation from KIGALI.

2.3 EVACUATION

CASEVAC is to be conducted using road and AME assets. All national contingents are responsible for all evacuation within their area of responsibility, from point of injury to level one medical facility, with road anbulance being the normal means. AME is to be utilized for daytime evacuation back to NORMED at KIGALI for all Priority One (immidiate) and Priority Two (urgent) casualties. Road evacuation remains as the norm for Priority Three (routine) casualties and night CASEVAC. Evacuation from level one facilities is to be:

- Road. 95CMSG/NORMED are to maintain a minimum of two road ambulances and crews at the facility location in KIGALI. These ambulances are to be augmented by the three vehicles held by INDBATT as required and on order of the FMO (Force Medical Officer). Casevac requests are to be transmitted as per HQ UNAMIR SOP and will be coordinated by Medical Branch.

- Air. Forward AME is to be provide by utilising the current RW aircraft supplied by Canadian International and crewed by a medical team from 95 CMSG. Tactical AME to NAIROBI and strategic AME out of Rwanda, will be managed by Medical Branch in conjunction with Air Ops staff with all casualty regulation remaining the responsibility of the FMO.

2.4 DENTAL

NORMED is to establish a dental section in the facility at TRAFIPRO. Casualties requiring dental treatment are to be evacuated to this dental post.

3. NORMED - STAFF

Staffing was decided by reconnaissanse team prior to our arrival. The staff plan consist of :
1 med. director / surgeon, 1 orthop.surgeon, 1surgeon, 1 head nurse /adm.in, 3 ICU nurses, 3 OR nurses, 3 ward nurses, 8 nurse aids, 1 lab.technician, 1 radiographer, 1 dentist, 1 paramedic/driver, 1 pharmacist. The staff are all civilans recruited from different parts of Norway on approximately 1-2 weeks notice. Four of the staff have Africa experience, and four have experience from UN missions in Bosnia and Kuwait. From 95 CMSG we get support with 1 anesthesiologist, 5 medical assistants (OPD) and 1 nursing officer (AME coordinator). In addition, we get support with 1 duty ambulance driver on the primary ambulance.

3.1 SURGEONS / ANESTHESIA PERSONNEL

For the time being, it doesn't seem nessesary to have more than two surgeons. It might be more appropriate to have two anesthesist nurses, although the service is now covered by a Canadian military anesthesiologist who will remain for the rest of the period. According to our needs as we see it now, we suggest replacing one of the surgeons with a general practition. This to strenghten the OPD staff who are taking care of the major workload concerning UN/NGO patients, and to enable an outreach in regard to refugee projects. (orphanages, etc.)

3.2 DENTAL SERVICE

The dental service was set up with 1 dentist without an assistant. Now we have trained one nurse-aids as his assistant. The dental service is highly appreciated and the number of patients high.

3.3 RESUSCITATION, OPERATION THEATER, ICU AND WARD - PERSONNEL

The nurses of different specialties seem to be appropriate for our tasks and organization. A permanent workload is present within the ward, which is a combined ward and intensive care unit. Specialties as anesthesia nurse and OR nurse has to participate in general care of the patients hence their specialty is more seldom required. The variety of skills gives us high flexibility

3.4 GENERAL PRACTITIONERS

Appropriate to our need in OPD (out patient department) and for the need of having a duty medical officer all hours. The workload, including the on calls, is indicating the need for having 3 Gps. It is suggested that the number of surgeons is reduced to 2, and GPs increased to 3.

4. HOSPITAL FACILITY

The hospital has been established in a former officebuilding. Because of short time limit, the different installations done by carpenters, electricians and plummers, were performed concurrent with our unpacking and setting up of different equipment, machinery and instruments. These activities have even been going on long after we took over the full responsibilities for the medical services of UNAMIR. Still some furnishing and shelves have to be completed. The placement of the different activities of the hospital setting originally done by the rec. group, was not regarded as ideal. Because of short time limit and insistance among some Canadian medical staff against changing any of the previous accepted plans, we arranged theatre according to the original suggestions. Still, we would have moved the laboratory to the OPD-section and x-ray to the forefront room to the left of the entrance.

5. MEDICAL EQUIPMENT AND CONSUMABLES

The composition of medical equipment was decided by assessment team in cooperation with UN/DFKO/FOD. The equipment was regarded as a minimum of required equipment for level 2 -. Estimated supplies of consumables for 30 days followed the Norwegian setup. Added with pharmaceuticals, medical disposables, lab consumables and dentist consumables left behind by AUSMED, the total stock was expected to be sufficient for the rest of 1995.

During the establishing fase, the various professions have found deficiencies, but also surplus of some items. Even taking the AUSMED stock in consideration, some important medicines and disposables are missing. NRC has so far been able to send us some of the missing items. Years of experience both from the Norwegian Army and emergency operations lies behind the composition of equipment required for each area of the hospital. The setup will probably differ from a field hospital at war and a catastrophy

set-up. In our situation, we have a combination of running a small hospital and a fullscale general practice for people not in war or in a state of desperate general needs.
Our experience will hopefully contribute to future preparation for operations of this kind. We recommend a master list be promulgated to include everything required in each area. Cases with equipment can be more distinctly separated for each area. In the following, we shall list up the deficiencies and surplus in the different areas of the hospital.

6.0 REMARKS CONCERNING DEFICIENCIES IN THE SET-UP :

6.1 RESUSCITATION /EMERGENCY ROOM

This area is equipped by 95 CMSG. Our team has worked hard to get familiar with the Canadian and Australian drugs. We shall forward a separate report for this unit regarding equipment, drugs and disposables.

6.2 ANESTHESIA

6.2.1 EQUIPMENT

- No oxygen tanks to complete the anesthesia device.
  We have borrowed Canadian oxygen bottles. Our regulaters could not fit this bottle due to different threads. We have borrowed Canadian regulator, and with assistance from the mechanics in 95 CMSG, our anesthesiologist managed to fit the Canadian regulator with the Norwegian fitting.
  For further details, see annex 1, point 8.
- Cable for invasive pressure to Propac 104 in OR is missing and pressure transducers were not included.
- One oxygen consentrator has been functioning erratically.

6.2.2 DISPOSABLES

- Alcohol swabs
- Blood warmers
- Blood transfusion sets.

6.2.3 DRUGS

- A complete drug list needs to be addressed and representative drugs need to be included in the different classes.
- Description of classes is found in annex 1, point 9.
- If pregnant women and children shall be treated, additional drugs and equipment are required.

6.3 OPERATION THEATRE

6.3.1 EQUIPMENT

- Arm rest table/stand.
- External fixation as Hoffmann 3 and 4 mm.
- Thread tightener
- Telephone plier
- Thread cutter
- Abdominal tray
- Table w/ stand and wheels for sterile instruments
- Poor arrangement for leg support by gyn/ anal/rectal exam. and op.

6.3.2 DISPOSABLES

- X-ray gauze compesses, large
- Suction hose
- Suction. end pieces.
- Fluid soap with dispenser for preop. scrubbing.
- Betaidine not preferred by OR nurses and surgeons, causing skin irritation and stains on clothing.

6.4 WARD / RECOVERY / ICU

The ward has just space enough for 10 beds, but has so far been functioning well.

6.4.1 EQUIPMENT

- The beds are very handy, but the bottom canvas is not strong enough to keep the bed flat. Especially our chest injuries have not been able to breath sufficiently. We have therefore made bottoms of hardboard. In addition we have made simple elevation arrangment in bed for respiratory relief, also made from plywood.
- Table for meals in bed
- Too feew infusion sets
- Transfusion sets
- Venflon props
- 3-ways connections
- IVAC syringes and tubes
- Textile-tape
- Security gloves for defibrillator

6.4.2 PHARMACUTICALS

- 100 ml NaCl bags
- 10 and 20 ml NaCl 0,9%
- NaCl 1mmol/ml
- Kcl 1mmol/ml
- Dopamin

6.3 DISPOSABLES

- Diapers for adults
- Waste bags - small
- Paper towels
- Fluid soap w/dispensers - habdwash
- Tooth brushes / tooth paste
- Sheet bed 150 x 80

6.5 SANITATION / WASHING/DESINFECTION - FACILITIES

Seems to be appropriate for our needs. There is no shower in the in-patient building, but one available in the OPD. We had lack of water in the beginning, but this is now solved by more frequent resupplies.

6.6 LAUNDRY

Functioning quite well.

- Irons (2x)

6.7 LABORATORY

This area seems underequipped compared with the demands of tropical medicine. A separate report will be forwarded.
The need for doing liverenzymes, bilirubin, creatinin, bloodsugar, electrolytes and TB-staines is crucial.

6.8 X - RAY

6.8.1 EQUIPMENT

The x-ray department has the minimum requirements for shooting and developing x-ray pictures. We shall however present some ideas which could contribute to improve the department.
We had a mass-casualty with 10 patients caused by traffic accident. A lot of x-ray pictures had to be taken and developed under time pressure. The manual developing prosess takes its time. A table-top developer would contribute to better efficiency in such cases. The radiographer would also avoid exposure to irritating and harmful damp from the developing fluids. The automatic developer would also be easier to handle by an assistant/trainee.

- Table-top automatic developing machine withchemicals
- 1 x-ray cassette, 35 x 30 cm with built in grid
- 2 x-ray cassettes, 35 x 43 cm with built in grid
- 10 clips for hanging up pictures

6.8.2 CONSUMABLES

- 200 sheets x-ray film, 35 x 35 cm

6.9 DOCTORS OFFICE (GP)

6.9.1 EQUIPMENT

- Leg support for gyn. exam./ rectoscopi
- Pharmaceutical directory (Felleskatalogen)

6.9.2 DISPOSABLES

- Ear tubes for othoscope
  300 2,5 mm
  500 4 mm
- 1000 Spatulae, wood

7 SURPLUS

7.1 EQUIPMENT

- Five refrigerators
- Lighting equipment

7.2 DISPOSABLES

- There is an unbalance in our surgical supply kit. We have lack of surgical gauze compresses, but a lot of universal and extremety drapes.

8 AMBULANCE SERVICE

Because of a different set up, it has been decided that a Norwegian team is on call duty 1 week alternating with the Canadian ambulance team. This is to avoid misunderstandings and problems because of differencies in training and experience.
The Norwegian team will consist of an ambulance driver, an ICU nurse/anesthesist nurse and if necessary, the doctor on duty(GP).

9 WORK LOAD

As anticipated, much of the service will be to have the personnel in a state of readiness for the possible event of having to cope with accidents, being it one person or more involved. The nursing staff has been devided into three teams for this purpose.
An ALFA team being on duty at the hospital,

a BRAVO team to be on call within the range of the handset radio. and
a CHARLIE team to be busy in various humanitarian activities during the weekdays. and being off duty during the weekend. Copy of the workschedule is attached (annex 2).
The OPD is open 0800-1700 daily (incl. weekends) and a number of 20-30 pasients are seen daily .The OPD is staffed by our doctors (GP) and auxilliary staff. A Canadian warrant officer is in charge of the OPD administration and is taking care of the military paperwork.
The OPD includes the dentists office and the pharmacy. The dentist will probably be much in demand .
The hospital's IN-patient ward was fully occupied in connection with the traffic accident 26 Aug. A normal bed occupancy would probably be 3-5 daily, representing a moderate workload to our staff.
The laboratory and x-ray dptm. have already been quite busy, normally this would be by requisitions from the OPD doctors, and not so often required for the inpatients.
The operation theatre will most likely be in demand for emergency operations only The OR nursing staff is for the time being sharing the work with the staff at the ward. So far only 4 operations have been done in general anesthesia.

10 COMMUNCICATION

NORMED personnel on call or in vital positions, are all equipped with radio handsets.
A base radio has been established at the hospital dutyroom together with a telephone with access to sattelite communication. There are personnel present on a 24 h basis.
A CASEVAC.MEDEVAC call will be extended through an AME officer(Canadian).
For the time being, we have access to a FAX at the Canadian HQ, We are however expecting our own Fax ordered through the UN-system.

11 INTEGRATION NORMED / 95 CMSG / UNAMIR

Being a pure medical group, each individual mostly unknown to each other, it has been a challenge to integrate our services into a military set up.
The Canadian medical staff is more familiar with the military system than we are, and have their strenght on administration and procedures within the UN system. The NORMED staff represents a team of clinical experienced medical people, many of them having lived and worked for years in the tropics. The combination of both groups have already proved to be fruitful, causing less problems than one could have anticipated.
After careful planning and some adjustments, we now seem to have established a functional team.
One of the more senior military staff is in charge of the OPD (outpatient department), the other for MEDEVAC /CASEVAC.
The Canadian anesthesiologist has nicely fit into our team and is a very pleasant and capable doctor.
The only problem we have had so far, is getting our staff familiar with using the radio and understanding the lines of communi cations within the military system.
A base station has been established at the hospital and was supposed to be manned by our nurses on duty. It has however been felt as a difficult burden, and a solution by having the emergency calls going through the AME (air medical evacuation officer) has been found to be a better procedure. One AME - officer (Canadian) is on duty 24 hours. This in line with UNAMIR SOP.
This minor problem set aside, we have enjoyed a maximum hospitality from the Canadians and the UNAMIR as such, feeling ourselves included and valued as an asset in the UN- system. Given us a little more time, we will soon know our ways within the UN maze.

12 HUMANITARIAN WORK OUTSIDE UNAMIR

The support of a Mother Theresa orphanage, previouly done by AUSMED, has been taken over by NORMED. The orphanage has 130 children. The place is visited on a regular basis twice a week, Tuesday and Fridays. So far this has been a popular activity and extremely well received by the nuns and the children.
At Kigali Central Hospital, we are preparing a plan to develop the recovery/ICU with the help of our staff.
A teaching program for the anesthesists is also under preparation.
Gradually we plan to be involved in the operation theatre.
If the need should occur, we are ready to support UNAMIR/UNHCR's refugee projects with a team of 4-5 persons. So far, this has not been requested.

13 REORGANISATION AND ADJUSTMENTS

During the initial period of our deployment, we have made several adjustments and reorganisations of our first plans. This in order to make NORMED fit into the UN system and being prepared in the best way to meet the demands presented to us. This has been achieved without causing too many problems to our staff who have shown great flexibility. We have been very concerned making the cooperation with the Canadians as smooth as possible.

14 SUMMARY

Despite short time limits, the NORMED Hospital was established and operational by the time set by UNAMIR.
It has furthermore proved its ability and capasity dealing with a major car accident on the 26 August.
By filling in the above mentioned deficiencies in regard to lack of instruments, equipment, consumables etc., the medical standard could still be much improved.
One has to bear in mind the the hospital is serving UN personnel NOT in war and with more or less the same demands as we meet them back home. The hospital set up has to be planned accordingly.
The staff has been working very well as ONE team, the cooperation being excellent.
Everybody seems to have adjusted well to a different climate and environment, and so far seems to enjoy our stay here and are performing their duties conscientious and enthusiastic.

Kigali, Rwanda, 3 September 1995

Tor Harald Kristiansen
Medical Director

Tor-Eilif Emaus
Senior Nurse/adm.in

Annex 1

14

Setup of the UNAMIR/Norwegian Hospital

1. The Canadian Anesthesiologist arrived on August 15, several days after the Norwegian advance party. The hospital was in the earliest phase of setup, with little equipment out of it's packing crates.

2. The Norwegian advance party consisted of several nurses, the director(surgeon), 2 setup technicians, the x-ray tech, the lab tech, and the administrator from the NRC.

3. Generally, the problems encountered arouse from several areas. The initial construction and engineering support was lacking. Much of the unpacking and setting up of equipment was therefore delayed until plumbing, electrical, roofing, and construction of the autoclave area were completed. Work on window covering, painting, and the installation of shelving went on concurrently with unpacking. The setup would have been much more orderly if the Cand E work had been completed prior to the arrival of hospital staff.

4. There was a difference of opinion as to where the components of the hospital should be located, namely, Lab and Xray. This occurred because the director was not on the recce party. It would be advisable to have someone who will actually work in the facility be on the recce.

5. The setup was more difficult in certain areas as not all areas in the hospital were represented in the advance party. The areas especially affected were the Operating Room, and the Anesthesia Area. Therefore the setup was slower and less efficient as those setting up those areas were forced to sort through material which was not familiar to them.

6. In every area there were found to be deficiencies, both in consumables and in the equipment. I would recommend that a master list be promulgated to include everything required in each area . Resource people who are familiar with the equipment and consumables need to be consulted . There was too much reliance on the Australians leaving their supplies. This allowed the assumption that any shortfalls would easily be filled in theater. Without a complete list , area by area, it is impossible to predict which drugs and equipment can be filled by the UN in theater.

7. The problems in the anesthesia area will comprise the rest of this document.

8. There were no oxygen tanks to complete the anesthesia machine , thereby rendering much of it useless. This was solved by using Canadian tanks and having the mechanics fit the Canadian regulator with the correct Norwegian fitting at the machine end. An adequate supply of oxygen needs to be addressed if the flow meter side of the Dameca machine is to be used. The machine can function adequately as a drawover machine with an oxygen concentrator, but it makes the flow meter side of the machine useless without compressed oxygen. The decision to not request nitrous oxide was made by me, as I feel it is not as essential gas and with the lack of the usual safely features preventing the delivery of an hypoxic mixture I felt we could function well without it. However, other anesthesia personnel may feel differently, and in that case , nitrous oxide would have to be included.

9. A complete drug list needs to be addressed. Representative drugs need to be included in the following classes: induction agents, inhalational agents, neuromuscular blockers, both non depolarizers and succinylcholine, narcotics analgesics, reversal agents, vasopressors, antihypertensives, anticholinergics, anti emetics, sedatives, heparin, insulin, steroids in adequate amount to treat a spinal cord injury, drugs to treat shock or anaphylaxis, H2 blockers, antibiotics, diuretics (osmotic and loop diuretics), drugs used to treat cardiac dysrythmias. In addition, if the mission statement requires the potential to treatment children or pregnant women, then additional drugs and equipment are required.

10. The monitor for the OR is the Propac 104. The cable for the invasive pressure is missing. The pressure transducers as wel l were not included. All monitors need to be checked before shipping to ensure that all the required accessories are included. This obviously is important in all areas, ICU, lab, xray.

11. The intravenous supplies require many small bits to make it work, from alcohol swabs to tape, to blood warmers and blood administration sets.

12. There has been some trouble with one of the oxygen concentrators. It has been functioning erratically. A mechanism needs to be in place to repair faulty equipment or to supply backup. The environmental conditions dictate that equipment will fail.

13. I hope you find this information useful. If you have any questions or require clarification, please do not hesitate to contact me.

Major Russell J. Brown M.D.

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

UNAMIR MINUAR

NATIONS UNIES
MISSION POUR [illegible]

HQ UNAMIR MED BR
File: 640-1-6
MED : 968/95

To : CAO

From: MAJ M.E. FENSOM
FMO

Date: 14 Sep 95

Subject: NORMED INITIAL REPORT

1. Enclosed is initial NORMED report along with my covering letter sent to DPKO Med.

2. For your information.

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No:_____

To: FMO Remarks/Action: MJ 30/08/95.

Med Ops Yale 30/08/95.

Med Log OH 31/8

FHO RR 31/8

SO Med

Please initial and date when action complete then pass quickly

[illegible] (1) ambulance from the Ghanian Contingent and allocate the same to MALAWICOY. A second ambulance should be withdrawn and allocated to NORMED to cater to the increased requirement in Kigali to support GHANCOY 2. This reallocation should be effected the week of 4 Sep.

1. It is therefore requested that GHANBATT return two (2) ambulances to CITMM for redistribution as indicated above. Confirmation of this reallocation should be approved, in arrears, at the next scheduled VEC meeting.

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No: 640-1-6

To:	Remarks/Action:
FMO	29/8/95 MB.
Med Ops	Yab 29/08/95
Med Log	29/8
FHO	RR 29/8/95
SO Med	

Please initial and date when action complete then pass quickly

HAVE DIFFICULTIES TO ISSUE THEM.

3- IN THE OTHER HAND, ALL ROOMS AND OFFICES HAVE NO CURTAINS WHICH ARE REQUIRED TO ENSURE PRIVACY DURING MEDICAL TREATMENT AND TO PROTECT FROM THE SUN.

4- THEREFORE ,IT IS REQUESTED THAT BMS GIVES FIRST PRIORITY TO PUT SHELVES IN THE PHARMACY AND CURTAINS IN ALL ROOMS . IT GOES WITHOUT SAYING THAT THIS CLINIC SHOULD DESERVE THE UTMOST SUPPORT AND ATTENTION TO ENSURE FOR ALL UNAMIR MEMBERS THE BEST MEDICAL SERVICES WHEN REQUIRED.

5- BEST REGARDS.

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR MINUAR

UNAMIR
INTEROFFICE MEMORANDUM

File [redacted]
MED 924/95

TO FDP

INFO NORMED - OPD
95 CMSG - ADJ

DATE 25 Aug 95

FROM **FMO**

SUBJECT **NORMED PHOTOCOPY REQUIREMENT**

1 NORMED has an immediate operational requirement for a photocopier to be situated within the medical facility

2. Although co-located with 95 CMSG, volume of required medical photocopying is high and beyond 95 CMSG capacity.

3. Request you provide this equipment to NORMED ASAP

4. Contact is WO Brown or Capt Schell, local 11730.

M Fensom
M FENSOM
Maj
FMO

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

UNAMIR
INTEROFFICE MEMORANDUM

File : 640-1-6
MED : 924/95

TO : [redacted]

INFO : NORMED - OPD
95 CMSG - ADJ

DATE : 25 Aug 95

FROM : **FMO**

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M Fensom
M FENSOM
Maj
FMO

C → FHS

F789

440-1-6.

2/8

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax

TO / TIL	:	UNAMIR HQ, MEDICAL BRANCE
ATT.	:	Lieutenant Colonel Brian Curren, Staff officer Health Operations
FAX NR.	:	095 250 86 877
FROM / FRA	:	Roy G. Vilhelmsen
RE. / VEDR.	:	Air transport Oslo - Kigali
DATE / DATO	:	11.08.95
CC / KOPI	:	Dr. Addree Deckner, DPKO N.Y. HQ
TOTAL NO. PAGES / ANTALL SIDER INKL. DENNE	:	

URGENT

Dear Sir,

This is to re-confirm the arrival of the following persons by SABENA flight SN 563, arriving Kigali at 0545 local time on Saturday 12 August.

Steinar	Sundvoll	Temporary	Tor	Emaus	Medical
Odd	Hansen	"	Bodil	Tonheim	"
Arild	Berntsen	"	Aase	Korsvik	"
			Knut	Korsvik	"
			Bjoern	Sveen	"

The Medical Director, Mr. Tor H Kristiansen will arrive by flight UY 803 at 0915 local time on Sunday 13 August.

Roy G. Vilhelmsen will follow the chartered air transport, ETA Kigali 1400 GMT on Sunday 13 August.

Roy G. Vilhelmsen

CAP FMO LT.COL CURREN SO HEALTH OPS
AIROPS / MOVCON TRAVEL

stredet 15 B, P.O. Box 6758 St. Olavs plass, N-0130 Oslo, Norway. Tel: (47) 22 11 65 00. Telex: 72343 NORFUN. Fax: (47) 22 11 65 01

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 640-1-6
MEDLOG 899/95

To: **FSO**
CCO

Info: **95 CMSG**
NORMED

From: **G4 Med**

Date: 16 **Aug 95**

Subject: **COMMUNICATIONS WITH NORMED**

Reference:

A. UNAMIR SOP Part 6

1. The Norwegian Medical Facility (NORMED) that will replace AUSMED opens 16 Aug 95. Communiations assets are required to allow it to function. The requirements are as follows:

a. Issue of 10 Motorola handsets, one vehicle set (Ambulance) and one base station (NORMED).

b. Access to the Force Command, Coord and Airops Nets.

c. Issue of a callsign (Suggest NOVEMBER MIKE Zero).

d. Installation of a 2 UNAMIR with 5 ext and a Rwandatel telephone line.

e. Establishment of a medical net frequency for technical clinical communications by NORMED.

2. Point of contact at NORMED is CAPT Sieber.

3. I would appreciate you briefing morning prayers and issuing the revised net diagram (Annex B to the Reference) tomorrow.

4. I request that points 1. a, b and c be addressed today and the UNAMIR Duty Officer be briefed with the new arrangements. I emphasise that the arrangements must be in place today as NORMED is operational and AUSMED will close today.

FMO
WAYNE
for file
Regret NORMEK
not happened

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax

TO / TIL	:	UNAMIR HQ, MEDICAL BRANCE
ATT.	:	Lieutenant Colonel Brian Curren, Staff officer Health Operations
FAX NR.	:	095 250 86 877
FROM / FRA	:	Roy G. Vilhelmsen
RE. / VEDR.	:	Air transport Oslo - Kigali
DATE / DATO	:	12.08.95
CC / KOPI	:	Dr. Andree Deckner, DPKO N.Y. HQ
TOTAL NO. PAGES / SIDER INKL. DENNE	:	1

URGENT

Dear Sir,

DELAY CAUSED BY CONFLICTING FLIGHT PLAN/
OPERATING HOURS OF KIGALI AIRPORT.
AIRCRAFT LOADED, READY TO GO!
ETD OSLO 1600 LC ON 13.08.95
ETA KIGALI 0600 LC IN 14.08.95

Roy G. Vilhelmsen

Filestredet 15 B, P.O. Box 6758 St. Olavs plass, N-0130 Oslo, Norway. Tel: (47) 22 11 65 00. Telex: 72343 NORFU N. Fax: (47) 22 11 65 01

UNITED NATIONS NATIONS UNIES

FIELD ADMINISTRATION AND LOGISTICS DIVISION

FACSIMILE TRANSMISSION

Outgoing FaxNo.: MIR - 311	Date: 11 AUGUST 1995
To: OUZIEL-CAO UNAMIR	From: H. MEDILI/DIRECTOR FALD/DPKO/UNHQ
Fax: 963-3090	Fax: 212 963-2116
Number of transmitted pages: 1	Ref.:
Subject: NORMED FIELD HOSPITAL	

X 11076
LADAW RAF11
Rm 4021

IMMEDIATE

1. WITH REFERENCE TO OUR FAX MIR 310 DATED 10 AUGUST 1995, PLEASE BE INFORMED THAT NORMED PERSONNEL WILL ARRIVE WITH FLIGHT SABENA SN 563 AT KIGALI 05:45 LOCAL TIME SATURDAY THE 12TH.

2. MEDICAL DIRECTOR THOR CHRISTIANSEN WILL ARRIVE WITH FLIGHT UY 803, 09.15 LOCAL TIME SUNDAY 13TH.

3. MR VILHELMSEN WILL ACCOMPANY THE EQUIPMENT SCHEDULED TO ARRIVE 14:00 GMT ON 13TH.

4. THE STATUS OF NORMED PERSONNEL IS CLARIFIED WITH HQ'S OFFICE OF LEGAL AFFAIRS. THE PERSONNEL WILL BE CONSIDERED "EXPERTS ON MISSION" WITHIN THE MEANING OF ARTICLE VI SECTIONS 22 AND 23 AND ARTICLE VII SECTION 26 OF THE CONVENTION ON PRIVILEGES AND IMMUNITIES OF THE UNITED NATIONS.

CAO FMO Airops / Moscow

Drafted/Cleared by: A. DECKNER	Authorized by: D Beissel D. BEISSEL, DEPUTY DIRECTOR

F1789

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax

TO / TIL	:	UNAMIR HQ, MEDICAL BRANCE
ATT.	:	Lieutenant Colonel Brian Curren, Staff officer Health Operations
FAX NR.	:	095 250 86 877
FROM / FRA	:	Roy G. Vilhelmsen
RE. / VEDR.	:	Air transport Oslo - Kigali
DATE / DATO	:	11.08.95
CC / KOPI	:	Dr. Addree Deckner, DPKO N.Y. HQ
TOTAL NO. PAGES / SIDER INKL. DENNE	:	

URGENT

Dear Sir,

This is to re-confirm the arrival of the following persons by SABENA flight SN 563, arriving Kigali at 0545 local time on Saturday 12 August.

Steinar	Sundvoll	Temporary	Tor	Emaus	Medical
Odd	Hansen	"	Bodil	Tonheim	"
Arild	Berntsen	"	Aase	Korsvik	"
			Knut	Korsvik	"
			Bjoern	Sveen	"

The Medical Director, Mr. Tor H Kristiansen will arrive by flight UY 803 at 0915 local time on Sunday 13 August.

Roy G. Vilhelmsen will follow the chartered air transport, ETA Kigali 1400 GMT on Sunday 13 August.

Roy G. Vilhelmsen

CAP FMO LT. COL CURREN SO HEALTH OPS
AIROPS / MOYCON TRAVEL

Pilestredet 15 B, P.O. Box 6758 St. Olavs plass, N-0130 Oslo, Norway. Tel: (47) 22 11 65 00. Telex: 72343 NORFUN. Fax: (47) 22 11 65 01

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax

TO / TIL : UNAMIR HQ, MEDICAL BRANCE
ATT. : Lieutenant Colonel Brian Curren, Staff officer Health Operations
FAX NR. : 095 250 86 877
FROM / FRA : Roy G. Vilhelmsen
RE. / VEDR. : Air transport Oslo - Kigali
DATE / DATO : 10.08.95
CC / KOPI : Dr. Addree Deckner, DPKO N.Y. HQ
Mr. Rick Pues, DPKO MOVCON
TOTAL NO. PAGES / SIDER INKL. DENNE :

COPY

URGENT

Dear Sir,

Due to reasons far beyond our control the air transport Oslo - Kigali has once more had to be re-scheduled. The operator of the aircraft scheduled for transport on 11 August was not able to obtain the required clearances resulting in us approaching a different operator for the flight.

The following schedule has been confirmed for the shipment of the hospital with a slight possibility of an earlier arrival/departure Oslo:

PAR 3854 ETA Oslo	1200 GMT on 12 August	Crew rest and loading	AWB
PAR 3601 ETD Oslo	0030 GMT on 13 August		
PAR 3601 ETA Cairo	0600 GMT	Refuel	
PAR 3601 ETD Cairo	0800 GMT		
PAR 3601 ETA Kigali	1400 GMT		
PAR 3602 ETD Kigali	1800 GMT		

The following persons will arrive Kigali by SABENA flight on Saturday morning:

Steinar	Sundvoll	Temporary	Tor	Emaus	Medical
Odd	Hansen	"	Bodil	Tonheim	"
Arild	Berntsen	"	Aase	Korsvik	"
			Knut	Korsvik	"
			Bjoern	Sveen	"

The new schedule will give us minimum of time to get the hospital up and running, but with the "crew" arriving on Saturday getting a good nights rest before the cargo arrives we should be up and running on August 14.

The Medical Director will arrive on 13 August and further hospital staff will arrive during the next week. ↳ 0915 UY803.

Again, we can only apologise for the delay and the inconvenience this is causing your end.

Roy G. Vilhelmsen

TOR CHRISTIANSEN

Roy

Post-it™ Fax Note 7671	Date 10 AUG	# of pages ▶ 2
To	From	
Co./Dept.	Co.	
Phone #	Phone #	
Fax #	Fax #	

F/O 5T49

MEDICAL BRANCH

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UN RESTRICTED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

MED 848/95

TO:	FROM:
United Nations New York HOCINE MEDILI, Director FALD/DPKO Attn: Dr A. Deckner	Medical Branch HQ UNAMIR II KIGALI RWANDA
FILE NO: 696-7-1	DATE: 3 AUG 1995
FAX NO: 212 661 4134	PHONE: 0011 873 154271
PHONE NO: 212 963 1829	FAX NO: 0011 212 963 3080
	DRAFTED BY: LTCOL B.R. CURREN
SUBJECT: DISCUSSIONS ON NORMED CAPABILITIES	

IMMEDIATE

REFERENCE

A. DISCUSSIONS DR ADLER, NRC REPRESENTATIVES, FMO HQ UNAMIR 3 AUG

1. PLEASE SEE ATTACHED NOTES FROM DR ADLER. APPRECIATE ADVICE AS SOON AS POSSIBLE BY PHONE ON DISCUSSION POINTS RAISED. EXT 11105 OR 11116 AT HQ UNAMIR ARE AVAIL FOR RETURN PHONE CALLS

2. REGARDS.

Releasing Officer's Name	Signature	Rank/Appointment	Date
P.G. WARFE		COLONEL/FMO	3 AUG 95

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UN RESTRICTED

P/3 KIGALI 3/8/95
1330 hrs.

Hello Andree,
I hope you are awake now. We have had a thorough discussion with the Canadian DCOS - Support, with Col. Warje and his deputy and with the Norwegians - regarding the required staff of "NORMED".
It is important to receive your immediate response - so that the Norwegians can start to recruite the additional staff.

2. The proposed staff is required to support the Level-2 hospital's function in providing medical assistance to the present UNAMIR Force and staff - which mounts up to 8000 (4000 army and 4000 civilians) - and will be some 4000 in mid-October.
The number of UNAMIR outpatients will be some 50 patients a-day. On an average 5-10 hospitalisations a day. ~~and~~ operations a day (incl. general and local anaesthesia) - will be difficult to present an average number, but there have been instances where up to 10 operation (urgent) were performed (when Tunisian soldiers entered a minefield) and vehicle accidents are on the increase.

3. The proposed team would be as follows:

1 - Medical Director
1 - Medical Administrator
1 - General Surgeon
1 - Orthopedic Surgeon
2 - General Practitioners
1 - Dentist
1 - Nurse Anesthetist
2 - O.T. Nurses.
3 - ICU Nurses (one of them would cover medevac)
3 - Ward nurses (in 3 shifts)
8 - Nurse Helpers (not available locally).
1 - Lab. Technician (Blood bank incl.)
1 - X-ray Technician
1 - Pharmacist
1 - Driver/medic

Total 28

incl. 5 doctors
1 Dentist
1 Anesthetist
8 Nurses
8 Assist. nurses
2 Technicians.
1 Pharmacist
1 Administrator
1 Driver.

Best regards
Jakov.

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. 696-7-1

To: [redacted]	Remarks/Action:
Med Ops	1/8
Med Log	1/8 Programme for visit readjusted for THU/FRI.
FHO	3/8
SO Med	2/8

Please initial and date when action complete then pass quickly

UNITED NATIONS NATIONS UNIES

FIELD ADMINISTRATION AND LOGISTICS DIVISION

UNAMIR - REGISTRY
Action Box
01 AUG 1995
- Action completed
- Acknowledge
Initial

CC: WORFE
CMEDO

FACSIMILE TRANSMISSION

Outgoing FaxNo.: MIR - 299	Date: 31 JULY 1995	
To: OUZIEL-CAO UNAMIR ATTN: COL. WORFE/CMEDO	From: H. MEDILI/DIRECTOR FALD/DPKO/UNHQ	A.S.C. UNAMIR II 696/7/1 Folio .....
Fax: ~~963-3090~~	Fax: 212 963-2116	
Number of transmitted pages: 1	Ref.:	
Subject: UNAMIR FIELD HOSPITAL		

MOST IMMEDIATE

1. PLEASE NOTE THE FOLLOWING CHANGES IN TRAVEL OF NORWEGIAN RECCE AND DR. J. ADLER.

2. ALL THREE WILL ARRIVE AT 2 AUG 95 0300 AM LOCAL TIME AT NAIROBI WITH BA 069 AND WILL STAY AT FAIR VIEW HOTEL (TEL 254-2-723211, 711321, FAX 254-2-721320).

3.. DEPARTURE TO KIGALI WILL TAKE PLACE ON 3 AUG WITH UN FLIGHT.

4. ALL THREE WILL LEAVE ON SATURDAY ON 5 AUG 95 TO NAIROBI.

5. PLEASE FIND OUT THE POSSIBILITY OF DR. ADLER TRAVELING TO LUANDA, ANGOLA ON THE 5TH AUG AND SEND A FAX IMMEDIATELY PROVIDING THIS INFORMATION TO FALD BECAUSE WE ARE ABLE TO PREPARE HIS VISIT IN UNAVEM ONLY AFTER WE HAVE RECEIVED THIS INFO.

BEST REGARDS.

Drafted/Cleared by: A. DECKNER	Authorized by: D Beissel D. BEISSEL, OIC

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UN RESTRICTED

F/O 5526

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

MIR, 2781

MED 843/95

TO:	FROM:
United Nations New York HOCINE MEDILI, Director FALD/DPKO Attn: Dr A. Deckner	Medical Branch HQ UNAMIR II KIGALI RWANDA
FILE NO: 696-7-1	DATE: 2 AUG 1995
FAX NO: 212 963 2116	PHONE: 0011 873 154271
PHONE NO: 212 963 1829	FAX NO: 0011 212 963 3080
	DRAFTED BY: LTCOL B.R. CURREN
SUBJECT: MOVEMENT OF DR ADLER	

REGISTRY
Action to: MEDICAL BRANCH
03 AUG 1995
Acknowledge
Initial

IMMEDIATE

REFERENCE

A. YOUR FAX OF 31 JUL 95

1. AS REQUESTED, AIR MOV SECT HAS MADE BOOKINGS FOR DR ADLER TO TRAVEL TO LUANDA FOL HIS VISIT TO KIGALI. A COPY OF THE REQUEST FOR FLIGHT RESERVATIONS IS ATTACHED. PLEASE NOTE THAT THE ONLY DIRECT FLIGHT AVAIL FROM KIGALI IS ON TUESDAY.

2. THE ATTACHED FLIGHT SCHEDULE IS THE BEST THAT CAN BE ARRANGED WITHIN THE DATES AVAILABLE.

3. REGARDS.

Releasing Officer's Name	Signature	Rank/Appointment	Date
P.G. WARFE	for Lt Col	for COLONEL/FMO	31 JUL 95

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UN RESTRICTED

55 V6 - 2-2

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR / MINUAR

Sl. No.

Date: 2/8/10 20 LVS

REQUEST FOR FLIGHT RESERVATIONS

5. Contact Tel. no:

6. Max. entitlement:

el to
zola

				Arr:	Flt No.
				flight 1815	SA 183
(Mon) 7/8	JNB	LAD	0915	1150	SA 054
RETURN - OPEN					

Excess baggage ..
P & H E ..
Terminals ..
Tax ..
DSA ..
Transportation ..
Transportation ..

Total $ ..

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UN RESTRICTED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

MED 848/95

TO:	FROM:
United Nations New York HOCINE MEDILI, Director FALD/DPKO Attn: Dr A. Deckner	Medical Branch HQ UNAMIR II KIGALI RWANDA
FILE NO: 696-7-1	DATE: 3 AUG 1995
FAX NO: 212 661 4134	PHONE: 0011 873 154271
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	DRAFTED BY: LTCOL B.R. CURREN
SUBJECT: DISCUSSIONS ON NORMED CAPABILITIES	

IMMEDIATE

REFERENCE

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2. REGARDS.

Releasing Officer's Name	Signature	Rank/Appointment	Date
P.G. WARFE		COLONEL FMO	3 AUG 95

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	UN RESTRICTED

R 1 GA2 i 3/8/95
1330 hrs.

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It is important to receive your immediate response - so that the Norwegians can start to recruite the additional staff.

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3. The proposed team would be as follows:

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3 - Ward nurses (in 3 shifts)
8 - Nurse Helpers (not available locally).
1 - Lab. Technician (Blood bank incl.)
1 - X-ray Technician
1 - Pharmacist
1 - Driver/medic

Total 28

incl. 5 doctors
1 Dentist
1 Anesthetist
8 Nurses
8 Assist. nurses
2 Technicians.
1 Pharmacist
1 Administrator
1 Driver.

Best regards
Jokov.

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Best regards
Jabor.

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax

TO / TIL	:	UNAMIR HQ, MEDICAL BRANCE
ATT.	:	Lieutenant Colonel Brian Curren, Staff officer Health Operations
FAX NR.	:	~~095 250 86 877~~
FROM / FRA	:	Roy G. Vilhelmsen
RE. / VEDR.	:	Air transport Oslo - Kigali
DATE / DATO	:	10.08.95
CC / KOPI	:	
TOTAL NO. PAGES / SIDER INKL. DENNE	:	

URGENT

Dear Sir,

Please accept our apologies for being late with providing information with regards to the flight details and schedule. Some unforeseen problems forced us to change to another aircraft resulting in a little delay in the flight plan.

The following information has now been confirmed:

Aircraft:	ILLUSION 76	
Aircraft reg. no.:	76591	
Operator:	AEROFLOT	
Flight no.:	IDF 2891	(Oslo - Kigali)
Captain:	Mr. Kutenov	
ETD Leningrad:	2400 on 10.08.95	
ETA Oslo:	0200 on 11.08.95	
ETD Oslo:	0400	
ETA Cairo:	?	Technical fuel stop
ETD Cairo	?	
ETA Kigali:	1600 - 1700	

The Norwegian Foreign Office and the Aviation Authorities are currently pursuing the clearances required. I will pass on further confirmations as soon as I have them in hand.

Roy G. Vilhelmsen

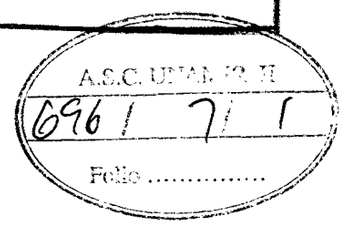
Pilestredet 15 B, P.O. Box 6758 St. Olavsplass, N-0130 Oslo, Norway. Tel: (47) 22 11 65 00. Telex: 72343 NORFU N. Fax: (47) 22 11 65 01

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax

FMO

UNAMIR ARCHIVES
11 AUG 1995
RECEIVED



TO / TIL	:	UNAMIR HQ, MEDICAL BRANCH
ATT.	:	Lieutenant Colonel Brian Curren, Staff officer Health Operations
FAX NR.	:	095 250 86 877
FROM / FRA	:	Roy G. Vilhelmsen
RE. / VEDR.	:	Air transport Oslo - Kigali
DATE / DATO	:	10.08.95
CC / KOPI	:	Dr. Addree Deckner, DPKO N.Y. HQ Mr. Rick Pues, DPKO MOVCON
TOTAL NO. PAGES / SIDER INKL. DENNE	:	

URGENT

Dear Sir,

Due to reasons far beyond our control the air transport Oslo - Kigali has once more had to be re-scheduled. The operator of the aircraft scheduled for transport on 11 August was not able to obtain the required clearances resulting in us approaching a different operator for the flight.

The following schedule has been confirmed for the shipment of the hospital with a slight possibility of an earlier arrival/departure Oslo:

PAR 3854 ETA Oslo	1200 GMT on 12 August		Crew rest and loading
PAR 3601 ETD Oslo	0030 GMT on 13 August		
PAR 3601 ETA Cairo	0600 GMT	Refuel	
PAR 3601 ETD Cairo	0800 GMT		
PAR 3601 ETA Kigali	1400 GMT		
PAR 3602 ETD Kigali	1800 GMT		

The following persons will arrive Kigali by SABENA flight on Saturday morning:

Steinar	Sundvoll	Temporary	Tor	Emaus	Medical
Odd	Hansen	"	Bodil	Tonheim	"
Arild	Berntsen	"	Aase	Korsvik	"
			Knut	Korsvik	"
			Bjoern	Sveen	"

The new schedule will give us minimum of time to get the hospital up and running, but with the "crew" arriving on Saturday getting a good nights rest before the cargo arrives we should be up and running on August 14.

Pilestredet 15 B, P.O. Box 6758 St. Olavs plass, N-0130 Oslo, Norway. Tel: (47) 22 11 65 00. Telex: 72343 NORFUN. Fax: (47) 22 11 65 01

FMO

The Medical Director will arrive on 13 August and further hospital staff will arrive during the next week.

Again, we can only apologise for the delay and the inconvenience this is causing your end.

Roy G. Vilhelmsen

Pilestredet 15 B, P.O. Box 6758 St. Olavs plass, N-0130 Oslo, Norway. Tel: (47) 22 11 65 00. Telex: 72343 NORFUN. Fax: (47) 22 11 65 01

UNITED NATIONS NATIONS UNIES

FACSIMILE TRANSMISSION

UNAMIR ARCHIVES
11 AUG 1995
RECEIVED

Outgoing FaxNo.: MIR - 310	Date: 10 August 1995
To: OUZIEL, CAO UNAMIR	From: HOCINE MEDILI DIRECTOR UNHQ/FAID/DPKO-NEW YORK
Fax: 3-3090	Fax: 3-2116
Number of transmitted pages: one	Ref.:
Subject: NORMED FIELD HOSPITAL	

Folio 0461 7 1

IMMEDIATE

1. PLEASE NOTE THAT THE SHIPMENT OF PERSONNEL AND EQUIPMENT HAD TO BE DELAYED. THE FOLLOWING PERSONNEL WILL ARRIVE ON SATURDAY (12 AUGUST 95) MORNING WITH SABENA AIRLINE INSTEAD OF FRIDAY (11 AUG 95):

- STAINAR SUNDVOLL (TEMP)
- ODD HANSEN (TEMP)
- ARILD BERNTSEN (TEMP)
- TOR EMAUS
- BODIL TONHEIM
- AASE KORSVIK
- KNUD KORSVIK
- BJOERN SUEEN

2. CARGO IS SCHEDULED:
TO ARRIVE PAR 3601 ETA KIGALI 14:00 GMT 13 AUGUST 95.
PLANE LEAVES PAR 3602 ETD KIGALI 18:00 GMT 13 AUG 95.

3. PLEASE ENSURE NECESSARY SUPPORT FOR UNLOADING AND TRANSPORT TO THE DETERMINED SITE OF HOSPITAL.

BEST REGARDS.

Drafted by: DR. A. DECKNER	Authorized By: D.G. BEISSEL

D Beissel

CAO CISS MOUCOW FMO

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax

TO / TIL	:	UNAMIR HQ, MEDICAL BRANCE
ATT.	:	Lieutenant Colonel Brian Curren, Staff officer Health Operations
FAX NR.	:	095 250 86 877
FROM / FRA	:	Roy G. Vilhelmsen
RE. / VEDR.	:	Air transport Oslo - Kigali
DATE / DATO	:	09.08.95
CC / KOPI	:	
TOTAL NO. PAGES / SIDER INKL. DENNE	:	15

URGENT

Dear Sir,

Enclosed documents: Invoice
Packing list

The AIRWAYBILL will follow shortly.

Except from the ambulance and the power pack which are on weels, the heaveist parcel in the shipment is a little over 202 kg. Some trollies, a light forklift and some manpower should do the trick in unloading the aircraft.

Roy G. Vilhelmsen

Roy

Pilestredet 15 B, P.O. Box 6758 St. Olavs plass, N-0130 Oslo, Norway. Tel: (47) 22 11 65 00. Telex: 72343 NORFU N. Fax: (47) 22 11 65 01

Apotekernes Fellesindkjøp

Client	Delivery Address
Norsk Flyktningeråd Pilestredet 15 B 0164 Oslo	Norwegian Refugee Council c/o UNAMIR Kigali, Rwanda

Client Co./Customer No.	Date	Due date	INVOICE No.	Page
43492	09.08.95	09.09.95	3004	

Item No.	Quantity	Unit	Description	Unit price	Orderline discount	Value

NORWEGIAN FIELD HOSPITAL
NORWEGIAN REFUGEE COUNCIL
C/O UNAMIR
KIGALI, RWANDA

		NOK
1	Norwegian Field Hospital - Equipment and Accessories	4.105,350.00
2	Field ambulance 4 WD Mercedes Gelanderwagen Diesel	692,500.00
3	Assembly/breakdown of hospital/ technical staff	80,000.00
4	Travel expenses/technical staff	60.000.000
	Total NOK	4.937,850.00

Number of pkg: ~~232~~ → 232
Weight: 12 680 kg → 12680 kg
Volume: 78.1 cbm → 78.1 cbm

Invoice specification	Terms of delivery		Freight charges	MVA/VAT	Cash discount	Total value

Overdue interest 1.5% per month. Claims must be made within 8 days. Banking account 7089 06 81110 . Postal account 0808 5143347

NORWEGIAN FIELD HOSPITAL
NORWEGIAN REFUGEE COUNCIL
C/O UNAMIR
KIGALI, RWANDA

PACKING LIST

CASE NO. 1-7

1 NorAid Doctors Office Module
Number of boxes: 7
Total weight: 370 kgs
Total volume: 1.8 cbm
Contents see enclosed list

CASE NO. 8-19

1 NorAid Medicament Module (Cool Item)
Number of boxes: 12
Total weight: 503 kgs
Total volume: 1.9 cbm
Contents see enclosed list

CASE NO. 20-26

1 NorAid Mother/Child Module
Number of boxes: 7
Total weight: 340 kgs
Total volume: 1.8 cbm
Contents see enclosed list

CASE NO. 27-29

1 NorAid Laboratory Module
Number of boxes: 3
Total weight: 120 kgs
Total volume: 0.9 cbm
Contents see enclosed list

CASE NO. 30

5 NorHosp Stand, washbasin
Number of boxes: 2
Total weight: 60 kgs
Total volume: 0.6 cbm

CASE NO. 31

2 NorHosp Stand, washbasin/1 Table, instrument
Number of boxes: 2
Total weight: 60 kgs
Total volume: 0.6 cbm

CASE NO. 32-64

1 Surgical Supply Kits
Number of boxes: 33
Total weight: 475 kgs
Total volume: 4.0 cbm
Contents see enclosed list

CASE NO. 65-72

12 Drapes, Extremity Set
Number of boxes: 8
Total weight: 200 kgs
Total volume: 1.3 cbm

CASE NO. 73-92

10 Drapes, Surgical Universal Set
Number of boxes: 20
Total weight: 260 kgs
Total volume: 2.3 cbm

CASE NO. 93

80 Surgical Gowns, Size Large
Number of boxes: 1
Weight: 34 kgs
Volume 0.2 cbm

CASE NO. 94-95

160 Surgical Gowns, Size X Large
Number of boxes: 2
Total weight: 50 kgs
Total volume: 0.3 cbm

CASE NO. 96

60 Surgical Gowns, Size XX Large
Number of boxes: 1
Weight: 21 kgs
Volume 0.15 cbm

CASE NO. 97

80 Surgical Gowns/Misc. products
Number of boxes: 1
Weight: 50 kgs
Volume 0.3 cbm
Contents attached see list

CASE NO. 98-101

4 NorHosp Lighting Equipment for Tent
Total number of boxes: 4
Total weight: 280 kgs
Total volume: 1.4 cbm
Contents see enclosed list

CASE NO. 102

1 NorHosp Microscope, Centrifuge
Number of boxes: 1
Weight: 40 kgs
Volume 0.3 cbm
Contents see enclosed list

CASE NO. 103 -104

1 NorHosp Anaesthesia Equipment
Number of boxes: 2
Total weight: 90kgs
Total volume: 0.7 cbm
Contents see enclosed list

CASE NO. 105-106

1 NorHosp Operating Table
Number of boxes: 2
Total weight: 140 kgs
Total volume: 0.9 cbm

CASE NO. 107

1 NorHosp Office Equipment
Number of boxes: 1
Weight: 60 kgs
Volume: 0.3 cbm
Contents see enclosed list

CASE NO. 108

1 NorHosp Operating/Examination Lamps
Number of boxes: 1
Weight: 80 kgs
Volume: 0.5 cbm
Contents see enclosed list

CASE NO. 109-115

8 Cooling boxes RCW 42 EKP
Number of boxes: 7
Total weight: 350 kgs
Total volume: 1.925 cbm

CASE NO. 116

1 Cooling boxes RCW 42 EKP w/contents
Number of boxes: 1
Total weight: 50 kgs
Total volume: 0.275 cbm
For contents see enclosed list.

CASE NO. 117-140

1 NorHosp Nursing Equipment
Number of boxes: 24
Total weight: 1,000 kgs
Total volume: 7.0 cbm
Contents see enclosed list

CASE NO. 141-144

1 NorHosp X-ray module
Number of boxes: 4
Total weight: 390 kgs
Total volume: 3.2 cbm
Contents see enclosed list

CASE NO. 145-146

1 NorHosp Surgical Instruments
Number of boxes: 2
Total weight: 90 kgs
Total volume: 0.36 cbm
Contents see enclosed list

CASE NO. 147-156

10 File Cabinets
Number of boxes: 10
Total weight: 90 kgs
Total volume: 0.36 cbm

CASE NO. 157

Hanging File Folders
Number of boxes: 1
Weight: 50 kgs
Volume 0.25 cbm

CASE NO. 158

Dry Air Sterilizer 57 litre 220 V
Number of boxes: 1
Weight: 35 kgs
Volume 0.3 cbm

CASE NO. 159

Storage Cabinets
Number of boxes: 1
Weight: 214 kgs
Volume 1.4 cbm

CASE NO. 160

Foundation and Hose for Washing Machine
Number of boxes: 1
Weight: 76 kgs
Volume 0.8 cbm

CASE NO. 161 -162

2 Clothes Dryers
Number of boxes: 2
Total weight: 168 kgs
Total volume: 1.0 cbm

CASE NO. 163 -164

2 Washing Machines
Number of boxes: 2
Total weight: 168 kgs
Total volume: 1.0 cbm

CASE NO. 165

Dentist Clinic
Number of boxes: 1
Weight: 154 kgs
Volume: 0.8 cbm
Contents see enclosed list

CASE NO. 171

1 Assistant Table
Number of boxes: 1
Weight: 18 kgs
Volume: 0.2 cbm

CASE NO. 172

1 Basket for Refrigerator
Number of boxes: 1
Weight: 21 kgs
Volume: 0.3 cbm

CASE NO. 173

5 Stool w/Wheels
Number of boxes: 1
Weight: 100 kgs
Volume: 0.4 cbm

CASE NO. 174-181

8 Air Conditioning Units
Number of boxes: 8
Total weight: 952 kgs
Total volume: 4.7 cbm

CASE NO. 182-189

8 Air Conditioning Hoses
Number of boxes: 8
Total weight: 112 kgs
Total volume: 1.2 cbm

CASE NO. 190

8 Air Conditioning Thermostats
Number of boxes: 1
Weight: 20 kgs
Volume: 0.1 cbm

CASE NO. 191

150 pairs Surgical Pants/9 pairs Shoes
Number of boxes: 1
Weight: 55 kgs
Volume: 0.24 cbm

CASE NO. 192

150 Surgical Coats/21 pairs Shoes
Number of boxes: 1
Weight: 58 kgs
Volume: 0.24 cbm

CASE NO. 193

6 Table Lamp and Light Tube
Number of boxes: 1
Weight: 16 kgs
Volume: 0.2 cbm

CASE NO. 194

1 Cardioscope
Number of boxes: 1
Weight: 28 kgs
Volume: 0.2 cbm

CASE NO. 195

1 Diathermy w/Equipment
Number of boxes: 1
Weight: 32 kgs
Volume: 0.2 cbm

CASE NO. 196

1 Defibrillator
Number of boxes: 1
Weight: 26 kgs
Volume: 0.2 cbm

CASE NO. 197-199

30 Chairs
Number of boxes: 3
Total weight: 93 kgs
Total volume: 0.65 cbm

CASE NO. 200-202

6 Stretchers w/legs
Number of boxes: 3
Total weight: 70 kgs
Total volume: 0.35 cbm

CASE NO. 203

1 Dark Room Tent
Number of boxes: 1
Weight: 20 kgs
Volume: 0.1 cbm

CASE NO. 204

1 Refrigerator, large
Number of boxes: 1
Weight: 202 kgs
Volume: 1.3 cbm

CASE NO. 205

1 Refrigerator, small
Number of boxes: 1
Weight: 70 kgs
Volume: 1.0 cbm

CASE NO. 206-217

12 Hospital Beds
Number of boxes: 12
Total weight: 220 kgs
Total volume: 1.0 cbm

CASE NO. 218

1 Doctor's First Aid Case w/Oxygen
Number of boxes: 1
Weight: 18 kgs
Volume: 0.1 cbm

CASE NO. 219

1 Doctor's First Aid Case
Number of boxes: 1
Weight: 12 kgs
Volume: 0.1 cbm

CASE NO. 220-221

2 Oxygen Concentrators
Number of boxes: 2
Total weight: 60 kgs
Total volume: 0.3 cbm

CASE NO. 222

1 Ambu Matic Ventilator
Number of boxes: 1
Weight: 7 kgs
Volume: 0.1 cbm

CASE NO. 223

2 Infusion Pumps/2 Injection Pumps/
100 Infusion Sets/1 Rectal Probe
Number of boxes: 1
Weight: 35 kgs
Volume: 0.3 cbm

CASE NO. 224

Misc. Hoses and Adapters
Number of boxes: 1
Weight: 14 kgs
Volume: 0.1 cbm

CASE NO. 225-229

Generators w/Cable Equipment
Number of boxes: 5
Total weight: 1900 kgs
Total volume: 6.0 cbm

CASE NO. 226-230

1 Field Ambulance 4 WD Mercedes Gelanderwagen
Number of boxes: 1
Weight: 2 500 kgs
Volume: 20.0 cbm

CASE NO. 231

8 x 250 ml Halotane
Number of boxes: 1
Weight: 3 kgs
Volume: 0.1 cbm

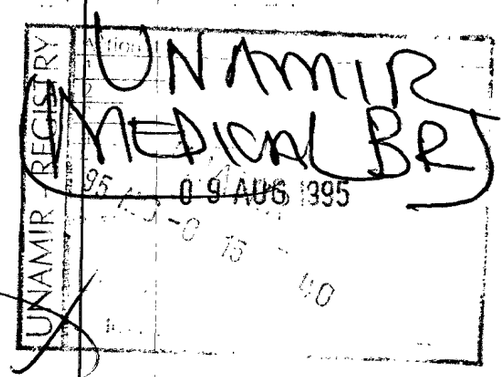
CASE NO. 232

100 amp	Morfin 10 mg/ml 1 ml
100 amp	Ketogan 25 mg/ml 2 ml
100 amp	Petidin 50 mg/1 ml 1 ml
50 amp	Leptanal 0.05 mg/ml 10 ml

Number of boxes:	1
Weight:	10 kgs
Volume:	0.1 cbm

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax



TO / TIL	:	UNAMIR HQ, MEDICAL BRANCE
ATT.	:	Lieutenant Colonel Brian Curren, Staff officer Health Operations
FAX NR.	:	095 250 86 877
FROM / FRA	:	Roy G. Vilhelmsen
RE. / VEDR.	:	Air transport Oslo - Kigali
DATE / DATO	:	08.08.95
CC / KOPI	:	
TOTAL NO. PAGES / SIDER INKL. DENNE	:	

URGENT

Dear Sir,

Please allow me to use this opportunity to introduce myself.

I am temporary engaged by the Norwegian Refugee Council to undertake a study of potential future support by the Norwegian government to UNDPKO operations. I have put my assignment aside as Mr. Sundvoll has assigned the responsibility over to me to take care of all logistics support concerning the air shipment of the medical unit to UNAMIR. I will also be following the shipment to Kigali to wrap up the shipping part of it, and to tie up loose ends during installation and commissioning. Please use me as focal point in practical matters.

The following persons will arrive Kigali on the chartered flight on Friday:

Medical personnel		Support personnel (Temporary stay)	
Tor Eilif Emaus	(Head Nurse/Adm. Ass.)	Steinar Sundvoll	(NRC)
Bodil Tonheim	(Lab. Technician)	Roy G. Vilhelmsen	(NRC)
Aase Korsvik	(Nurce/ICU)	Halvor Lauritzen	(AF)
Knut Korsvik	(X-Ray Technician)	Odd Kasten Hansen	(AF)
Bjoern Sveen	(Driver/Mechanic)	Arild Berntsen	(AF)

All persons will arrive with valid entry visas.

Tor Harald Kristiansen (Medical Director) will arrive Sunday morning from Nairobi (visa ok). Further personnel will be arriving during next week.

I expect all relevant shipping documents will be ready for transmission to you by tomorrow noon.

Roy G. Vilhelmsen

Roy G. Vilhelmsen

Pilestredet 15 B, P.O. Box 6758 St. Olavs plass. N-0130 Oslo, Norway. Tel: (47) 22 11 65 00. Telex: 72343 NORFUN. Fax: (47) 22 11 65 01

Arrive AM 11 Fri Aug.

MOVCOR will coord with Ministry of Defence re pers arrival and equipment.

Will also coord 95 FK CMSG for move to TRAFFIRO

11623 Mr Minns

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No:_____

To:	Remarks/Action:
FMO	7/8.
Med Ops	9/8.
Med Log	9/8
FHO	10/8
SO Med	10/8

Please initial and date when action complete then pass quickly

[redacted]

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

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

To: CAO, CO 95 CMSG

Info: CISS, CBMS, CCPO, [redacted], CITMM, MA/FC

696 7 1

File Reference: 4000.1/LOG-58

Date: 5 Aug 95

Subject: ADMINISTRATIVE SUPPORT - NORMED

1. Agreement was reached on 4 Aug on the composition of the Norwegian Medical Facility (NORMED) to be contracted by UNNY on behalf of UNAMIR to replace AUSMED. The NORMED contingent will be provide under the auspices of the Norwegian Government (Norwegian Refugee Council) and will commence arriving in Kigali on 11 Aug to be complete by 18 Aug.

2. The NORMED complex will be located in Trafipro in the Lecture Building co-located with the Canadian Medical Component. 95 CMSG has agreed to take on the administrative support of the Norwegians including feeding and accommodation in the Trafipro Annex. The Norwegian delegation witll be 28 strong.

3. To facilitate the smooth arrival and integration of the facility a number of activities must be given priority and be funded in the short term. These are:

a. In addition to the work being conducted on the hard structures in the Trafipro Annex, an additional three weatherhaven accommodation tents plus one ablution unit will be required to be completed for occupancy and use No Later Than 15 Aug.

b. 95 CMSG must be given authority to hire additional local kitchen help and cleaning staff for the medical facility. Personnel are required to be hired and available to commence work in Trafipro by 10 Aug.

c. CITMM is requested to identify and have available for issue to NORMED, on 11 Aug 95, two four runner style administrative vehicles .

d. Provision of water to the Trafipro medical building has been requested and is in progress. It is requested that this work be completed by 10 Aug.

4. The contact point for the above items is Major Webster, DCO 95 [redacted], telephone 11264 and call sign L9B. It is further appreciated that the timings reflected above may alter

NORMED facility be given all due priority to ensure the transition of responsibilities from AUSMED will not result in an unacceptable gap in medical coverage to UNAMIR personnel.

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 696-7-1
MED 870/95

To: **See Distribution List**

From: **FMO**

Date: **07 AUG 95**

Subject: **PLAN FOR HEALTH SUPPORT TO UNAMIR AUG 95 - DEC 95**

References:

A. OPORD 20 dated 6 Oct 94

B. Plans 5000.26 dated 13 Jun 95

C. Ops 3000.15 (FRAGO NO 18) dated 29 Jun 95

Situation

1. As a result of the new mandate, the UNAMIR Force has been restructured and redeployed within Rwanda to perform its new role of assisting with the normalisation and stabilisation of the country. Independent company groups, GHANCOY (Tribunal) and INDBATT have been allocated new areas of responsibility while contingents not required as part of the reduced force are being repatriated. The UNAMIR draw down and rotation plan stipulates the 23 Aug 95 as the date by which the Australian contingent will depart the mission area.

2. While acknowledging that these deadlines must be imposed due to movement and logistic constraints, medical considerations for the continued treatment of UNAMIR personnel take primacy. Accordingly, humanitarian support to CHK will continue until 9 Aug 95, with full disengagement from the military wing occurring on 16 Aug 95.

3. A level two/level three treatment facility will be established by the combined elements of the Canadian Mission Support Group's (95 CMSG) unit medical station (UMS) and the surgical element provided by the Norwegian Refugee Council (NORMED). This facility, to be established at TRAFIPRO, will be required to provide CASEVAC, IWS and a ten bed holding capability on the departure of AUSMED. This support is to be ready to receive patients as of the 15 Aug 95 to ensure continuity of care.

Mission

4. To provide health support to UNAMIR.

PLAN FOR HEALTH SUPPORT

Medical Treatment

5. Level One. The independent companies are to deploy with organic level one support to ensure a conventional Regimental Aid Post (RAP) capability. As a minimum this is to include a medical officer, nursing officer, environmental health assistant and three medical assistants. INDBATT is to continue to maintain its RAP and provide support to UNAMIR headquarter staff at the SOALTEE location, while 95 CMSG is to establish a UMS at the TRAFIPRO complex.

6. Level Two. 95 CMSG in conjunction with NORMED is to establish a level two/level three facility capable of receiving and holding up to ten patients for five days. This facility is to be open by 15 Aug 95 to allow for patient transfer from AUSMED.

7. Level Three. NORMED is to establish a limited level three facility capable of initial wound surgery by 15 Aug 95. Level three surgical support beyond the scope of this facility will be provided by civilian hospitals in NAIROBI following air evacuation from KIGALI. These hospitals maintain an extensive range of specialist and surgical services. Emergency level three support is currently also available at NGO sponsored hospitals at CYANGUGU, KIBUYE, GISENYI and RUHENGERI. Patients treated at these centres are to be evacuated to KIGALI as soon as their condition permits further movement.

Evacuation

8. CASEVAC is to be conducted using road and AME assets. All national contingents are responsible for evacuation within their area of responsibility, from point of injury to level one medical facility, with road ambulance being the normal means. Independent companies are to maintain a minimum of two ambulance vehicles for this purpose. AME is to be utilised for daytime evacuation back to NORMED at KIGALI for all Priority One (immediate) and Priority Two (urgent) casualties. Road evacuation remains the norm for Priority Three (routine) casualties and night CASEVAC. Evacuation from level one facilities is to be:

a. Road. 95 CSMG/NORMED are to maintain a minimum of two road ambulances and crews at the facility location in KIGALI. These ambulances are to be augmented by the three vehicles held by INDBATT as required and on order of the FMO. Casevac requests are to be transmitted as per HQ UNAMIR SOP and will be coordinated by Medical Branch.

b. Air. Forward AME is to be provided by utilising the current RW aircraft supplied by Canadian International and crewed by a medical team from 95CSMG. Tactical AME to NAIROBI and strategic AME out of Rwanda, will be managed by Medical Branch in conjunction with Air Ops staff with all casualty regulation remaining the responsibility of the FMO. Air assets available for evacuation out of KIGALI include the UN aircraft (L 100 and Beechcraft 200C), augmented by the NAIROBI Flying Doctor Service and the African Air Ambulance, all based in NAIROBI.

Preventive Medicine

9. All national contingents are responsible for field sanitation and hygiene within their own area of responsibility and are to maintain sufficient health stores for this purpose. Unit commanders are reminded that this is a command responsibility with technical advice from their medical representative. Medical branch will provide advice on appropriate health measures as required and develop the Force health surveillance plan. 95 CMSG is to provide a preventive medicine officer for appointment as the Force Health Officer with effect 23 Aug 95.

Dental

10. No dental support will be available within the independent companies. NORMED is to establish a dental section in the facility at TRAFIPRO. Casualties requiring dental treatment are to be evacuated to this dental post. INDBATT are to be prepared to augment this level two facility on order of the FMO and are to nominate a dental officer, with effect 23 Aug 95, to provide Force dental advice as required.

Medical Resupply

11. Contingents within the mission area are to maintain 30 days stocks of Class VIII supplies. A forced issue of 60 days stocks is to occur on 18 Aug 95. Force stocks are then to be held and maintained through TRAFIPRO and issued on a demand basis. Requests for resupply are to be staffed through the Class manager in Medical Branch (G4 Med Log).

Blood

12. 95 CMSG is to maintain a safe supply of blood for transfusion , under the control of the FMO, with resupply to continue from the Netherlands Red Cross Blood Transfusion Service.

Command and Control

13. FMO and Staff. With effect 23 Aug 95, SMO 95 CMSG is appointed as the Force Medical Officer for the mission in addition to normal duties within the unit. Medical Branch is to be staffed to include G3 Med Ops, G4 Med Log, FHO and clerical support. The FCT in NAIROBI are to continue to act as medical liaison officers for the reception and hospitalisation of patients.

14. Holding Policy. The following policy will apply:

a. Level one - 24 hrs;

b. Level two -72 hrs;

c. Level three (KIGALI) - 5 days;

d. Level three (NAIROBI) - 28 days; and

e. Out of the mission area - As determined by the FMO or as coordinated by national command elements.

15. Health Reports and Returns. Reports, returns and medical SITREP are to be provided to Medical Branch in accordance with HQ UNAMIR SOP.

16. CASEVAC Requests. All CASEVAC requests are to be submitted to UNAMIR HQ Ops room (zero / channel 4) using the proforma detailed in UNAMIR SOP.

17. Location of Medical Facilities

a. Sector 1

(1) - INDBATT Level One facility - KIGALI.

(2) - AUSMED Level One, Two and Three facility until 16 Aug 95 - KIGALI (CHK)

(3) - 95 CMSG / NORMED Level Three facility from 15 Aug 95 - KIGALI (TRAFIPRO)

(4) - GHANCOY (Tribunal) limited Level One facility - KIGALI (Transit camp)

b. Sector 2 - GHANBATT COY level One facility - KIBUNGO.

c. Sector 3 - MALICOY Level One facility - GIKONGORO.

d. Sector 4 - MALAWICOY Level One facility - SHAGASHA

e. Sector 5 - NIBATT COY Level One facility - NYUNDO.

Distribution:

Action:

INDBATT
GHANBATT
CAMBATT
SENBATT
MALICOY
MALAWICOY
NICOY
MILOB GP HQ
UNCIVPOL
AUSMED
95 CMSG
NORMED
ENGR COY
SIG COY
BROWN & ROOT
ES-KO

Information:

UNHQ DPKO (ATTN: MEDICAL DIRECTOR)
UNREO
IOC
UNDP
UNICEF
UNHCR
WHO

Internal:

Action:

MA TO FC	G1/CMPO	G5/CAO
DFC	G2	G6/FSO
COS	G3	MOVCON
DCOS OPS	G3 PLANS	HAC
DCOS SP	G4	CAMP COMDT

Information:

SRSG's office
FILE
SPARE

C:\AM!PRO\DOCS\MEDPLAN2.SAM

7/8/95

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

PAGE 1 OF

MED 855/95

TO: **United Nations New York** **Mr Hocine Medili Director FOD/DPKO** **Attn: Dr A. Deckner**	FROM: **Dr Adler** **Deputy Medical Advisor** **DPKO UN HQ** **C/- FMO Medical Branch** **HQ UNAMIR II** **KIGALI, RWANDA**
FILE NO: 696-7-1	DATE: 4 August 1995
FAX NO: 212 963 2116	PHONE: 0011 873 154271
	FAX NO: 0011 212 963 3080
SUBJECT: Final manpower establishment for NORMED	
IMMEDIATE	

FINAL MANPOWER ESTABLISHMENT FOR NORMED

1 pax Medical Director
1 pax Head Nurse/Admin. Assistant
1 pax General Surgeon
1 pax Orthopedic Surgeon
2 pax General Practician
1 pax Dentist
1 pax Anaesthesia Nurse
1 pax Lab. Technician
1 pax X-ray Technician
2 pax OT Nurse
3 pax Ward Nurse
3 pax ICU Nurse
1 pax Pharmacist
8 pax Nurse assistant
1 pax Driver/Mechanic/Paramedic

TOTAL OF 28 PAX MED. PERSONELL

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

PAGE 1 OF

MED 855/95

TO:	FROM: **Dr Adler**
United Nations New York **Mr Hocine Medili Director FOD/DPKO** **Attn: Dr A. Deckner**	**Deputy Medical Advisor** **DPKO UN HQ** **C/- FMO Medical Branch** **HQ UNAMIR II** **KIGALI, RWANDA**
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TOTAL OF 28 PAX MED. PERSONELL

Cover Sheet Classification	Enclosure Classification
UNCLASSIFIED	

UNAMIR - REGISTRY
Action to: FMO
2
3
4
05 AUG 1995
Action completed
Acknowledge
Initial

F/D - 5571
MIR - 2805

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

PAGE 1 OF 1

MED 855/95

TO:	FROM: Dr Adler
United Nations New York **Mr Hocine Medili Director FOD/DPKO** **Attn: Dr A. Deckner** **NRC** **KARI VIK KNUTSEN**	**Deputy Medical Advisor** **DPKO UN HQ** **C/- FMO Medical Branch** **HQ UNAMIR II** **KIGALI, RWANDA** LAURITZSEN/SUNDVOLL FMO
FILE NO: 696-7-1	DATE: 4 August 1995
FAX NO: 212 963 2116	PHONE: 0011 873 154271
47 22 11 65 00	FAX NO: ~~47 22 11 65 00~~
SUBJECT: Final manpower establishment for NORMED	
IMMEDIATE	

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1 pax X-ray Technician
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3 pax Ward Nurse
3 pax ICU Nurse
1 pax Pharmacist
8 pax Nurse assistant
1 pax Driver/Mechanic/Paramedic TOTAL OF 28 PAX MED. PERSONELL

FMO

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

UNAMIR - REGISTRY
Action to: REGISTRY
05 AUG 1995
Action completed
Acknowledge
Initial
PAGE 1 OF 3

OUTGOING FAX NO. 5576

MISC NO. 2466 MIR-2807

TO: AF/PARIS ATTN: MR. CHATELLARD FAX NO: 41569727 33-1	FROM: C. OUZIEL CHIEF ADMINISTRATION UNAMIR HQ-KIGALI
INFO: MR. LINDO MAIL OPERATIONS NY HQ FAX: 3 - 0664	DATE: 4 AUGUST 1995
	PHONE : 212 963 3091 FAX NO: 1 212 963 3090
DRAFTER: E. THUO NJOROGE, SUPERVISOR MAIL OPERATIONS & DIPLOMATIC POUCH UNIT/UNAMIR HQ	
REFERENCE: CAO-14-02	
SUBJECT: UNAMIR DIPLOMATIC POUCH N0.56	

WITH REFERENCE TO MAIL OPERATIONS NY FAX NO 1649 DATED 2 AUGUST 1995 AND FURTHER TO TELECO THUO/LINDO, SENDING HEREWITH DOCUMENTATION OF OUR ABOVE POUCH FOR YOUR NECESSARY ACTION.

THANK YOU FOR YOUR COOPERATION.

CAO REGISTRY

082 KGL 1384 4880 0000 123/95

Nom et adresse de l'expéditeur Shipper's Name and Address

UNAMIR
KIGALI
RWANDA

Numéro de compte de l'expéditeur Shipper's Account Number

LETTRE DE TRANSPORT AÉRIEN
Non négociable
Emise par
Not negotiable
AIR WAYBILL
Issued by

Les exemplaires 1, 2 et 3 de cette lettre de transport aérien sont originaux et ont la même validité
Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity

Nom et adresse du destinataire Consignee's Name and Address

SECRETARY GENERAL OF UN
NEW-YORK
USA

Numéro de compte du destinataire Consignee's Account Number

Il est convenu que les marchandises décrites dans le présent document sont acceptées pour le transport en bon état apparent (sauf annotation contraire) et que le transport est SOUMIS AUX CONDITIONS DU CONTRAT QUI FIGURENT AU VERSO. LES MARCHANDISES PEUVENT ÊTRE TRANSPORTÉES PAR TOUT AUTRE MOYEN Y COMPRIS PAR ROUTE OU PAR TOUT AUTRE TRANSPORTEUR A MOINS QUE DES INSTRUCTIONS CONTRAIRES PRÉCISES, A CE SUJET, NE SOIENT DONNÉES PAR L'EXPÉDITEUR. L'EXPÉDITEUR ACCEPTE QUE L'EXPÉDITION PUISSE TRANSITER PAR LES ESCALES INTERMÉDIAIRES QUE LE TRANSPORTEUR ESTIMERAIT APPROPRIÉES. L'ATTENTION DE L'EXPÉDITEUR EST ATTIRÉE SUR L'AVIS CONCERNANT LA LIMITATION DE RESPONSABILITÉ DU TRANSPORTEUR. L'expéditeur peut augmenter cette limitation de responsabilité en déclarant une valeur pour le transport plus élevée et en payant des frais supplémentaires s'il y a lieu.
It is agreed that the goods described herein are accepted for carriage in apparent good order and condition (except as noted) and SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. **ALL GOODS MAY BE CARRIED UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER,** AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.

Nom et ville de l'agent du transporteur émetteur Issuing Carrier's Agent Name and City

AMI RWANDA

Renseignements comptables Accounting Information

PREPAID

Code IATA de l'Agent Agent's IATA Code

12-4 7002

Numéro de compte Account Number

Aéroport de départ (Adresse du premier transporteur) et itinéraire demandé Airport of Departure (Address of First Carrier) and Requested Routing

KIGALI KGL-BRU-CLG-JFK

à to	Par premier transport By First Carrier	Routage et Dest. Routing and Dest.	à to	par by	à to	par by	Monnaie Currency	Frais CHGS Code	Poids/Val. WT/VAL Payé PPD	Poids/Val. WT/VAL Du COLL	Autres Other Payé PPD	Autres Other Du COLL	Valeur déclarée pour le transport Declared Value for Carriage	Valeur déclarée pour la douane Declared Value for Customs
BRU	SABENA		CLG	SN	JFK	SN	USD	PPX			X		NVD	NVC

Aéroport de destination Airport of Destination: KENNEDY AIRPORT

Vol/Flight/Date SN 565 DU 24.07

Réservé au transporteur For Carrier Use only

Montant de l'assurance Amount of Insurance: XXXXXXXX

ASSURANCE Si le transporteur propose une assurance et que l'expéditeur en fait la demande conformément aux présentes conditions indiquer le montant à assurer en chiffre dans la case "Montant de l'assurance"
INSURANCE If carrier offers insurance and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of insurance"

Renseignements pour le traitement de l'expédition Handling Information

SCI

Nombre de colis Number of Pieces RCP	Poids brut Gross Weight	kg lb	Classif. du tarif Rate Class / N° d'article de la marchandise Commodity Item No.	Poids de taxation Chargeable Weight	Tarif/Montant Rate/Charge	Total Total	Nature et quantité des marchandises (y compris dimensions ou volume) Nature and Quantity of Goods (incl. Dimensions or Volume)
1	9	KM		M	AS AGREED	AS AGREED	DIPLO MAIL 56 TO JFK
1	9					AS AGREED	

Port payé Prepaid: AS AGREED

Taxation au poids Weight Charge

Port dû Collect

Taxation à la valeur Valuation Charge

Taxe Tax

Autres frais Other charges: LTA AS AGREED

Total des autres frais dus à l'agent Total Other Charges Due Agent: AS AGREED

Total des autres frais dus au transporteur Total Other Charges Due Carrier

L'expéditeur certifie que les indications portées sur le présent document sont exactes et que, **dans la mesure où une partie quelconque de l'expédition contient des marchandises dangereuses, cette partie d'expédition est correctement dénommée et bien préparée pour le transport par air conformément à la réglementation applicable.**
Shipper certifies that the particulars on the face hereof are correct and that **insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.**

UNAMIR KIGALI /RWANDA

Signature de l'expéditeur ou de son agent Signature of Shipper or his agent

Total port payé Total Prepaid: AS AGREED

Total port dû Total Collect

Taux conversion monnaie Currency Conversion Rates

Port dû en monnaie du pays de destination Collect Charges in Destination Currency

Frais à l'arrivée Charges at Destination

Total dû Total Collect Charges

Réserve au transporteur à destination For Carrier's Use only at Destination

Fait le (Date) à (Lieu) — Executed on (Date) at (Place)

AUGUST 24 TH 95 KIGALI AMI RWANDA

Signature du transporteur émetteur ou de son agent Signature of Issuing Carrier or his Agent

Imprimerie SETI 25 et 05 80 - 05 / 95

ORIGINAL 1 (POUR LE TRANSPORTEUR ÉMETTEUR) *ORIGINAL 1 (FOR ISSUING CARRIER)*

KGL 1284 4880 0000 123/95

2/3

Nom et adresse de l'expéditeur Shipper's Name and Address	Numéro de compte de l'expéditeur Shipper's Account Number	LETTRE DE TRANSPORT AÉRIEN Non négociable Émise par Not negotiable AIR WAYBILL Issued by
UNAMIR KIGALI RWANDA		Les exemplaires 1, 2 et 3 de cette lettre de transport aérien sont originaux et ont la même validité. Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.
Nom et adresse du destinataire Consignee's Name and Address	Numéro de compte du destinataire Consignee's Account Number	Il est convenu que les marchandises décrites dans le présent document sont acceptées pour le transport en bon état (sauf annotation contraire) et que le transport est SOUMIS AUX CONDITIONS DU CONTRAT QUI FIGURENT AU VERSO DE CE DOCUMENT. LES MARCHANDISES PEUVENT ÊTRE TRANSPORTÉES PAR TOUT AUTRE MOYEN Y COMPRIS PAR ROUTE OU PAR TOUT AUTRE TRANSPORTEUR À MOINS QUE DES INSTRUCTIONS CONTRAIRES PRÉCISES À CE SUJET NE SOIENT CONNUES PAR L'EXPÉDITEUR. L'EXPÉDITEUR ACCEPTE QUE L'EXPÉDITION PUISSE TRANSITER PAR LES ESCALES INTERMÉDIAIRES QUE LE TRANSPORTEUR ESTIMERAIT APPROPRIÉES. L'ATTENTION DE L'EXPÉDITEUR EST ATTIRÉE SUR L'AVIS CONCERNANT LA LIMITATION DE RESPONSABILITÉ DU TRANSPORTEUR. L'expéditeur peut augmenter cette limitation de responsabilité en déclarant une valeur pour le transport plus élevée et en payant des frais supplémentaires s'il y a lieu. It is agreed that the goods described herein are accepted for carriage in apparent good order and condition (except as noted) SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.
SECRETARY GENERAL OF UN NEW-YORK USA		
Nom et ville de l'agent du transporteur émetteur Issuing Carrier's Agent Name and City		Renseignements comptables Accounting Information
AMI RWANDA		PREPAID
Code IATA de l'Agent Agent's IATA Code	Numéro de compte Account Number	
12-4 7002		
Aéroport de départ / Adresse du premier transporteur et itinéraire demandé Airport of Departure (Address of First Carrier) and Requested Routing		
KIGALI	KGL-BRU-CLG-JFK	

Monnaie Currency	Frais CHGS Code	Payés PPD	Dus COLL	Payés PPD	Dus COLL	Valeur déclarée pour le transport Declared Value for Carriage	Valeur déclarée pour la douane Declared Value for Customs
USD	PPX			X		NVD	NVC

à to	Par premier transport By First Carrier / Routing and Dest.	à to	par by	à to	par by
BRU	SABENA	CLG	SN	JFK	SN

Aéroport de destination Airport of Destination	Vol/Flight Date	Réservé au transporteur For Carrier Use only / Vol/Flight Date	Montant de l'assurance Amount of Insurance	ASSURANCE : Si le transporteur propose une assurance et que l'expéditeur en fait la demande conformément aux présentes conditions, indiquer le montant à assurer en chiffres dans la case "Montant de l'assurance". INSURANCE : If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance".
KENNEDY AIRPORT	SN 565	DU 24.07	XXXXXXX	

Renseignements pour le traitement de l'expédition Handling Information

SCI

Nombre de colis Number of Pieces RCP	Poids brut Gross Weight	kg / lb	Classif. de tarif Rate Class	N° d'article de la marchandise Commodity Item No.	Poids de taxation Chargeable Weight	Tarif/Montant Rate/Charge	Total Total	Nature et quantité des marchandises (y compris dimensions ou volume) Nature and Quantity of Goods (incl. Dimensions or Volume)
1	9	KG			M	AS AGREED	AS AGREED	DHLL MAIL 56 40 JFK
1	9						AS AGREED	

Port payé Prepaid	Taxation au poids Weight Charge	Port dû Collect	Autres frais Other charges
AS AGREED			LTA AS AGREED

Taxation à la valeur Valuation Charge

Taxe Tax

Total des autres frais dû à l'agent Total Other Charges Due Agent: AS AGREED

Total des autres frais dû au transporteur Total Other Charges Due Carrier:

L'expéditeur certifie que les indications portées sur le présent document sont exactes et que, dans la mesure où une partie quelconque de l'expédition contient des marchandises dangereuses, cette partie d'expédition est correctement dénommée et bien préparée pour le transport par air conformément à la réglementation applicable.

Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.

UNAMIR KIGALI /RWANDA

Signature de l'expéditeur ou de son agent Signature of Shipper or his agent

Total port payé Total Prepaid	Total port dû Total Collect
AS AGREED	

Taux de conversion monnaie Currency Conversion Rates

Port dû en monnaie du pays de destination Collect Charges in Destination Currency

Fait le Executed on (Date) à at (Lieu) (Place)

AUGUST 24 TH 95 KIGALI RWANDA

Signature du transporteur émetteur ou de son agent Signature of Issuing Carrier or his Agent

Réservé au transporteur à destination For Carrier's Use only at Destination

Frais à l'arrivée Charges at Destination

Total du Total Collect Charges

Imprimerie SETI 23 81 05 80 - 05 / 85

ORIGINAL 1 (POUR LE TRANSPORTEUR ÉMETTEUR) *ORIGINAL 1 (FOR ISSUING CARRIER)*

RWANDA

UNITED NATIONS NATIONS UNIES

TELEGRAPH

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

PAGE ___ OF ___

RECEIVED | A/C | PRECEDENCE | MSG. SEQ. NO. 1649 3/3

TYPE CLASS

CHECKED FOR DISPATCH

For use of Drafter / A remplir par le rédacteur

DATE: 2ND AUGUST 1995

ALLOTMENT / COMPTE | FILE / DOSSIER

DRAFTER/REDACTEUR: LINDO | DEPT.: OGS | ROOM / BUREAU: 3B-2D | EXT. / POSTE: 36326

Action to: 1 2 3 4 5

REGISTRY

REGISTRY 03 AUG 95

CMO 014-2

DO NOT TYPE BEYOND THE MARGINS – SEE INSTRUCTIONS ON THE REVERSE SIDE

N'INSCRIVEZ RIEN DANS LES MARGES – VOYEZ LES INSTRUCTIONS AU VERSO

UNAMIR
KIGALI
ATTENTION POUCH OFFICER. AF/PARIS HAS CONTACTED MAILOPS/NY INFORMING THEY ARE IN POSSESSION OF YOUR POUCH 56 WITHOUT DOCUMENTATION. THEY ARE REQUESTIN YOUR OFFICE OR YOUR SHIPPER CONTACT AF/PARIS FAX 41569727 ATT. MR. CHATELLARD. FURTHER PLEASE INFORM WHO IS THE REGULAR CARRIER OF YOUR POUCHES AS THEY SEEM TO ARRIVE WEEKLY BY DIFFERENT COURIERS. SOME WEEKS THE ARRIVE BY FEDERAL EXPRESS AND LAST POUCH RECEIVED WAS FORM AIRBORNE EXPRESS. PLEASE CONFIRM THIS SOONEST. REGARDS.
MAILOPERATIONS
NNNN

LAST LINE OF TEXT / DERNIERE LIGNE DU TEXTE

CMO CGS Reg

////

CLEARED BY / VISE PAR

AUTHORIZED BY / AUTORISE PAR

SIGNATURE: DATE:

NAME AND TITLE (PLEASE TYPE) / NOM ET QUALITE (A DACTYLOGRAPHIER)

FLYKTNINGERÅDET
NORWEGIAN REFUGEE COUNCIL

Telefax

TO / TIL	:	UNAMIR - Force Medical Officer
ATT.	:	**Steinar Sundvoll**
FAX NR.	:	095 250 86 877
FROM / FRA	:	Roy G. Vilhelmsen
RE. / VEDR.	:	Revised medical budget
DATE / DATO	:	04.08.95
CC / KOPI	:	kvk
TOTAL NO. PAGES / SIDER INKL. DENNE	:	

URGENT

JEG HAR GITT NEGATIVT SVAR TIL TILBUDET OM FLYTRANSPORT FOR USD 91.000. GRUNNEN VAR AT DET VISTE SEG VED NÆRMERE UNDERSØKELSER AT LASTENS VEKT OG VOLUM LÅ LITT OVER FLYETS KAPASITET (EN ANTONOV 12 PROPELL FLY) SELV OM DET BLE SAGT AT DETTE IKKE VAR NOE PROBLEM. FLYTIDEN VILLE BLITT MINST 18 TIMER MED MELLOMLANDING I SOFIA, CAIRO OG KARTHOUM. PRISEN VAR OGSÅ PÅ VEI OPPOVER FOR PASSASJERER OG CATERING.

JEG HAR NÅ AKSEPTERT ET TILBUD PÅ EN ILLUSION 76 TIL 690.000.-. DET ER DET BESTE TILBUDET DE KAN KOMME MED NÅ, OG INGEN KAN SPÅ TILGANG PÅ FLY NESTE UKE. DET BEGYNNER Å BLI TRANGT PÅ MARKEDET ETTER SOM DET ER HELG, OG NOEN CHARTRER FLY FOR STANDBY I TILFELLE EVAKUERING FRA BOSNIA. IL 76 KAN TA 17 PASSASJERER I TILEGG TIL LASTEN. VI ORDNER NÅ DET FORMELLE. VI FÅR IKKE NOEN FORMELL BEKREFTELSE PÅ ANKOMST KIGALI FØR PÅ MANDAG, MEN VI HAR BEDT AEROFLOT OM EN FLIGHT SCHEDULE SOM TILPASSER EN ANKOMST KIGALI FREDAG 11 AUGUST CIRKA KLOKKEN 0800.

ER DET MULIG Å SENDE FLERE AV STABEN MED FLYET TIL KIGALI UTEN VISA???

ROY G. VILHELMSEN

Pilestredet 15 B, P.O. Box 6758 St. Olavs plass, N-0130 Oslo, Norway. Tel: (47) 22 11 65 00 Tlx: [illegible]

QUES FOR NRC

ILYUSHIN 76

TYPE — CONTACT NO

OPERATOR AEROFLOT FOR AIRLINE

REGN NO — FOR MOVCON

? UN C/S —

FLIGHT PLAN — ? LONG STAY

— ON GND

UNLOADING TIME

LOAD — 154 KILO — HAND TROLLEY LT POWER PAK / AMBULEH ON WHEELS

BRING ORIGINAL AWB / INVOICE FAX COPY.

[redacted]

4.22

NEW YORK STATUS

PROCUREMENT 11680 TENANGE TRAFFIPI

DENTAL SU REQ NO LOG HQ/20417

PO NO 1742

Capt E. Tsemas O. NICOY

→ MQ 301

Mr. Sheik

Cover Sheet Classification **UNCLASSIFIED**	Enclosure Classification

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

PAGE 1 OF

MED 855/95

TO: **United Nations New York** **Mr Hocine Medili Director FOD/DPKO** **Attn: Dr A. Deckner**	FROM: **Dr Adler** **Deputy Medical Advisor** **DPKO UN HQ** **C/- FMO Medical Branch** **HQ UNAMIR II** **KIGALI, RWANDA**
FILE NO: 696-7-1	DATE: 3 August 1995
FAX NO: 212 963 2116	PHONE: 0011 873 154271
	FAX NO: 0011 212 963 3080
SUBJECT: **NEW BUDGETARY ADJUSTMENTS MEDICAL EQUIPMENT/CONSUMABLES**	
IMMEDIATE	

1. Attached is the new revised budget for the Norwegian Field Hospital "NORMED" for UNAMIR.

2. The revision is based on the final assessment of UNAMIR requirements until the final drawdown of operations at the end of 1995.

3. **Manpower changes include:**

a. Deletion of:

1 - General Practitioner
1 - Public Health Nurse
1 - Sanitary Expert

TOTAL: 3 POSITIONS

b. **Addition of:**

1 - Medical Director
1 - Administrator
1 - Orthopedic Surgeon
1 - OT Nurse
1 - Ward Nurse
8 - Assistant Nurses
1 - Ambulance Driver/Medic

TOTAL: 14 POSTIONS

c. **Replacement of:**

1 - Logs Technician with 1 Pharmacist.

4. **The reason for these changes are:**

a. Medical Director and Administrator are required for the expected staff work.

b. Most of the surgical cases will be orthopedic and one general surgeon will not be able to cover 24 hours a day.

c. For the same reason one additional OT and Ward Nurse are required.

d. No assistant nurses are locally available. The minimum number for 3 shifts are 8 assist nurses.

e. No trained ambulance driver is available locally.

f. The 3 ICU nurses will be required for:

- The ICU Ward
- Back up for ward nurses
- MedEvac activity

5. **The changes in equipment include:**

a. Addition neuro surgical and orthopedic equipment.

b. Additional oxygen generating power.

c. Mobil Ventilator (PNEUPACK) for MedEvac.

d. Infusion pump and syringe for ICU/OT.

e. One autoclave is insufficent - need 2

f. The following equipment is available locally and therefore not needed:

- Tents (The hospital will be in buildings)
- Toilets
- Kitchen
- UN Supplies of consumables are sufficient to cover projected needs for the whole period (3 months + 1 month supplies brought by NORMED).

OVERALL REVISED BUDGET FOR NORWEGIAN REFUGEE COUNCIL, HOSPITAL IN RWANDA REVISED ON 3 AUGUST 1995

All amounts are in Norwegian Kroner with an estimated rate of exchange of 1 US$ equivalent to 6.35.
The revised budget is based on amended needs for staff and equipment:

1.	Hospital Equipment	NOK: 3,611000 ,-
2.	Ambulance	NOK: 687000 ,-
3.	Supply/Replenishment/Medical	NOK: 150000 ,-
4.	Insurance	NOK: 75000 ,-
5.	Transport of Equipment	NOK: 1,000000 ,-
6.	Erection/Removal of Hospital	NOK: 140000 ,-
	Total Project Costs	**NOK: 5,663500 ,-**
7.	Salaries International Staff (28)	NOK: 6,800000 ,-
8.	Staff Transport	NOK: 475000 ,-
9.	Staff Insurance	NOK: 455000 ,-
	Total Staff Costs	**NOK: 8,185000 ,-**
	Total Sum	**NOK: 19,848500 ,-**
10.	Admin costs	NOK: 1,384850 ,-
	TOTAL COSTS	**NOK: 15,233350 ,-**

TOTAL NOK: 15,233350 EQUIVALENT TO US$ 2,398952

ANNEX A

SAVINGS	NEW INVESTMENTS
Supply Replenishments/Medical	Oxygen Concentrator
NOK 532000 ,-	NOK 70000 ,-
Hospital Tents x 4	Autoclave CAP. 100 Litres
NOK 539000 ,-	NOK 150000 ,-
Toilet Cabinet x 4	Mobile Ventilator
NOK 152000 ,-	NOK 100000 ,-
Noraid Kitchen Module	Infusion Pumps x 2
NOK 28000 ,-	NOK 100000 ,-
	Injection Pumps x 2
	NOK 100000 ,-
	First Aid Flag x 2
	NOK 50000 ,-
	Extra Oxygen Connections
	Reduction Valves etc
	NOK 50000 ,-
	Uniforms, etc
	NOK 50000 ,-
TOTAL SAVINGS NOK	TOTAL NEW INVESTMENTS
NOK 1251000 ,-	(Approx) NOK 670000 ,-

BALANCE

NOK 1251000 ,-
-NOK 670000 ,-
NOK 581000 ,-

UNITED NATIONS
ASSISTANCE MISSION IN RWANDA

UNAMIR-MINUAR

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

File: 5000.26(Plans)

To: G3 Med

From: G3 PLANS

Info: FMO
DCOS OPS

Date: 3 Aug 95

Subject: **MEDICAL DEPENDENCY**

1. The following is the proposed medical dependency for the Norwegian Refugee Council hospital which is to replace AUSMED:

Serial	Organisation	Aug 95	Sep 95	Oct 95	Nov 95	Dec 95
1.	UNAMIR Military	2600	2000	1800	1800	1800
2.	MILOBS	320	320	320	320	320
3.	UNAMIR Civilian Staff (International)	210	210	210	210	210
4.	UNAMIR Civilian Staff (Local)	171	171	171	171	171
5.	CIVPOL	60	60	60	60	60
6.	Brown & Root (Expatriates)	67	107	107	107	107
7.	UN Agencies Staff (International)	329	329	329	329	329
	Total Dependency	**3757**	**3197**	**2997**	**2997**	**2997**
8.	Non Government Organisations (NGO)	1000	500	500	500	500
	Total Dependency	**4757**	**3697**	**3497**	**3497**	**3497**

2. It is my understanding that only UNAMIR local staff (not B&R or UN Agencies local staff) are entitled to medical care from the UN. Therefore, the only issue that needs to be addressed with the FMO is the treatment of NGOs. NGOs are only entitled to emergency treatment, therefore should the NGO numbers influence the dependency? I have included both figures in the above table.

3. If I can be of further help don't hesitate to ask.

OUTLINE PROGRAMME FOR
VISIT OF NORWEGIAN REFUGEE COUNCIL DELEGATION
03 - 05 AUG 95

Date	Time	Activity	Remarks
Thu			
03 Aug 94	1000 hr (TBC)	Arrive KIGALI	*Met by G3 MED OPS and Mr Dessande, Protocol officer.
	1015 - 1200 hr	Arrive HQ UNAMIR for discussions with FMO and staff. To include Informationt brief.	*HQ UNAMIR to prov dvr spt * Loc FMO office * Information brief prov by AUSMED staff
	1200 - 1330 hr	Lunch	* Chez Lando * move to accn at Belgian Village, settle in * veh and dvr spt reqd
	1330 - 1345 hr	Move to AUSMED facility at CHK	* veh and dvr spt reqd
	1345 - 1530 hr	Tour AUSMED facility at CHK	* OC MED COY to escort.
	1530 - 1600 hr	Move to HQ UNAMIR	* veh and dvr spt reqd
	1600 - 1630 hr	Meet FC	* UNAMIR HQ
	1700 hr	Return to accn	* veh and dvr spt reqd
Fri			
04 Aug 95	0830-0845hr	Move to TRAFIPRO to inspect proposed facility	*Escorted by FMO * veh and dvr spt reqd
	0845 -1200 hr	Tour of proposed facility to include living accn	* accompanied by FMO, DCOS SPand SMO 95 CMSG
	1200 - 1330 hr	Lunch	* 95 CMSG
	1400 - 1600hr	Discussions with CAO and other civilian staff	*Loc HQ UNAMIR / TRAFIPRO
	1600 - 1630hr	Meet with Executive Director	room 4044 HQ UNAMIR
	1630 - 1730hr	Debrief with FMO, DCOS SP, DCOS OPS and PLANS staff	*Loc FMO's office; room 2085
	1730 hr	Return to accn	* Belgian village * veh and dvr spt reqd
Sat			
05 Aug 95	0830hr	Depart Kigali for Nairobi	* veh and dvr spt reqd

WILSHIRE

MR DESSANDE.
REFERENCE THE VISIT OF
THE NORWEGIAN DELEGATION.
NOTE THAT DR ADLER IS
ALSO COMING.
I ONLY HAVE KEYS FOR
2 APARTMENTS. I WILL ANOTHER
FOR DR ADLER.
PLEASE CALL ME EXT 11116

VISAS.

CONTACT IS LAUREN in TRAVEL
BOOKING OFFICE.

1. Ques - how can we expedite VISAS for NORWEGIANS coming in to Kigali to replace AVSMED. If all detailed are passed to HQ UNHCR or the RWANDAN EMBASSY in NAIROBI, can these be ~~got~~ obtained next week?

Acon 1513

UNITED NATIONS NATIONS UNIES

FIELD ADMINISTRATION AND LOGISTICS DIVISION

FACSIMILE TRANSMISSION

Outgoing FaxNo.: MIR - 299	Date: 31 JULY 1995
To: OUZIEL-CAO UNAMIR ATTN: COL. WORFE/CMEDO	From: H. MEDILI/DIRECTOR FALD/DPKO/UNHQ
Fax: 963-3090	Fax: 212 963-2116
Number of transmitted pages: 1	Ref.:
Subject: UNAMIR FIELD HOSPITAL	

MOST IMMEDIATE

1. PLEASE NOTE THE FOLLOWING CHANGES IN TRAVEL OF NORWEGIAN RECCE AND DR. J. ADLER.

2. ALL THREE WILL ARRIVE AT 2 AUG 95 0300 AM LOCAL TIME AT NAIROBI WITH BA 069 AND WILL STAY AT FAIR VIEW HOTEL (TEL 254-2-723211, 711321, FAX 254-2-721320).

3. DEPARTURE TO KIGALI WILL TAKE PLACE ON 3 AUG WITH UN FLIGHT.

4. ALL THREE WILL LEAVE ON SATURDAY ON 5 AUG 95 TO NAIROBI.

5. PLEASE FIND OUT THE POSSIBILITY OF DR. ADLER TRAVELING TO LUANDA, ANGOLA ON THE 5TH AUG AND SEND A FAX IMMEDIATELY PROVIDING THIS INFORMATION TO FALD BECAUSE WE ARE ABLE TO PREPARE HIS VISIT IN UNAVEM ONLY AFTER WE HAVE RECEIVED THIS INFO.

BEST REGARDS.

Drafted/Cleared by: A. DECKNER	Authorized by: D Beissel D. BEISSEL, OIC

FC

SMO Positions

FORMER
D SURG GEN OF IDF
P A. ADLER

INT DISASTER MED.
SEC OR PRES

TPT/_____

URGENT

UNAMIR
TRANSPORT SECTION

REQUEST FOR DUTY/LIBERTY TRANSPORT

DATE: 31 / July 95

NAME: UNAMIR PROTOCOL

ID #: _____

SECTION: UNAMIR PROTOCOL

TEL EXT: 11071

NO OF DAYS REQUESTED: 3 FROM: 1 AUGUST/95 TO: 3 AUGUST/95

TYPE OF VEHICLE: 1 Sedan NO OF PASSENGERS/~~CARGO~~: 3

PURPOPSE OF TRIP: TO ASSIST NORWEGIAN COUNCIL'S DELEGATION COMPOSED OF THREE PERSONS

REQUESTED BY: Alice Schoeck SIGNATURE: [signature]

AUTHORIZED BY: B.P. DESSANDE SIGNATURE: [signature] Chief, PROTOCOL

(VEHICLE MUST BE RETURNED TO THE POOL WITH A FULL TANK OF FUEL)

(FOR DISPATCH USE ONLY)

UNAMIR NO: _____

DATE/TIME OUT: _____ DATE/TIME RETURNED: _____

SPEEDO READING RETURNED/IN: _____ KMS

SPEEDO READING DEPARTED/OUT: _____ KMS

TOTAL KMS TRAVELLED/USED: _____

Approved By I/C Dispatch

1640

DRAFT 1130 hrs 31 JUL 95

84106 LEILA. → PROTOCOL

Rec'd 12, 25th OP, Rwanda #11069

OUTLINE PROGRAMME FOR VISIT OF NRC RECCE TEAM 01 - 04 AUG 95

Date	Time	Activity	Remarks
Tue			
01 Aug 94	1200 hr	Arrive KIGALI	*Met by G3 MED OPS
	1215 hr	Move to accn at ????	*MED BR to prov drv spt
	1400-1530 hr	Initial briefs by COMASC/AS MSF Int staff	*Loc COMASC office HQ UNAMIR
	1600hr	Meet FC	* UNAMIR HQ
	1630 hr	Tour of MED COY AUSMED	*COMASC and other Staff Offr to attend
Wed			
02 Aug 95	0830-0845hr	Move to TRAFIPRO, inspect proposed facility	*Escorted by G3 Med and SMO 95 CMSG
	0800 -1200 hr	Tour of proposed facility to include living accn	*
	1200 - 1330 hr	Lunch	* ? 95 CMSG
	1400 - 1600hr	Discussions with CAO and other civilian staff	*Loc HQ UNAMIR / TRAFIPRO
16:30 Meet Executive Briefing - Room 4044	1600hr	Return to accn	*Loc ??
	1900-1930hr	Dinner with team members	*Loc Chez Lando
Thu 03 Aug 95	Detailed timings TBA ?0830 - 1500hr	Tour Rwanda by helo. Tour to include NYUNDO, SHAGASHA and GIKONGORO	* NICOY, MALAWICOY AND ZAMBATT to prov security in respective areas.
	1500m - 1630hr	Debrief with FMO	Loc HQ UNAMIR
	1630hr	return to accn	
04 Aug 95	0830hr	Depart Kigali for Nairobi	

↓ ADER

↓ LUANDA.

5 AUG 95 → LUANDA.
NEEDS VISA FOR ANGOLA

FAX DETAILS TO DECKNER

LT COL B. CURREN
MED BN
EXT 11116

13 HOG Lt Col. CURREN

1) The Executive Director would like to meet the delegation Wed, 2 Aug at 16hrs

2) Pls, confirm accommodation arrangements

DESGANDE #11069

Proposed programme for Thu 03 Aug 95

0830 - 0900 Fly to NYUNDO

0900 - 1000 Tour NICOY locationI

1000 - 1030 Fly to SHAGASHA

1030 - 1130 Tour MALAWICOY area

1130 - 1200 Fly to GIKONGORO

1200 - 1400 Tour ZAMBATT area (to include lunch)

1400 - 1430 Return to KIGALI

1500 - 1630 Debrief with FMO

FINAL DECISIONS OF PERS/EQPT.

CA SEEMS HAPPY THAT SURG.

AIR SHIPMENT 8-10

FUNCTIONAL 14-15

F/ID-1603

UNITED NATIONS NATIONS UNIES

FIELD ADMINISTRATION AND LOGISTICS DIVISION
LOGISTICS AND COMMUNICATIONS SECTION

FACSIMILE TRANSMISSION

Outgoing Fax #: MIR - 293	Date: 26 July 1995
To: CHAIM OUZIEL CAO UNAMIR Att: CHIEF MEDICAL OFFICER, COL WORFE	From : HOCINE MEDILI DIRECTOR/FALD/DPKO/NY
Fax # 212 963 3090	Fax #: 212 963 2116 212 963 1829
Number of transmitted pages: 11	Ref.: SEE BELOW
Subject: REPLACEMENT FOR AUSMED	

1. DESPITE INTENSIVE EFFORTS NO MILITARY MEDICAL UNIT TO REPLACE AUSMED COULD BE FOUND.

2. THE GERMAN NGO SURPRISED THE GERMAN FOREIGN OFFICE BY SUDDENLY OPENING THE BOX AND SAYING THAT FIRST THEY HAVE NO EQUIPMENT AT ALL AND SECONDLY THAT THEY WOULD NOT BE ABLE TO ARRIVE IN KIGALI BEFORE 1 OCTOBER.

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4. A LETTER OF ASSIST PASSED LAST NIGHT AND IS ATTACHED FOR YOUR INFORMATION. THERE IS STILL ONE REMAINING HICKUP. THE UN CANNOT GUARANTEE A REQUESTED PAYMENT FOR ON 15 OCTOBER AND 31 DECEMBER 1995, BUT WE ARE CONFIDENT THAT THIS WILL NOT ENDANGER THE WHOLE MISSION.

5. WE ARE TRYING TO SMOOTH OVER THESE DIFFICULTIES BECAUSE THIS ARRANGEMENT IS OUR ONLY REMAINING OPTION.

CAO CMEDO

ACCN PLANS WILL THEY LIVE IN TENTS

MODULAR V. B & M WORKING ACCN.

FEEDING – WHAT IS LIABILITY

DIRLAUTH – FOR MISSION – PROVIDE CONTACT DETAILS

↓ ON WHAT DETAIL.

CNO

UMS

1 X MO

1 X ICU NUR/AMB

1 X PA

3 X MED ASST/AMB

1 X WO PYNT MED

(7)

NORHOSP

4 X MO (SURG – (NO ANAES)

8 X NO (4 FORWARD AT LEAST)

1 X BO

LAB ✓

X RAY ✓

PYNT MED.

MED LOG.

↳ ? ADMIN SPT.

ASC. 1

(8)

(2) ICU

STATS

HIRE

- ANAESTHETIST (+)
- 1 X OR NURSE IN ADDITION. (+)
- 2 X ICU " (–)
- 2 X OTT (+) ? IN NORHOSP.
- 4 X RNA (+) WARD NURSING/MED ASSTS.
- [redacted]

HCA CAPT/MAJ.

* EQPT SET UP / STERILIZATION GENSETS / ELECTRO MED EQPT. ? MED EQPT TECH. ELEC / FITTER. FOR SET UP OF FACY.

? M/F

? AMB VEH + DVRS

2 MORE AMB.

? WHEN DIRLAUTH.

(L2)

6. THE TASKS AND STRUCTURE OF THE HOSPITAL IS ATTACHED. THE PERSONNEL IS AS FOLLOWS:

1 TEAM LEADER/SURGEON
1 PHYSICIAN/GENERAL PRACTITIONER
1 PUBLIC HEALTH NURSE, PREFERABLY WITH MIDWIFE EXPERIENCE
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3 ICU NURSES

TOTAL OF 12 MEDICAL STAFF

7. NORWAY IS BEING ASKED TO PROVIDE ADDITIONAL PERSONNEL TO COVER AT LEAST THE FIRST TWO MONTHS WITH STILL MORE THAN 2000 PERSONNEL IN THEATRE, VIZ:

2 PHYSICIANS
1 X-RAY TECHNICIAN
1 SANITATION ENGINEER
1 MEDICAL LOGISTICIAN.

8. THEY PLAN TO SHIP THE EQUIPMENT AT THE END OF THE FIRST WEEK IN AUGUST AND TO SEND A RECCE TEAM AS SOON AS POSSIBLE.

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A. ENSURE THAT THESE PERSONNEL ARE TREATED BY ALL AUTHORITIES AS PART OF UNAMIR AND NOT AS A NORWEGIAN NGO.

B. PROVIDE ALL NECESSARY ASSISTANCE FOR LOCAL TRANSPORT, ASSEMBLY OF THE HOSPITAL, SECURITY AND CONTRACTING OF NECESSARY LOCAL STAFF.

C. PROVIDE WATER, ELECTRICITY AND FUEL.

10. ALTHOUGH IT MAY NOT COME OVER LEGIBLE PLEASE FIND ATTACHED INFORMATION ABOUT ORGANIZATION OF THE HOSPITAL, TENTS AND EQUIPMENT LIST.

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14. HOPE TO HAVE COVERED ALL MAIN PROBLEMS. WILL KEEP YOU UPDATED. THANKS AND REGARDS.

Drafted/Clrd.: A Deckner, Medical Advisor	Authorized by: D Beissel, Deputy Director
	D Beissel

0 1 11

UNITED NATIONS NATIONS UNIES

POSTAL ADDRESS—ADRESSE POSTALE: UNITED NATIONS, N.Y. 10017
CABLE ADDRESS—ADRESSE TELEGRAPHIQUE: UNATIONS NEWYORK

REFERENCE

Subject: Request for Field Hospital 25 July 1995

Dear Col. Nordbo:

I have the honour to request a Level II Field Hospital for UNAMIR during the period August through December 1995 including personnel and material to provide medical services for UNAMIR (for details, please see attachment). This Letter of Assist is based on the agreement of your government to accept reimbursement at a later stage.

Please return a copy of this Letter of Assist (LOA) to the Field Administration and Logistics Division (FALD), Department of Peace-keeping Operations, with annotations thereon showing an estimated date of arrival, cost of the services, and estimate shipping and related charges. The annotated documentation will constitute your acceptance of this order and provide the basis for the settlement of your government's invoices. To enable prompt settlement, please indicate the requisition and LOA numbers cited below on all documents. Invoices should show freight and handling costs separately.

I take this opportunity to thank your government of its continued support.

Yours truly,

Permanent Mission of Norway
to the United Nations

Hocine Medili
Director
Field Administration and Logistics Division
Department of Peace-keeping Operations

REQUISITION NO: MIR/HQ/95-13

REQUISITION ATTACHED: YES
ACCOUNT CODE RNA 30400-495
CERTIFIED BY:
NAME IN PRINT: AMIR DOSSAL,
Chief, FMSS/FALD
AWARD STATEMENT COMPLETED? YES

Letter of Assist NO: Norway/UNAMIR Assist 95-287 (UNO)

EST. COST: USD 2,000,000.00
ESTIMATED SHIPPING COSTS: USD 400,000
SPECIAL CONDITIONS ATTACHED? YES
DELIVERY REQUIRED BY: 14 AUGUST 1995

Attachment to LOA Norway/UNAMIR 95-287

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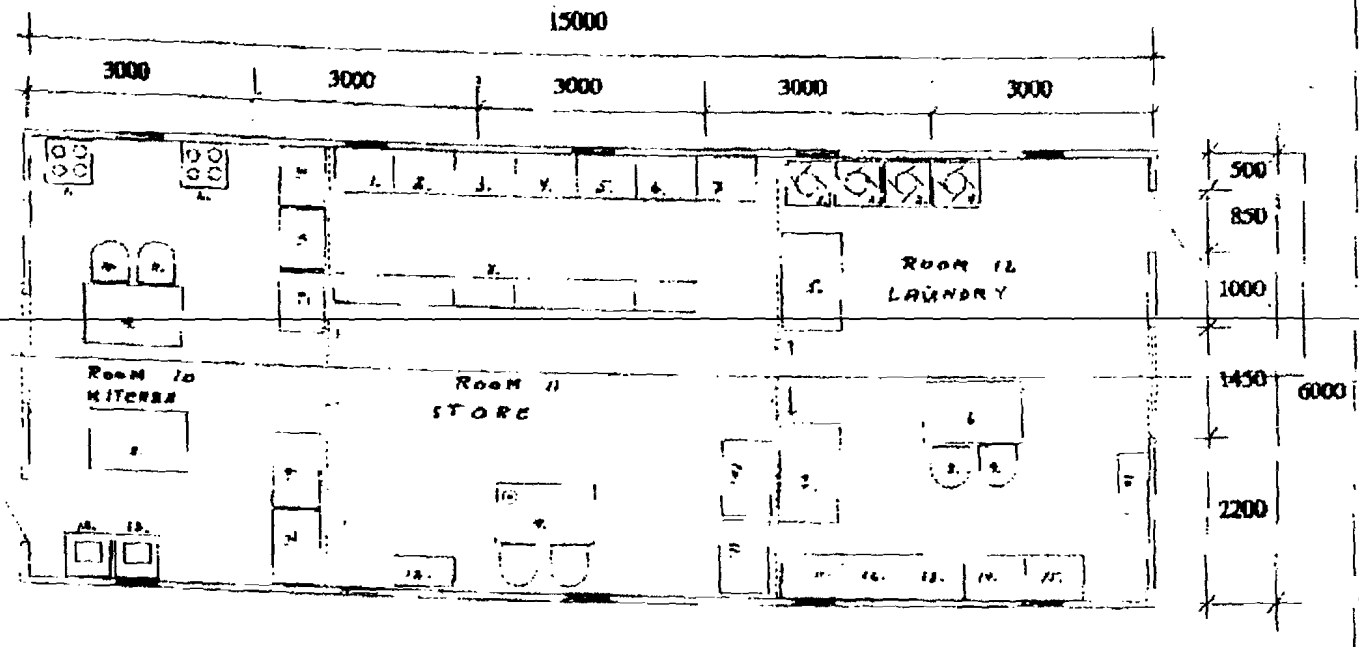
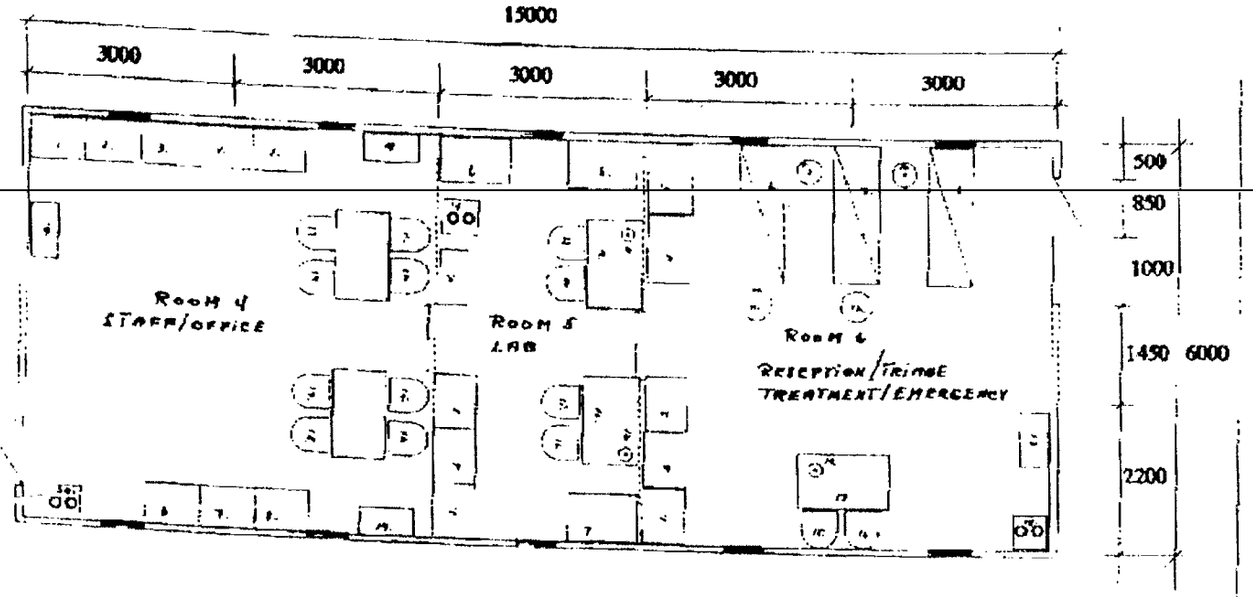


as Apotekernes Fællesindkjøp
P.O.Box 161 Kalbakken
0903 Oslo
Norway

Level 2 Tent # 4
Scale 1:50 Metric

SENDT AV ARC ONF +47 22116500 : 25- 7-95 : 10:37 : Nr 472 119501 OSLO- 212 681 4134;#11/15
COMMUNICATIONS
95- 7- 28 : 20:37
NAM • BOT • GAL • RWANDA



as Apotekernes Fællesindkjøp
P.O.Box 161 Kalbakken
0903 Oslo
Norway

Level 2 Tent # 2
Scale 1:50 Metric

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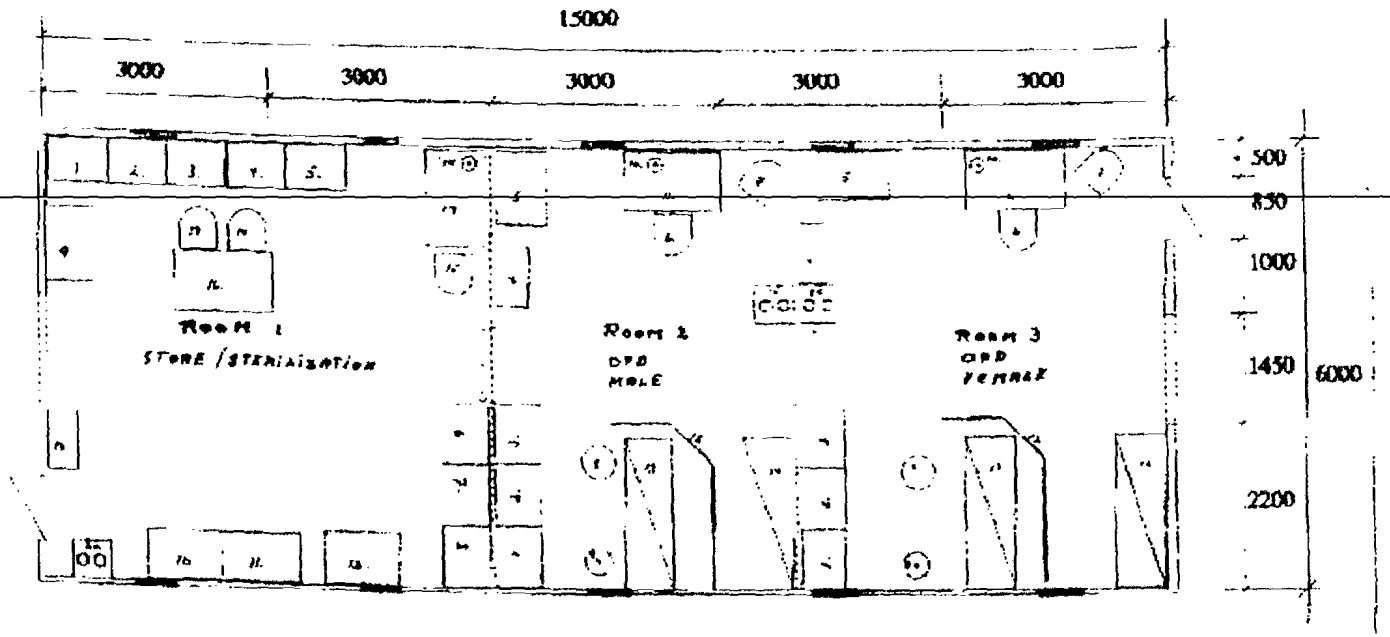
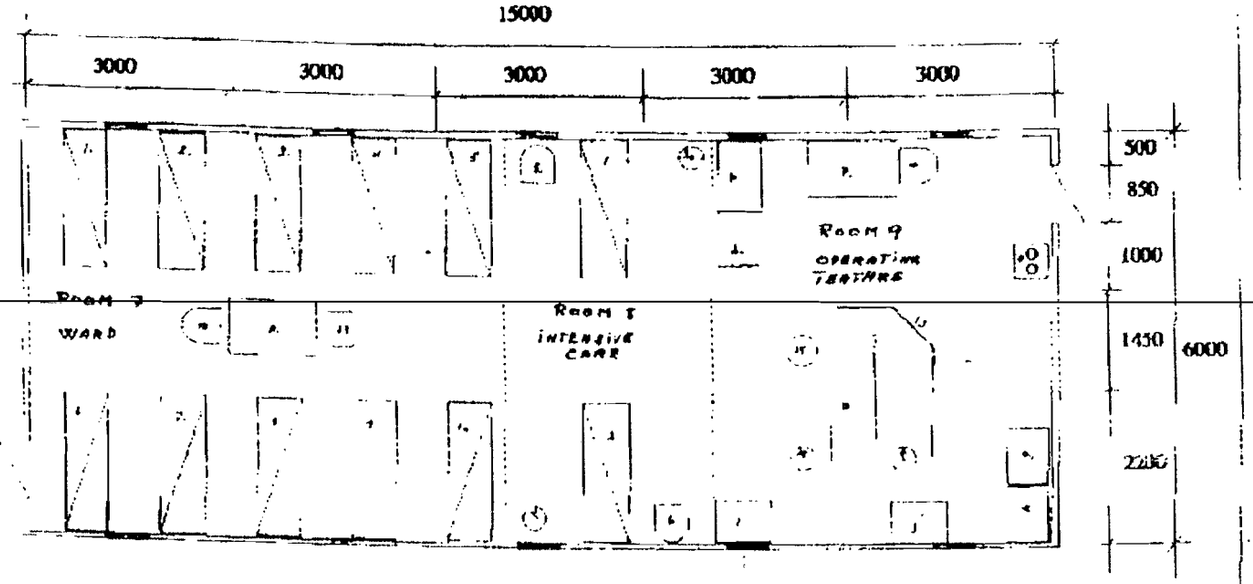


as Apotekernes Fællesindkjøp
P.O.Box 161 Kalbakken
0903 Oslo
Norway

Level 2 Tent # 1
Scale 1:50 Metric

NAIROBI ● KIGALI ● RWANDA



as Apotekernes Fællesindkjøp
P.O.Box 161 Kalbakken
0903 Oslo
Norway

Level 2 Tent # 3
Scale 1:50 Metric

Small Level 2
Quantity Equipment

1	NorAid Doctors Office module (Contents see encl. list)
1	NorAid Medicaments module (Contents see encl. list)
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1	NorAid Mother/Child module (Contents see encl. list)
1	NorAid Laboratory module (Contents see encl. list)
1	NorAid Kitchen module (Contents see encl. list)
2	Surgical supply kit (Contents see encl. list)
4	NorHosp lighting equipment for tent (Contents see encl. list)
1	NorHosp Anaesthesia equipment (Contents see encl. list)
1	NorHosp operating table (Contents see encl. list)
1	NorHosp office equipment (Contents see encl. list)
1	NorHosp operating/examination lamps (Contents see encl. list)
12	Cooling boxes RCW 42EKP
1	Dry air sterilizator 57 litre 220 V
1	Oxygen concentrator
1	Defibrillator-monitor S&W DMS 730
1	Cardioscope Escort E300-8m/EKG, SpO, NIBP, Temp
1	Assistent table
5	Stool w/wheel
1	Shelves
1	Trolley stainless steel
7	Stand washbasin stainless steel
	Nursing equipment NorHosp case no: 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17, 21, 22, 26, 27, 28, 29, 30, 38
17	Table
30	Chair
18	Stretcher w/legs/beds
10	Filing cabinet
6	Table lamp
3	Folding screen
4	Washing machine
1	Generator w/cables (Contents see encl. list)
4	Toilet cabinet (Contents see encl. list)
1	Shower cabinet (Contents see encl. list)
1	Dark room tent
1	NorHosp X-ray module (Contents see encl. list)
1	Portable air operated dentis kit w/equipment
4	Hospital tents
4	Air Condition for tent

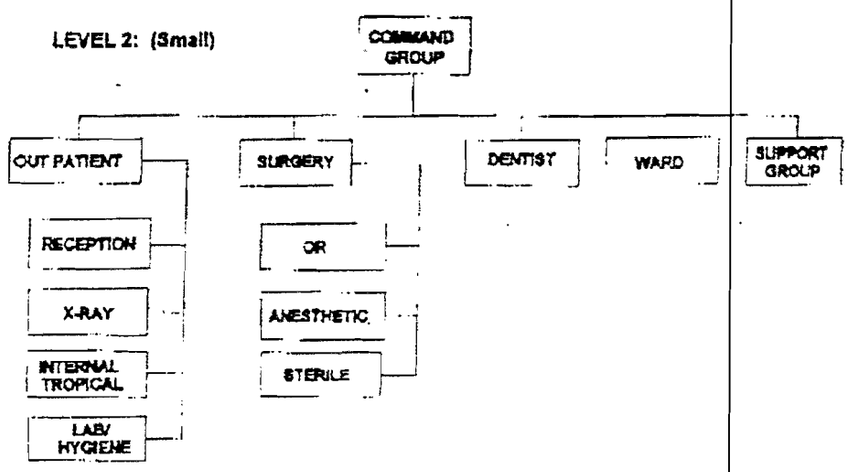
Total price: NOK 3.660.000,00

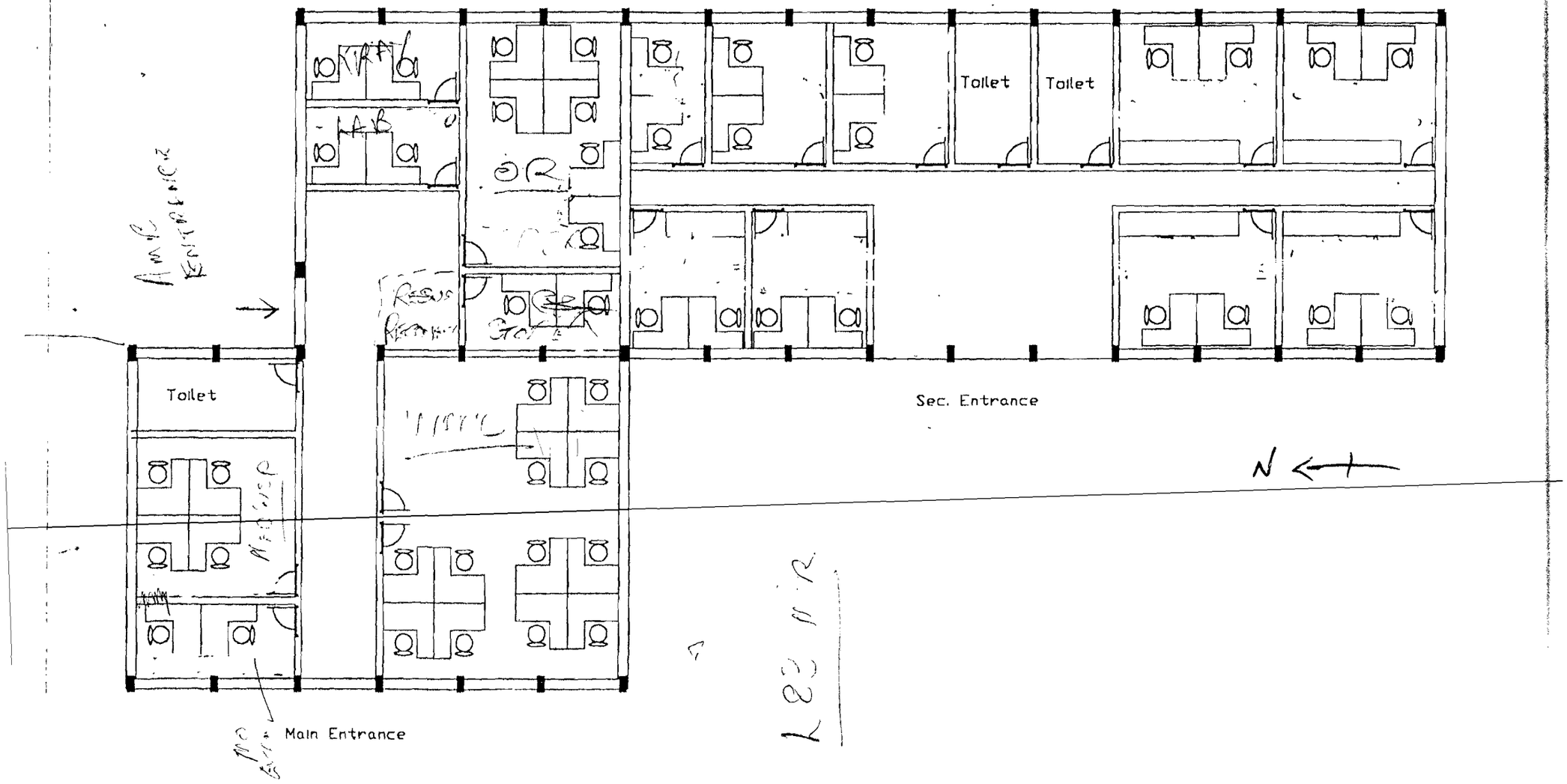
4.4.11

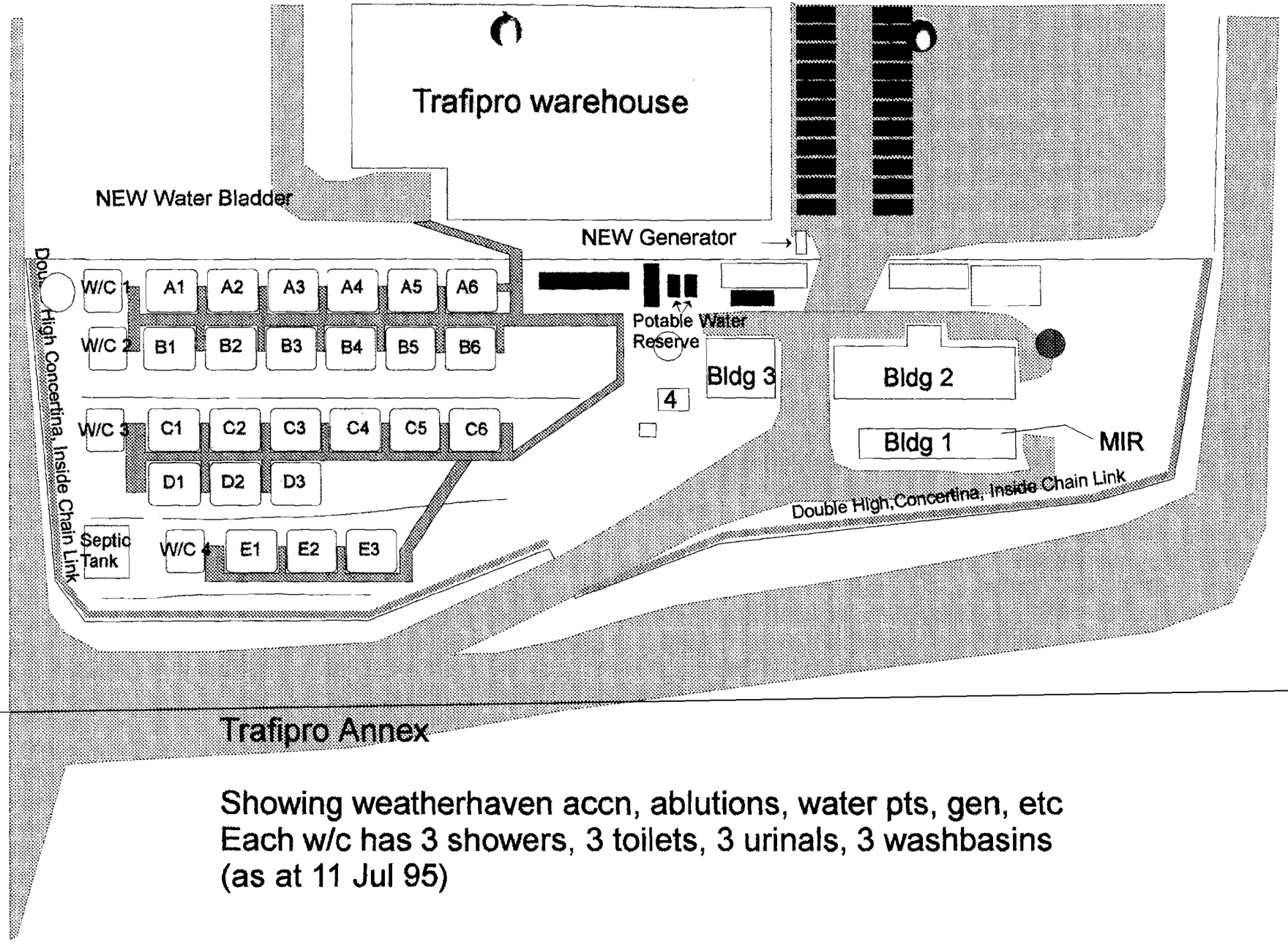
UNAMIR FIELD HOSPITAL

Operational area:	KIGALI-UNAMIR
Force Strength:	2500-2000
Deployment Duration:	15 August - 31 December 1995
Medical Requirements:	Evacuation from Level 1 units Evacuation to Level 3 hospitals Triage, resuscitation, stabilisation Diagnosis and holding capacity up to 5 days Life and limb saving surgery and post operative care Record - reporting Emergency dental treatment Hygiene supervision
Personnel:	about 30

STRUCTURE AND PERSONNEL OF MEDICAL FIELD UNIT




Toilet
Toilet
Toilet
Toilet
Sec. Entrance
Main Entrance
N



Showing weatherhaven accn, ablutions, water pts, gen, etc
Each w/c has 3 showers, 3 toilets, 3 urinals, 3 washbasins
(as at 11 Jul 95)

F/ID-1603

UNITED NATIONS NATIONS UNIES

FIELD ADMINISTRATION AND LOGISTICS DIVISION
LOGISTICS AND COMMUNICATIONS SECTION

FACSIMILE TRANSMISSION

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Fax # 212 963 3090	Fax #: 212 963 2116
Number of transmitted pages: 11	Ref.: SEE BELOW
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Drafted/Clrd.: A Deckner, Medical Advisor	Authorized by: D Beissel, Deputy Director
	D Beissel

0 p 11

UNITED NATIONS NATIONS UNIES

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CABLE ADDRESS—ADRESSE TELEGRAPHIQUE: UNATIONS NEWYORK

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Permanent Mission of Norway
to the United Nations

Hocine Medili
Director
Field Administration and Logistics Division
Department of Peace-keeping Operations

REQUISITION NO: MIR/HQ/95-13
REQUISITION ATTACHED: YES
ACCOUNT CODE RNA -30400-495
CERTIFIED BY:
NAME IN PRINT: AMIR DOSSAL,
Chief, FMSS/FALD
AWARD STATEMENT COMPLETED? YES

Letter of Assist NO: Norway/UNAMIR Assist 95-287 (UNO)
EST. COST: USD 2,000,000.00
ESTIMATED SHIPPING COSTS: USD 400,000
SPECIAL CONDITIONS ATTACHED? YES
DELIVERY REQUIRED BY: 14 AUGUST 1995

Attachment to LOA Norway/UNAMIR 95-287

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1	NorHosp operating/examination lamps (Contents see encl. list)
12	Cooling boxes RCW 42EXP
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1	Oxygen concentrator
1	Defibrillator-monitor E&W DMS 730
1	Cardioscope Escort II300-8m/EKG, SpO, NIBP, Temp
1	Assistant table
5	Stool w/wheel
1	Shelves
1	Trolley stainless steel
7	Stand washbasin stainless steel
	Nursing equipment NorHosp case no: 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17, 21, 22, 26, 27, 28, 29, 30, 38
17	Table
30	Chair
18	Stretcher w/legs/beds
10	Filing cabinet
6	Table lamp
3	Folding screen
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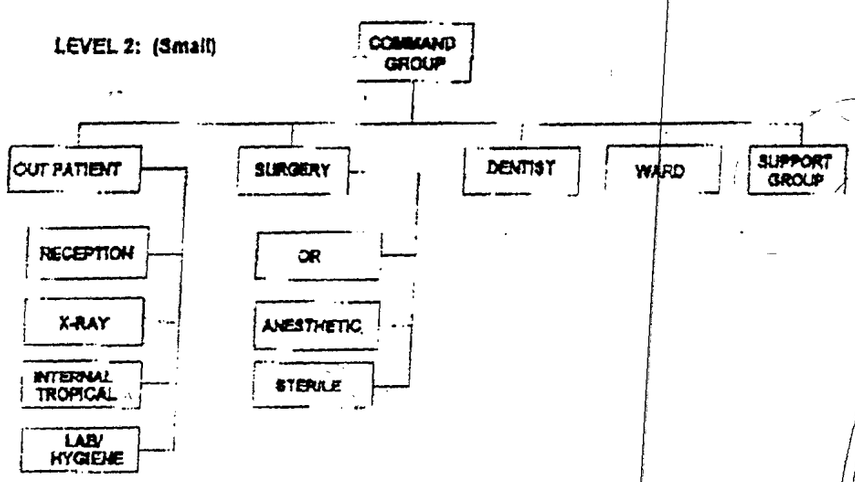
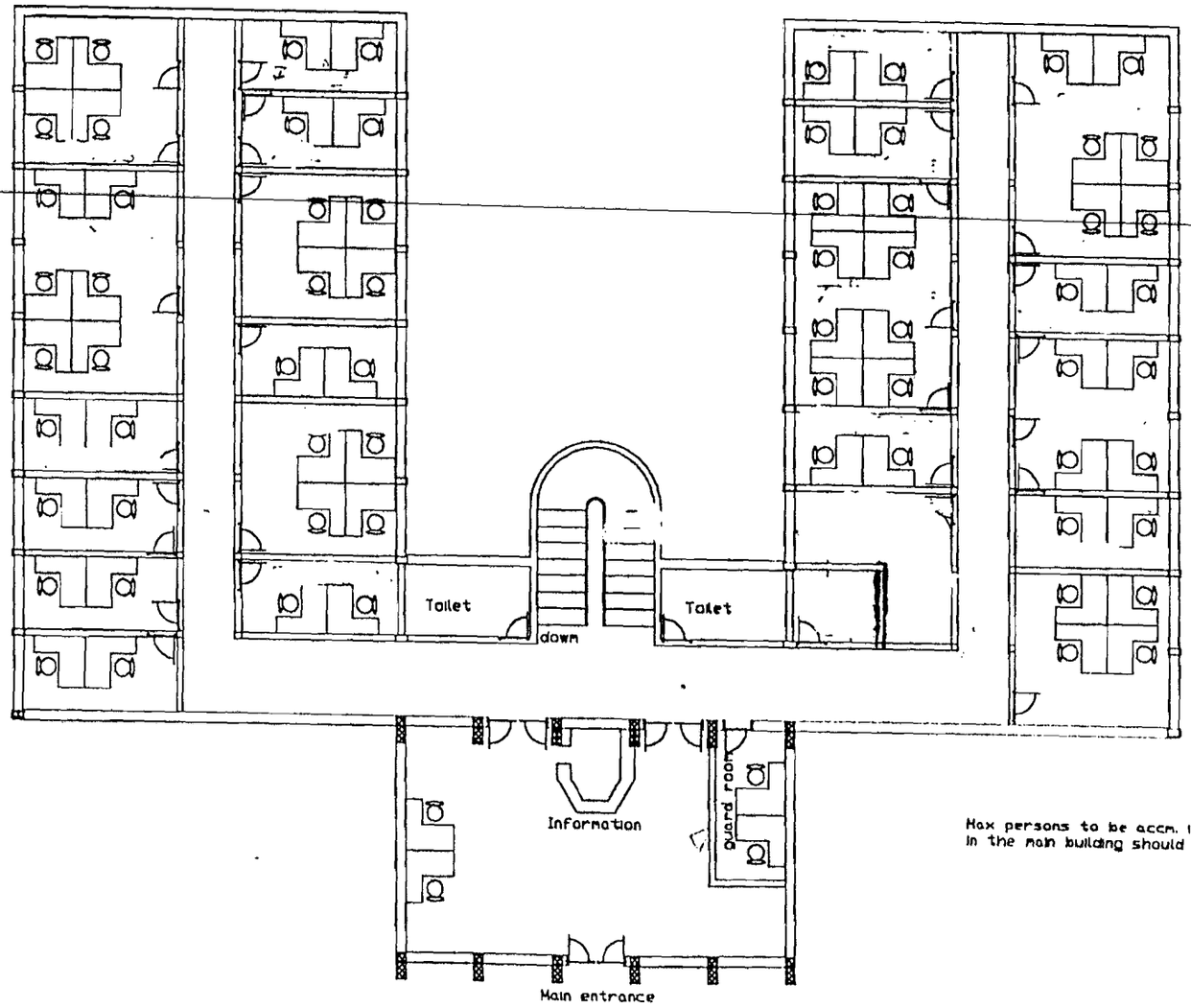
Deployment Duration:	15 August - 31 December 1995
Medical Requirements:	Evacuation from Level 1 units Evacuation to Level 3 hospitals Triage, resuscitation, stabilisation Diagnosis and holding capacity up to 5 days Life and limb saving surgery and post operative care Record - reporting Emergency dental treatment Hygiene supervision
Personnel:	about 30

STRUCTURE AND PERSONNEL OF MEDICAL FIELD UNIT





N

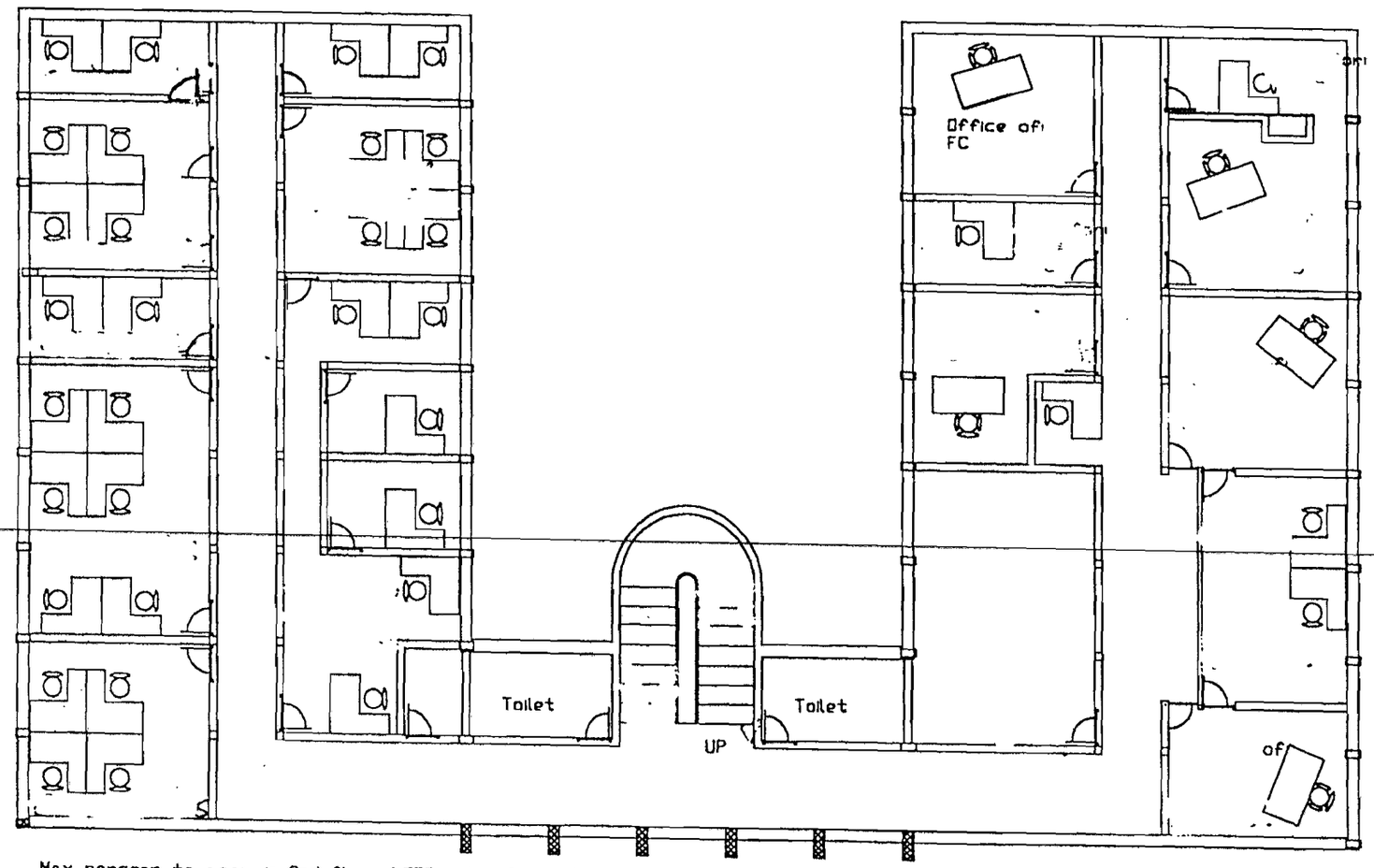
TRAFIC PRO – Main building

Space allocation plan

1st floor

Max persons to be accm. in first floor
in the main building should not excede 74 persons.

DCO CMSG



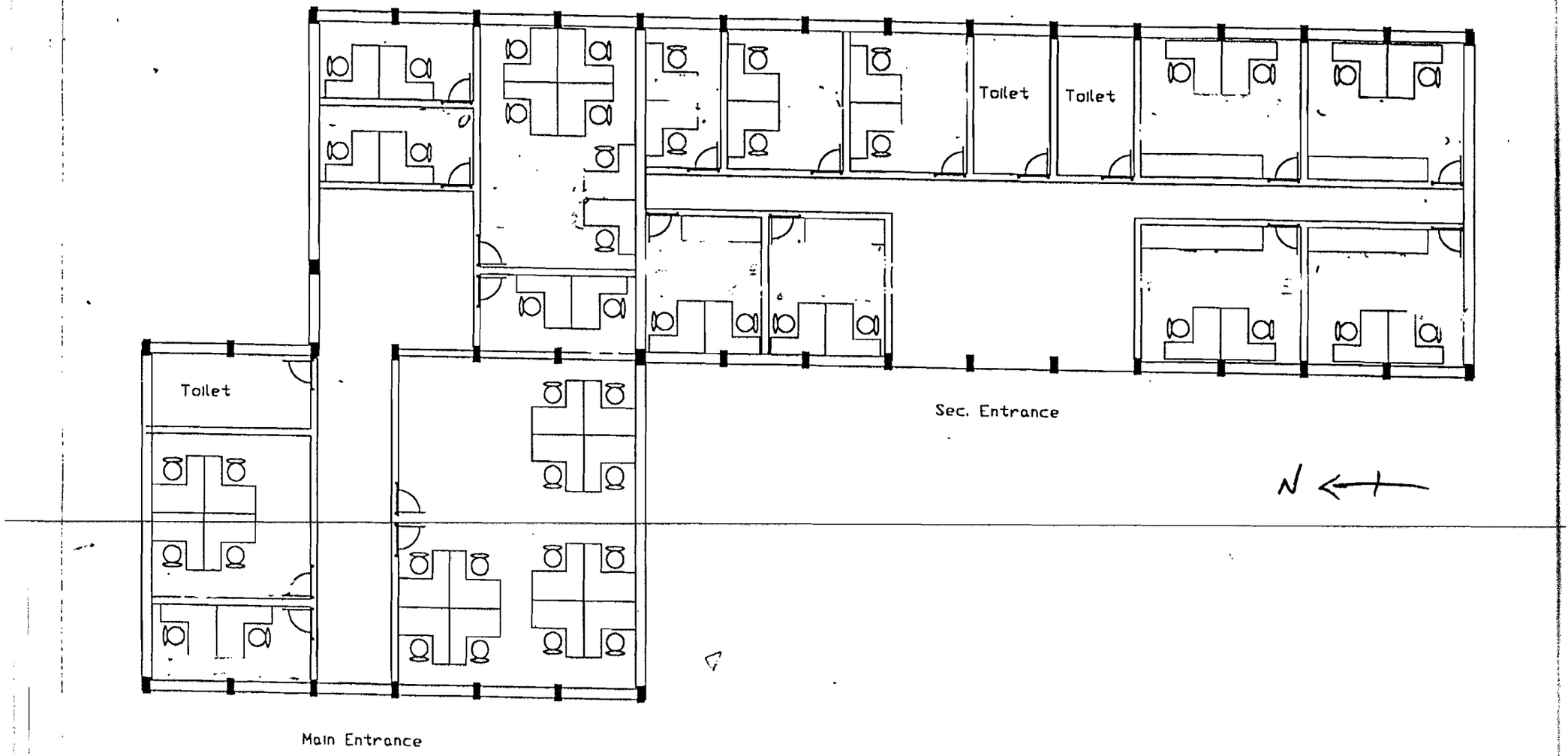
N

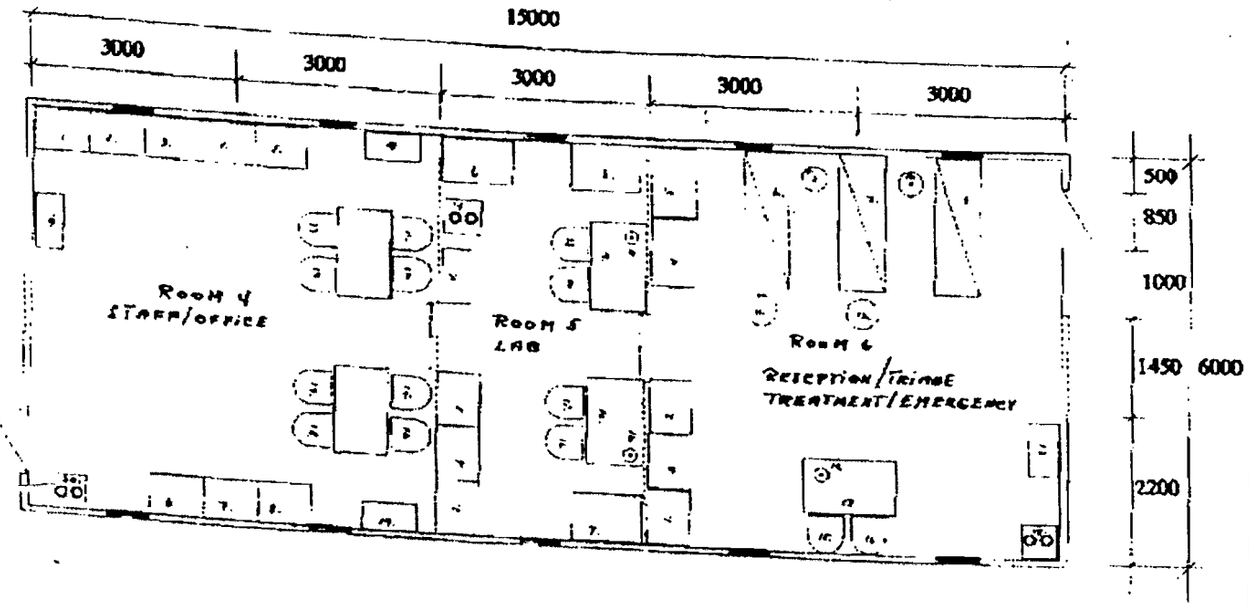
Max persons to accm. in 2nd floor LEFT side of main building should not excede 30 persons.

TRAFIC PRO – Main building

Space allocation plan

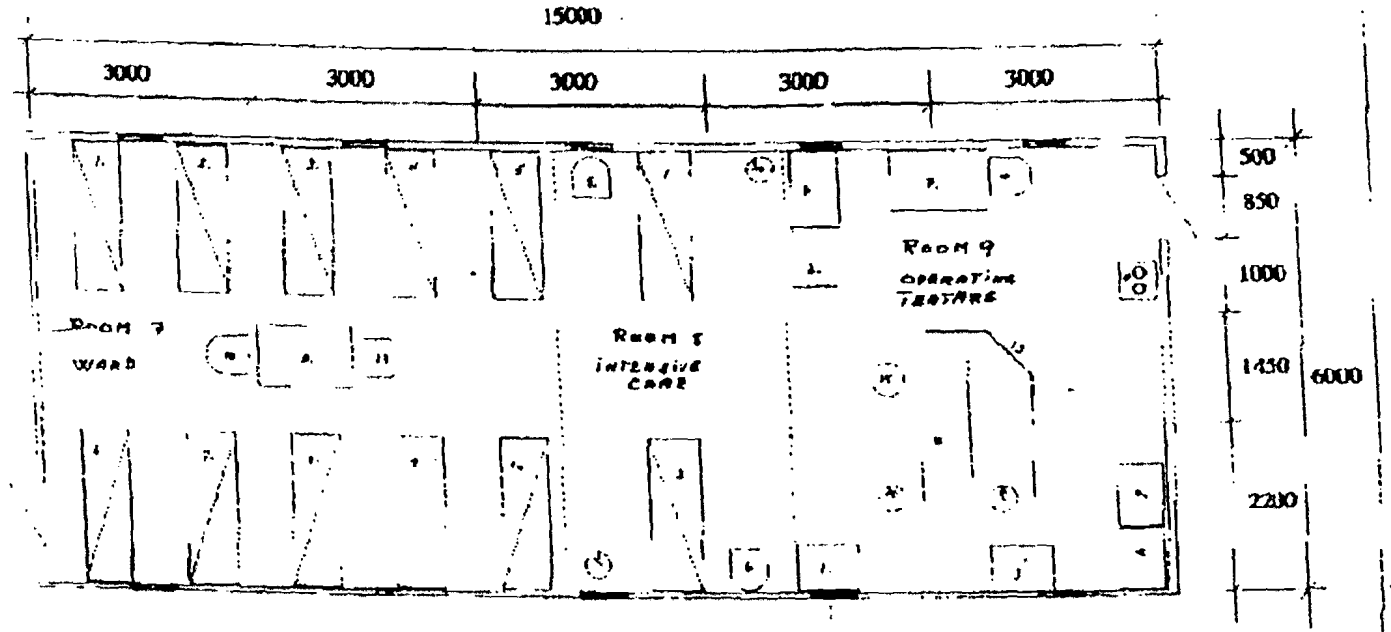
2nd floor


Toilet
Toilet
Toilet
Toilet
Sec. Entrance
Main Entrance
N



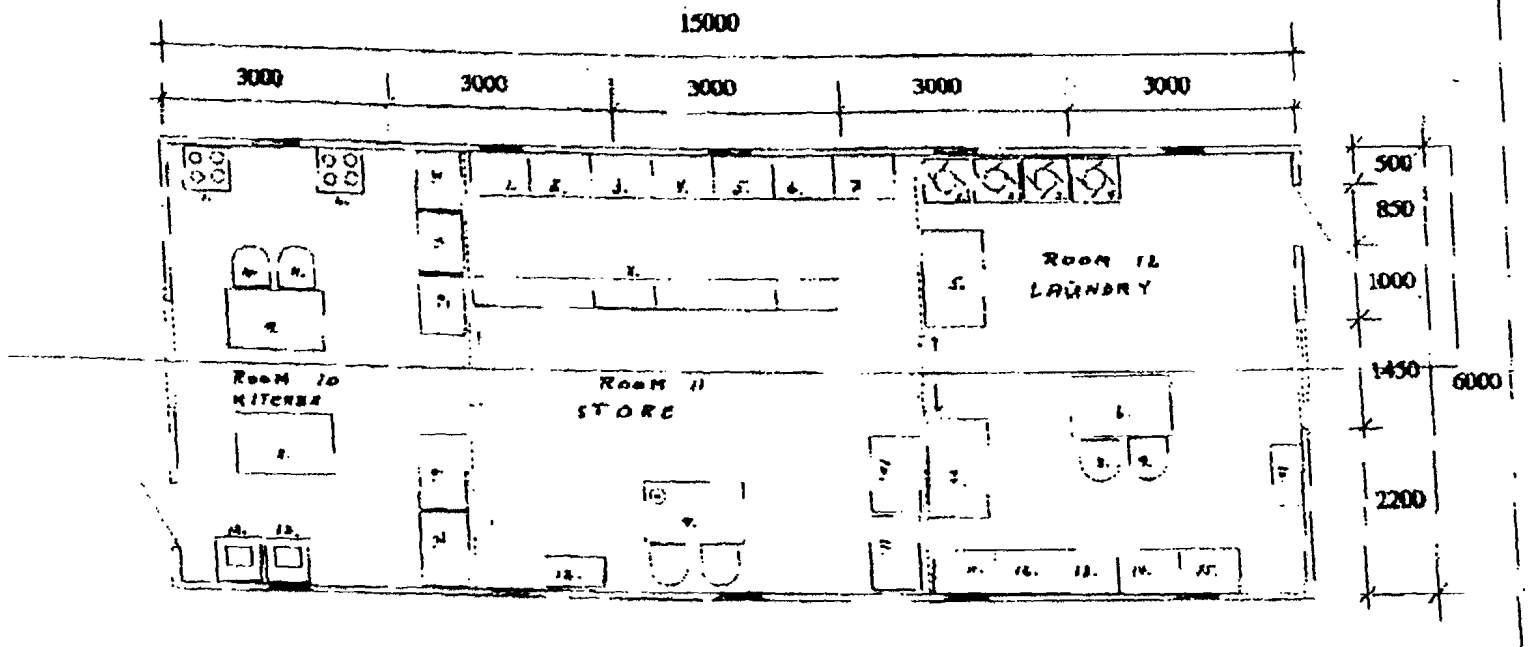
as Apotekernes Fællesindkjøp
P.O.Box 161 Kalbakken
0903 Oslo
Norway

Level 2 Test # 2
Scale 1:50 Metric



as Apotekernes Fællesindkjøp
P.O.Box 161 Kalbakken
0903 Oslo
Norway
Level 2 Text # 3
Scale 1:50 Metric

SENDT AV NRC/DcF +47 22116500 25- 7-95 13:36 No 47 2 116501 03LD 212 661 4134 P.07
95- 7-25 NAMIR KIGALI RWANDA
8 of 11



as Apotekernes Fællesindkjøp
P.O.Box 161 Kalbakken
0903 Oslo
Norway
Level 2 Tent # 4
Scale 1:50 Metric

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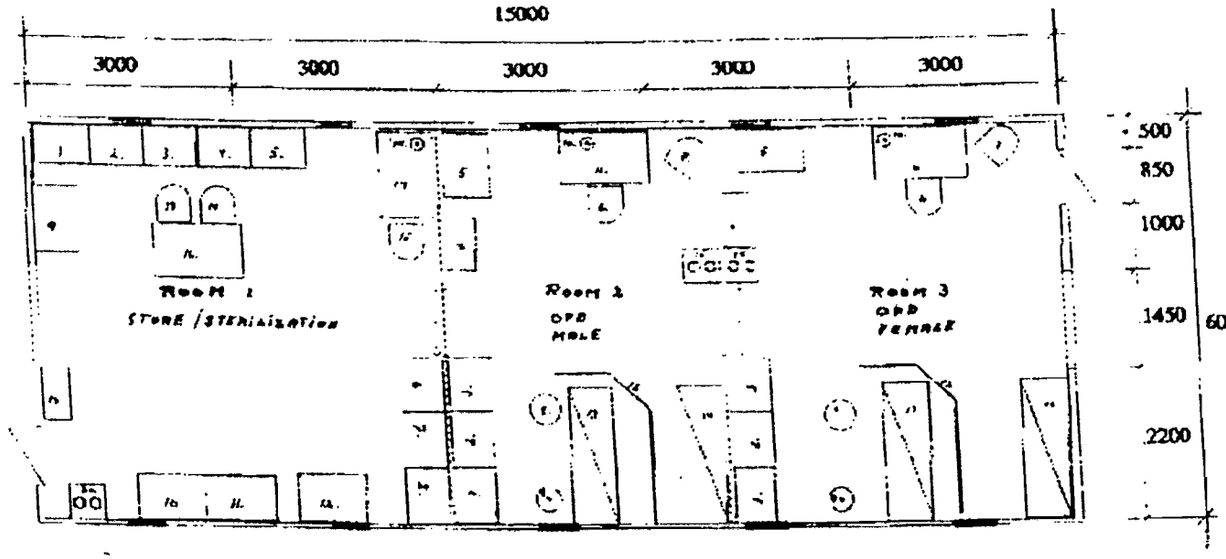
:95- 7-28 : 20:37 :



as Apotekernes Fællesindkjøp
P.O.Box 161 Kalbakken
0903 Oslo
Norway

Level 2 Tent # 1
Scale 1:50 Metric

A) TARGET GROUPS:

- UNAMIR soldiers currently serving with the Peace Keeping Forces in Rwanda
- Non- military staff working with UNAMIR in Rwanda.
- Vulnurable groups from the local civilian population, given capacity.

B) MEDICAL UNIT:

Attached please find a list of the equipment which is included in the hospital unit: **Small Level 2.** The equipment was developed, based on the UN specifications available to us in March/April of 1995 in cooperation with the Norwegian company, Apotekernes Fellesinnkjøp, (AF.)

Also is attached a drawing indicating the facilities that will be available inside the four tents.

The hospital will be purchased by the UN and, after completion, be stored in Norway for redployment somewhere else in the world.

C) MEDICAL PERSONELL:

To service the above described hospital unit, **Small Level 2,** Norwegian Refugee Council has developed, in close cooperation with UNDPKO, the following staffing table needed to render the services necessary.

C.1. Medical experts:

Norwegian Refugee Council can deliver the following on or before the 14th August.

- **1 Team Leader/surgeon.** — ONE/ORTHO
- **3 Medical Doctor/general practican** — TWO ONLY.
- **~~1 Public Health Nurse/preferable with midwife experience.~~** — whole pg. of
- **1. Lab. Technician** — ✓
- **1 Nurse with speciality in anesthesia** — RECOMMEND MO
- **1 OT nurse**
- **1 Dentist**
- **2 Ward nurses/one with radiography experience**
- **3 ICU nurses** — INCLUDE ANAESTHETIC.
- **1 X-Ray technician** ✓
- **~~1 sanitation expert~~** — 2 NO local?
- **~~1 Logistics expert~~** — 1 PHARMACIST.

In total 17 expert medical staff. Driver/

1 ADMIN OFFR
2 SURG
2 GP
1 LAB TECH
1 X ANAES
2 x OT
1 DEN
3 WN
3 ICU
1 XRAY
1 PHARM
1 RVR
27 PERS

C.2. Local staff:

- **Will consist of cleaners and guards on a 24 hours service/rotation basis**
  A total of 30 NCO staff will be needed.

All local staff will be administered and paid for by the UN in Rwanda.

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 696-7-1
MED /95

To: **See Distribution List**

From: **FMO**

Date: **31 JUL 95**

Subject: **PLAN FOR HEALTH SUPPORT TO UNAMIR AUG 95 - DEC 95**

References:

A. OPORD 20 dated 6 Oct 94

B. Plans 5000.26 dated 13 Jun 95

C. Ops 3000.15 (FRAGO NO 18) dated 29 Jun 95

Situation

1. As a result of the new mandate, the UNAMIR Force has been restructured and redeployed within Rwanda to perform its new role of assisting with the normalisation and stabilisation of the country. Independent company groups, GHANCOY (Tribunal) and INDBATT have been allocated new areas of responsibility while contingents not required as part of the reduced force are being repatriated. The UNAMIR draw down and rotation plan stipulates the 23 Aug 95 as the date by which the Australian contingent will depart the mission area.

2. While acknowledging that these deadlines must be imposed due to movement and logistic constraints, medical considerations for the continued treatment of UNAMIR personnel take primacy. Accordingly, humanitarian support to CHK will continue until 9 Aug 95, with full disengagement from the military wing occurring on 16 Aug 95.

3. A level two/level three treatment facility will be established by the combined elements of the Canadian Mission Support Group's (95 CMSG) unit medical station (UMS) and the surgical element provided by the Norwegian Refugee Council (NORMED). This facility, to be established at TRAFIPRO, will be required to provide CASEVAC, IWS and a ten bed holding capability on the departure of AUSMED. This support is to be ready to receive patients as of the 15 Aug 95 to ensure continuity of care.

Mission

4. To provide health support to UNAMIR.

PLAN FOR HEALTH SUPPORT

Medical Treatment

5. Level One. The independent companies are to deploy with organic level one support to ensure a conventional Regimental Aid Post (RAP) capability. As a minimum this is to include a medical officer, nursing officer, environmental health assistant and three medical assistants. INDBATT is to continue to maintain its RAP and provide support to UNAMIR headquarter staff at the SOALTEE location, while 95 CMSG is to establish a UMS at the TRAFIPRO complex.

6. Level Two. 95 CMSG in conjunction with NORMED is to establish a level two/level three facility capable of receiving and holding up to ten patients for five days. This facility is to be open by 15 Aug 95 to allow for patient transfer from AUSMED.

7. Level Three. NORMED is to establish a limited level three facility capable of initial wound surgery by 15 Aug 95. Level three surgical support beyond the scope of this facility will be provided by civilian hospitals in NAIROBI following air evacuation from KIGALI. These hospitals maintain an extensive range of specialist and surgical services. Emergency level three support is currently also available at NGO sponsored hospitals at CYANGUGU, KIBUYE, GISENYI and RUHENGERI. Patients treated at these centres are to be evacuated to KIGALI as soon as their condition permits further movement.

Evacuation

8. CASEVAC is to be conducted using road and AME assets. All national contingents are responsible for all evacuation within their area of responsibility, from point of injury to level one medical facility, with road ambulance being the normal means. Independent companies are to maintain a minimum of two ambulance vehicles for this purpose. AME is to be utilised for daytime evacuation back to NORMED at KIGALI for all Priority One (immediate) and Priority Two (urgent) casualties. Road evacuation remains the norm for Priority Three (routine) casualties and night CASEVAC. Evacuation from level one facilities is to be:

a. Road. 95 CSMG/NORMED are to maintain a minimum of two road ambulances and crews at the facility location in KIGALI. These ambulances are to be augmented by the three vehicles held by INDBATT as required and on order of the FMO. Casevac requests are to be transmitted as per HQ UNAMIR SOP and will be coordinated by Medical Branch.

b. Air. Forward AME is to be provided by utilising the current RW aircraft supplied by Canadian International and crewed by a medical team from 95CSMG. Tactical AME to NAIROBI and strategic AME out of Rwanda, will be managed by Medical Branch in conjunction with Air Ops staff with all casualty regulation remaining the responsibility of the FMO. Air assets available for evacuation out of KIGALI include the UN aircraft (L 100 and Beechcraft 200C), augmented by the NAIROBI Flying Doctor Service and the African Air Ambulance, all based in NAIROBI.

Preventive Medicine

9. All national contingents are responsible for field sanitation and hygiene within their own area of responsibility and are to maintain sufficient health stores for this purpose. Unit commanders are reminded that this is a command responsibility with technical advice from their medical representative. Medical branch will provide advice on appropriate health measures as required and develop the Force health surveillance plan. 95 CMSG is to provide a preventive medicine officer for appointment as the Force Health Officer with effect 23 Aug 95.

Dental

10. No dental support will be available within the independent companies. NORMED is to establish a dental section in the facility at TRAFIPRO. Casualties requiring dental treatment are to be evacuated to this dental post. INDBATT are to be prepared to augment this level two facility on order of the FMO and are to nominate a dental officer, with effect 23 Aug 95. to provide Force dental advice as required.

Medical Resupply

11. Contingents within the mission area are to maintain 30 days stocks of Class VIII supplies. A forced issue of 60 days stocks is to occur on 18 Aug 95. Force stocks are then to be held and maintained through TRAFIPRO and issued on a demand basis. Requests for resupply are to be staffed through the Class manager in Medical Branch (G4 Med Log).

Blood

12. 95 CMSG is to maintain a safe supply of blood for transfusion , under the control of the FMO, with resupply to continue from the Netherlands Red Cross Blood Transfusion Service.

Command and Control

13. FMO and Staff. With effect 23 Aug 95, SMO 95 CMSG is appointed as the Force Medical Officer for the mission in addition to normal duties within the unit. Medical Branch is to be staffed to include G3 Med Ops, G4 Med Log, FHO and clerical support. The FCT in NAIROBI are to continue to act as medical liaison officers for the reception and hospitalisation of patients.

14. Holding Policy. The following policy will apply:

a. Level one - 24 hrs;

b. Level two -72 hrs;

c. Level three (KIGALI) - 5 days;

d. Level three (NAIROBI) - 28 days; and

e. Out of the mission area - As determined by the FMO or as coordinated by national command elements.

15. Health Reports and Returns. Reports, returns and medical SITREP are to be provided to Medical Branch in accordance with HQ UNAMIR SOP.

16. CASEVAC Requests. All CASEVAC requests are to be submitted to UNAMIR HQ Ops room (zero / channel 4) using the proforma detailed in UNAMIR SOP.

17. Location of Medical Facilities

a. Sector 1

(1) - INDBATT Level One facility - KIGALI.

(2) - AUSMED Level One, Two and Three facility until 16 Aug 95 - KIGALI (CHK)

(3) - 95 CMSG / NORMED Level Three facility from 15 Aug 95 - KIGALI (TRAFIPRO)

(4) - GHANCOY (Tribunal) limited Level One facility - KIGALI (Transit camp)

b. Sector 2 - GHANBATT COY level One facility - KIBUNGO.

c. Sector 3 - MALICOY Level One facility - GIKONGORO.

d. Sector 4 - MALAWICOY Level One facility - SHAGASHA

e. Sector 5 - NIBATT COY Level One facility - NYUNDO.

Distribution:

Action:

INDBATT
GHANBATT
ZAMBATT
SENBATT
MALICOY
MALAWICOY
NICOY
MILOB GP HQ
UNCIVPOL
AUSMED
95 CMSG
NORMED
ENGR COY
SIG COY
BROWN & ROOT
ES-KO

Information:

UNHQ DPKO (ATTN: MEDICAL DIRECTOR)
UNREO
IOC
UNDP
UNICEF
UNHCR
WHO

Internal:

Action:

MA TO FC	G1/CMPO	G5/CAO
DFC	G2	G6/FSO
COS	G3	MOVCON
DCOS OPS	G3 PLANS	HAC
DCOS SP	G4	CAMP COMDT

Information:

SRSG's office
FILE
SPARE

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