

[1 STRICTLY CONFIDENTIAL]

UN ARCHIVES

SERIES S-1060

BOX 21

FILE 6

ACC. 1998/0281

UNAMIR - MINUAR

OUTGOING FAX NO 276 94 OCT 27 17 28 PAGE 1 OF 10

MIR NO 2214

MISC NO \_\_\_\_\_

TO: MR. DENIS BEISSEL ACTING DIRECTOR, DPKO	FROM: ALLY H. GOLO OIC ADMINISTRATION UNAMIR/KIGALI
ATTN: DA COSTA/SEAFORTH/ MEDICAL SERVICES INFO:	DATE: 27 OCTOBER 1994
PHONE: FAX: 212-963-0664	PHONE: 212-963-3582 FAX: 212-963-3090
ORIGINATOR: PETER HORNSBY, CSS	SECTION: ADMINISTRATION
SUBJECT: MEDICAL REPATRIATION - LCPL AGYARE - GHANBATT	

- A. ATTACHED FIND MEDICAL REPORT REPATRIATION FORM AND OTHER DOCUMENTATION COVERING THE CASE OF LCPL AGYARE WHO WAS SERIOUSLY INJURED IN A MORTAR BOMB EXPLOSION. THE RECOMMENDATION IS THAT HE BE REPATRIATED TO THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL IN THE UK FOR ONGOING TREATMENT, NOT AVAILABLE EITHER HERE OR IN GHANA, HIS HOME COUNTRY.
- B. CANNOT ASCERTAIN WHETHER OR NOT INITIAL NOTICAS WAS EVER SENT IN THIS CASE. IN ANY EVENT, THE SALIENT DETAILS ARE ATTACHED FOR YOUR CONSIDERATION. PLEASE ADVISE IF ANY FURTHER DATA REQUIRED AND, IN THE INTERIM, AUTHORIZE US TO COMMENCE PREPARATIONS, BEARING IN MIND THIS WILL PROBABLY REQUIRE SPECIAL ARRANGEMENTS FOR MOVEMENT BY COMMERCIAL AIR.
- C. PLEASE TREAT AS MOST URGENT.

(CAO) CSS E/DIR

HQ UNAMIR II



**MINUTE**

342-3-1  
MED BR 140/94

DFC

**REPATRIATION OF GHANBATT SOLDIER - LCPL AGYARE**

1. The repatriation request for the above soldier is enclosed along with a medical report from Major New, a surgeon from AUSMED. It is now ready to be staffed at your level.
2. Once the repatriation has been approved, I would recommend the following course of action:
  - a. Major New from AUSMED should establish liaison with the Royal National Orthopaedic Hospital to ascertain the most suitable time of repatriation. At the same time, Major New can enquire about payment of fees and other administrative requirements;
  - b. Movements should then be booked. They should not be made before contact with the hospital in London is established.
  - c. Ghanbatt could then liaise with AUSMED to ensure all necessary personal administration such as passports are in order.
3. Please liaise with this branch if you have any questions.

R. J. CRAWFORD  
MAJ  
MED BR  
EXT 11116

26 OCT 94

SD  
22/10/94

UN RESTRICTED

ANNEX A TO  
UNAMIR SOPS  
PART SECTION 4

UNAMIR REPATRIATION FORM

To : FORCE COMD

Date: 24 OCT 94

Through: CPers

From: AUSMED KIGALI  
(Sector/Sec/Unit Comd)

SUBJECT: REPATRIATION

1. It is recommended 185883 LCPL S AGYARE  
that DOB 18 OCT 65 NATIONALITY GHANAIAN STATUS UN TROOP SECTION GHANBATT  
DOA in UNAMIR 16 FEB 94 Length of Service 243 days  
be repatriated from service on 31 OCT 94 To his home country  
(address): Royal National Orthopaedic Hospital, Middlesex, London

2. The above recommendation is based on the following reasons:

Medical ~~Disciplinary/Compassionate/Other Ground/End of Tour Duty~~

3. Detail description: (If other than end of tour of duty)  
See attached medical reports. Member requires repatriation to England for  
complicated Orthopaedic care not available in the mission area or his home  
country

Signature [Signature]

Date 25 Oct 94

Rank MAJ

Name R.J. CRAWFORD MED BR

4. Medical Officer's Recommendation: RECOMMENDED ~~NOT RECOMMENDED~~  
(only for repatriation on medical grounds)  
specialist's advice: Recommend repatriation to Royal National Orthopaedic Hospital  
for treatment

Signature: [Signature] for FMO

Date: 25 Oct 94

Rank: COL

Name: W.P. RAMSEY

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~~The case is recommended/not recommended~~  
Recommended on NATIONAL/UN EXPENSE.

Signature: [Signature] Date 27 Oct 94  
Name: GETACHEW TEFERRA Rank Lt/Col

6. Recommendation of DFC/COS: Repatriation at UN expense APPROVED /NOT APPROVED.

Signature: [Signature] Date 27 Oct 94  
Name: H. K. ANVIDONO Rank BGen.

7. ~~Recommendation of CACB~~ Repatriation at UN expense APPROVED/NOT APPROVED.

If approved the limit of expense is : \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

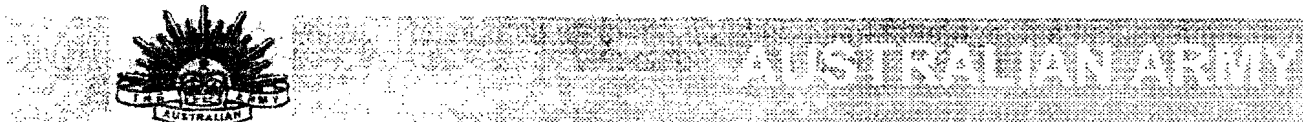
Name: \_\_\_\_\_ Rank \_\_\_\_\_

8. APPROVED BY FC: The case is APPROVED/NOT APPROVED.

R e m a r k s :

Signature \_\_\_\_\_ Date \_\_\_\_\_

UN RESTRICTED



Telephone:  
-250-10004

ASC Medical Support Force Rwanda  
OP TAMAR  
AFPO 4  
International Mail Centre  
SYDNEY NSW 2001

In reply please quote:  
1807/2/MED

21 October 1994

Colonel W. Ramsey  
Commander ASC  
OP TAMAR  
Headquarters UNAMIR 11

#### REPATRIATION FOR REHABILITATION

Reference:

A. 185883 LCPL Samson Agyare

1. After discussion with the Deputy Force Commander Brigadier General H. Anyidoho the possibility of transfer of this patient to the UK for definitive treatment and rehabilitation should be explored.

2. Brigadier General Anyidoho will seek payment for such treatment through the UN or the Ghanaian government.

3. This treatment includes any further bone grafts and tendon transfers (level 4/5) for long standing foot extensor weakness.

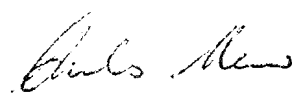
4. The suggested contact is;

Mr Steven Cannon FRCS      telephone 0919 64 2300  
Consultant Orthopaedic Surgeon  
The Royal National Orthopaedic Hospital  
Brockley Hill Stanmore  
MIDDLESEX HA7 4LP United Kingdom

5. Pre-payment to the Hospital Trust and extensive liaison with the relevant British authorities will need to be organised prior to departure.

6. This hospital has an excellent rehabilitation service for its spinal unit which may be employed for LCPL Samson Agyare and caters regularly to overseas patients with appropriate financial support.

7. I would be happy to assist through my personal contacts with correspondence to Mr Cannon at Stanmore.



C.H. NEW FRACS  
Major  
Consultant Orthopaedic Surgeon

From: Major Charles H. New FRACS Consultant Orthopaedic Surgeon



ASC Medical Support Force Rwanda  
OP TAMAR  
AFPO 4  
International Mail Centre  
SYDNEY NSW 2001

To Colonel Ramsey Rame  
Col ASC.  
UNAMIR 17 HQ

Reference:

A. 185883 LCPL Sampson Agyare DOB 18OCT65.

1. Thankyou for following up this young man who has been under the care of the AUSMED hospital CHK. He was admitted to CHK on the 11th of September with a mortar injury to his left leg. The injury included;

- a. Grade 3 a. compound fracture (L) femur, partial loss of (L) lateral condyle;
- b. Soft tissue loss lateral aspect (L) leg;
- c. Unstable (L) knee (loss of (L) lateral collateral ligament;
- d. Common peroneal nerve palsey;
- e. Foot drop secondary to d.

2. He underwent a further debridement (the 1st being in Nairobi) on the 13th of September. LTCOL Atkinson grafted the bone defect using bone from both iliac crests. Post operatively he had an infection in both donor sites, and to the graft site. This was treated with IVI of gentamycin and flucloxacillin (No gram stain nor culture facility being available). The graft material was removed on the 23rd and a rotation flap performed to cover the bone defect. The graft had taken well and CPL Agyare has responded well to the antibiotic therapy. Split skin graft was applied to the site on the 16th of October and will be reviewed on the 21st.

3. Management Plan:

- a. Continue flucloxacillin orally 500mg QID, Bactrim DS 1 BD;
- b. Protection Plaster (long leg 10 degrees knee flexion) for 12 weeks;

Medical-In-Confidence.



- c. Reassessment of knee instability;
  - d. Foot drop Splint;
  - e. Review of need for subsequent tendon transfer for foot drop; and
  - f. Weekly ESR to monitor possible infection.
4. LCPL Agyare is fully aware of the severity of this condition, the risk of late osteomyelitis and the possibility of pathological fracture of the femur. May result in an above knee amputation being required.

Yass Sunday  
Alca Alca

Medical - In - Confidence

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Col H/kinside (14)

**DR. L. N. GAKUU**  
MB. CH.B., M. MED. (SURGERY).  
CONSULTANT ORTHOPAEDIC & TRAUMA SURGEON.

CARGEN HOUSE  
3RD FLOOR, ROOM NO. 11  
HARAMBEE AVENUE  
P.O. BOX 55164  
TEL: 225166 OFFICE  
NAIROBI

AGA KHAN HOSPITAL  
DOCTORS' PLAZA  
1ST FLOOR, ROOM 106  
TEL: 740000/742531 EXT. 483  
FAX: 746292  
NAIROBI

Our ref:

DATE: 2/9/ 19 94.

Your ref:

MEDICAL REPORT.

NAME: Mr. Samson Argyare.

AGE:

History.

He was admitted at Nairobi Hospital as having been involved in a bomb attack in RWANDA. He sustained a severe and near fatal rocket blast to the left leg.

On admission he was found:-

1. He was in hypovolaemic shock and pale having bled a lot from the blasted leg.
2. There was a compound fracture Grade 5 on the left femur with gross soiling, loss of:-
  - a). Vastus lateralis muscle loss.
  - b). Large skin loss on the lateral posterior aspect.
  - c). Loss of the lateral femoral condyl with distal femur exposed.
  - d). Severely communitated fracture distal femur (bag of bones).
  - e). Injury to the politeal nerve.

He was admitted and resustated and taken to theatre same day whereby the following was done:-

1. Thorough surgical toilet was done with excision of dead, dark and non viable tissues. The wound was heavily contaminated with soil and sand debri.
2. The communitated bones were reassembled and the remaining muscles regrouped to afford bone cover. However due to the extensive soft tissue loss all areas were not fully covered.

Thereafter the leg became septic smelly as expected and he has had series of surgical toileting and skin grafting. The end results is far much better than expected as follows:-I.

1804

ASC MED SPT FORCE RWANDA  
UNAMIR 11

HOSPITAL NOTIFICATION OF ADMISSION

SVC NUMBER 155553 RANK L/CP  
CASUALTY NAME (IN FULL) SAMPSON AGYARE  
SEX M NATIONALITY GHANA  
PARENT ORGANISATION UN CHAURSETT I  
LOCATION OF ORGANISATION HEAD QUARTERS Kigali UN HQ  
UN ID CARD NUMBER B4102

NEXT OF KIN: NAME MRS AGYARE AGYARE  
ADDRESS 1 MT BN BURMA CAMP ACCRA GHANA  
RELATIONSHIP Wife  
NEXT OF KIN TO BE NOTIFIED YES/NO

CATEGORY UN UN, NGO, CIV.

DATE OF INJURY/ILLNESS 4 May 94

ON DUTY (Y/N)

TIME 0800

PLACE Kigali Airport

CAUSE OF INJURY/ILLNESS Bomb Blast


BCAS/NBCAS NBCAS

DIAGNOSIS/MED CONDITION See Report

EXPECTED LENGTH OF STAY .

ADDITIONAL INFORMATION Admt 09 Sep.

.....NGOCAS SAMI

  
LAC MEDASS