UNAMIR OPERATIONAL PLANNING 15 JAN - 6 APR 1996

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UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

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MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR-MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/34/FMO
MED : 104/96

To : MEDICAL BRANCH DPKO
UNHQ-NEW YORK

Attn: DR ADLER/DR DECKNER

From: MAJ R KAK
FMO

Date: 06 Apr 96

Subject: MEDICAL SUPPORT OPERATIONS - UNAMIR
FINAL REPORT

GENERAL INTRODUCTION

1. The one and only important function of the Force Medical Branch was to provide comprehensive medical support to a standard acceptable to all participating nations in UNAMIR. Despite the complex nature of UN operations a satisfactory medical support system was provided during the tenure of the mission. The main tasks as laid down in the United Nations Operational Support Manual were:

a. Maintenance of health and prevention of disease.

b. Treatment and evacuation of sick and wounded.

c. Resupply of Medical Material.

The medical branch at HQ UNAMIR, with the help of various medical facilities deployed in the mission area was largely successful in carrying out the various medical operations such as preparation of medical appreciation and plans, provision of medical care acceptable to all participating nations in the mission area, evacuation of sick and wounded within the mission area (CASEVAC) and outside the mission areas (MEDEVAC), resupply of medical material and liaison with various agencies. The medical branch was in addition instrumental in coordinating humanitarian medical relief to the local population of Rwanda on a large scale in order to promote health and prevent disease in this war ravaged nation.

For the medical support operations to be successful there is a need for sound planning at all stages and good logistic support system. Although the medical support operations were satisfactory to a large extent, deficiencies in logistic and administrative support resulted in various shortcomings and difficulties which have been brought out in the End of Mission Report submitted by the medical branch vide our letter No. 4000.4/34/FMO dated 07 Mar 96 (copy attached).

This report will attempt to provide information regarding the general problems and deficiencies encountered as regards the medical support operations during the mission.

**AIM**

2. The aim of this report is to present an overview of the medical support operations in UNAMIR with special emphasis on problems relating to deficiencies in planning, logistics and administrative support with a view to providing recommendations. The details of the medical support to UNAMIR I and UNAMIR II and report on other activities carried out by Force Medical Branch have already been brought out in detail in the attached End of Mission Report.

**SCOPE**

2. This report will discuss the following:

a. Casevac.

b. Medevac.

c. Medical Repatration.

d. Medical Liaison.

e. Contracted Medical Service.

f. Administration of Medical Support Operations including Liquidation.

g. Problems including Logistics and Administrative deficiencies.

**CASEVAC**

3. This is the intra-theatre evacuation of seriously ill or injured patient from the site of injury/illness to an adequate level 2/3 medical facility. The theatre of operation of UNAMIR encompassed whole terrritory of Rwanda. Different contingents with

integral level 1 medical support system were deployed in various sectors. The UN hospital providing level 2 and limited level 3 medical support was functional in capital city of Kigali. Casevacs were co-ordinated by the Force medical branch in conjunction with Air Ops and respective contingents in whose theatre the casuality occured.

Casevac was carried out by road or by air, depending on the priority of the case, time of injury/illness, distance from the UN field hospial at Kigali. Triage of casualities was done and priority was allotted based on severity of injury/illness and threat to life/limb as under.

a. Priority I - Patients requiring urgent resuscitation immediate surgery.

b. Priority II - Patients requiring early resuscitation and possible surgery.

c. Priority III - All other cases.

Type of casevac: Casevac could be carried out by road or by air depending on the type of casuality and priority of case.

a. Road evacuation: This was mostly carried out for Priority 3 cases and any other cases in immediate surrounding areas of UN field hospital. However the road evacuation assets were not adequate as most of the contingents deployed in UNAMIR were deficient in ambulance vehicles and resuscitation equipment.

b. Aero-medical evacuation: This mode of evacuation by air was carried out for all Priority I and Priority II cases from outlying sectors. AME assets were adequate in terms of availability of helicopters. However trained AME teams with sufficient resuscitation equipment were available only when AUSMED was deployed in mission area. NORMED lacked both the trained personnel for AME as well as required equipment.

**MEDEVAC**

4. This entailed inter-theatre evacuation of casualities. In this mission area, casualities requiring specialised medical care were flown to Nairobi by fixed wing UN aircraft. Both AUSMED and NORMED were having limited level 3 capability and patients requiring level 3 medical care were sent to Nairobi Hospital or Aga Khan hospital in Nairobi for further management. The medical bills received from Nairobi hospitals were cleared by Finance branch after scrutiny by medical branch. The Force Co-ordinating Team (FCT) based at Nairobi was responsible for reception, transport, admissions in hospital and other administrative support to the patients during stay at Nairobi. However there was no medical

officer as member of FCT which resulted in unreliable medical liaison.

**MEDICAL REPATRIATION**

5. It is a medical evacuation back to the patients own country. This applied to all those who were unlikely to be fit for duty within the stipulated period of 30 days or those patients requiring treatment not available in the mission area including Nairobi. Most of the medical repatriations were carried out by commercial passenger aircraft flying out from Kigali/Nairobi.

**MEDICAL LIAISON**

6. The Force Medical Branch established an excellent rapport with local health authorities, medical authorities in Nairobi, with the various NGO's operating in the whole of Rwanda and between the medical elements of various contingents. This was achieved by regular visits to various hospitals in Kigali and Nairobi and by interaction with various NGO's. The medical officers from various contingents attended a monthly FMO's conference where they could share their views openly. The FMO also paid staff assisted visits to various contingents to assess the medical support system in the concerned sector. This helped in coordinating the medical support, medical resupplies and allied matters and helped the Force Medical Branch in gathering medical intelligence so as to re-organise medical plans where necessary.

The Force Coordinating Team at Nairobi did not have a medical officer as a member and as such medical liaison suffered a bit. Presence of a medical officer could have streamlined the procedure of medevac/medical repatriation and it could have also resulted in better feedback to the Force Medical Branch on condition of patients. The Force Medical Branch had to fix up appointments, arrange for admissions and get follow-up report all on telephone which was not always very easy.

**CONTRACTED MEDICAL SERVICE**

7. As it has been brought out in End of Mission Report, a first in any UN peacekeeping operations was achieved with successful integration of a contracted civilian medical service (NORMED) within a military setup. The concept of contracted medical service is a viable alternative to provision of military medical facility where required. However the contracted facility without self protection and full self sufficiency can only be introduced into an already operating mission. The initial deployment of force into a peace-keeping or peace-making operation must have a integral military medical support with capability upto level 2/3.

8. It is essential as well for the civilian medical oranisation to understand the dependencies and the type of care required when determining the total support requirement. As brought out in End

of Mission report the NORMED was inadequately staffed, lacked AME assets and carried out frequent turnover of specialist staff. Besides this there was no understanding on status of NORMED staff resulting in various administrative problems like visa arrangements, entitlement of CTO/R&R etc. All these factors require to be considered before employing contracted medical service in UN operations.

**ADMINISTRATION OF MEDICAL SUPPORT OPERATIONS INCLUDING LIQUIDATION**

9. The medical support to UNAMIR was coordinated by Force medical Branch at HQ UNAMIR. The functioning of AUSMED and NORMED and various RAP's of different contingents was supervised and co-ordinated by medical branch. It entailed appreciation, planning and operations by the medical branch and final execution by the field hospital and various RAP's. The Force Medical Branch was at all times comprising of a Force Medical Officer, Medical Operation Officer, Medical Logistics Officer and Force Health Officer. During the AUSMED phase the medical branch was manned by officers from Australia specifically earmarked for the job. In post-AUSMED phase officers from various contingents, staff and even MILOBs were pooled in to man the Force Medical Branch. The limitations of this arrangement have been brought out in the End of Mission Report. The details of functioning of AUSMED, NORMED and various RAP's are also included in the same report.

**LIQUIDATION**

10. The mandate of UNAMIR was finally extended upto 08 March 1996 vide UN Security Council Resolution No.1029 (1995) dated 12 Dec 95 and a period of 6 weeks was earmarked for liquidation begining from 09 Mar 96 onwards.

In view of non-extension of mandate beyond 08 Mar 96 and reduction in the force level from 1800 to 1200, the 95 CMSG ceased operations on 25 Jan 96 and the contingent was repatriated on 02 Feb 96. The duties of Force Medical Officer and Force Health Officer were transferred to officers from INDBATT. The NORMED started furnctioning without the integral support of medical elements of CMSG. Various contingents deployed in different sectors had integral medical support assets.

During the liquidation phase which began on 09 Mar 96 most of the contingents along with their integral level 1 medical support system have left for their respective countries. The NORMED which provided level 2 and limited level 3 medical support to the UNAMIR from Aug 95 onwards, ceased operations on 25 Mar 95.

After the departure of NORMED the INDBATT RAP has been tasked to provide level 1 and limited level 2 medical support to the remaining components of UNAMIR till INDBATT ceases operations on 10

Apr 96. During this period 10 units of O Negative blood are being kept with INDBATT RAP for use in extreme emergencies. Medevac facilities have been arranged through CAO UNAMIR with Air-Ambulance services based at Nairobi. Priorities requiring level 2 and level 3 treatment will be evacuated to Nairobi.

Consequent to departure of staff at Force Medical Branch at HQ UNAMIR on 14 Apr 96 from mission area the Force Medical Branch and INDBATT will cease operations from 10 Apr 96.

MALAWICOY has a functional RAP with one RMO incharge for medical support to the company. After the departure of INDBATT, MALAWICOY will provide medical support to the remaining elements of HQ UNAMIR in addition to own troops.

The Canadian owned medical equipment given on loan to UNAMIR for use by NORMED has been deposited with warehouse for onward shipment to Canada.

The pricing of medicines returned by various contingents and medical consumables lying in warehouse was completed with help of NORMED staff. The list of priced medical consumables along with date of expiry in a chronological order was forwarded to Medical Adviser DPKO for disposal orders. As per the orders received from New York, medical consumables with expiry date beyond Jun 96 have been earmarked for shipment to other missions. The rest have been earmarked for transfer to UNDP dispensary at Kigali.

Most of the medical bills received from various hospitals and consultants at Nairobi for services rendered to UNAMIR personnel have been cleared by the medical branch with a few bills remaining outstanding due to non receipt. Finance section has been forwaded particulars of patients whose bills have not been received so far.

## DEFICIENCIES AND PROBLEMS

11. Despite the apparently successful medical support operations in the mission, a number of deficiencies were noted in various stages of planning, logistics and administration. Some of the shortcommings and recommendations have already been enumerated in the End of Mission Report. At the risk of being repetetive the deficiencies and problems are listed once again as under:

a. Planning of medical support: The level 2 and 3 medical support to UNAMIR for entire duration of mission was not adequately catered for. The sudden departure of AUSMED in Aug 95 left a sudden void with no military medical support available with level 2 to 3 facilities. This entailed the requisition of contractual civil medical support in form of NORMED with its incumbent shortcomings/deficiencies. Even the NORMED ceased operations almost one month before the departure

of core group personnel and one of the contingents. This has resulted in jeopardising the medical security to the remaining personnel in mission area.

b. Logistics: Various deficiencies noticed in the area were as under:

(1) Road evacuation assets: Most of the contingents arrived in mission area without adequate number of road ambulances or even without any ambulances at all. Consequently the few available ambulances had to be redistributed all over Rwanda with a result that UN field hospital had only 2 ambulances with capability to carry only one patient at a time.

(2) AME assets: There were sufficient number of helicopters available for casevac but trained personnel and requisite equipment for AME operations were not adequate in number and quantity respectively. Helicopters did not have night flying capability.

(3) Medical equipment: Many of the RAP's were lacking in basic medical equipment on arrival and had to be supplied with stores received from warehouse, various NGO's and other UN agencies. Even the NORMED arrived with insufficient resuscitation stores and had to borrow them from 95 CMSG. Some equipment was taken on loan from Canada by UNAMIR and provided to NORMED.

(4) Medical consumables: The procurement of medical consumables is a long,time consuming process as it is clubbed with procurement of non-medical stores and handled by non-medical personnel. Many of the stores are received towards the end of their shelf life. Most of the medical consumables received from UNOSOM were already past expiry date.

c. Administration: The following deficiencies in medical administration were noted:

(1) Unstable staff appointments: The Force Medical Branch saw frequent change-over of key appointemnts at crucial times. After departure of AUSMED, officers were pooled in from various contingents, other branches and from even among MILOBs to man the Force Medical Branch. The functioning of medical branch suffered as a consequence and it also resulted in additional workload for remaining medical officers.

(2) There was a lack of communication between the FCT based at Nairobi and the Force Medical Branch as no

medical personnel was a part of FCT.

(3) Lack of proper documentation in the Force Medical Branch right since its inception resulted in lot of confusion in providing adequate feed back to UN NY at the end of mission.

(4) Many of the personnel arrived in mission area without proper medical examination as per UN norms as a result of which they had to be repatriated on medical grounds.

**RECOMMENDATIONS**

12. In view of the various deficiencies noted it is recommended that:

a. Uninterrupted level 2 and level 3 medical support preferably by a military medical support system should be ensured at planning stage so that medical security of mission is not compromised.

b. Various contingent RAP's should be well equiped with necessary transportation assets and equipment for road evacuation as per UN requirements before reporting to mission area.

c. All helicopters should have night flying capability. Level 2 to 3 medical facility should have enough number of trained personnel and enough medical equipment for AME operations.

d. Procurement of medical consumables should be faster. Ways and means should be evolved to cut down bureaucratic red tape. For a beginning the procurement section should have a seperate medical supply system staffed exclusively by medical personnel for procurement of medical stores. Indiscriminate procurement and transfer of medical stores from one mission area to other mission area should be avoided.

e. The staff at Force Medical Branch should not be made to function on ad hoc basis. This results in lack of continuity in providing top class medical support to the mission. Medical personnel with a fair bit of administrative experience should be appointed on a long term basis to staff the medical branch.

f. In future missions the medical branch should be provided with experienced clerical staff right from inception to liquidation to ensure proper documentation and maintenance of records.

g. The Force Coordinating Team should have a medical officer as member to ensure proper rapport with Force Medical Branch and to steamline the medical cover to patients going out of country for medical care.

h. All countries sending troops for UN Missions should be provided with detailed criteria regarding medical fitness of troops being inducted in mission area to prevent avoidable medical repatriation.

i. A detailed proforma with necessary guidelines should be provided to Force Medical Branch to prepare a satisfactory End of Mission Report to avoid any ambiguity.

**CONCLUSION**

13. The medical support system provided an excellent level 1 and 2 and limited level 3 medical support to the UNAMIR inspite of various limitations/deficiencies. This was purely because of dedication and hard work by medical personnel at all levels and because of excellent support by other branches of UNAMIR. The deficiencies which have been brought out and recommendations given may be considered for future missions to assist the medical support system in those missions in providing highest class of medical care.

Enclosure:

End of Mission Report - Medical Branch dated 07 Mar 96

UNITED NATIONS
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UNAMIR-MINUAR

**HQ UNAMIR MED BR**
**FILE: 4000.4/34**
**MED : 105/96**

**To :** See Distribution

**From:** **MAJ R KAK**
**FMO**

**Date:** 06 Apr 96

**Subject:** **MEDICAL SUPPORT OPERATIONS - UNAMIR**
**FINAL REPORT**

1. Reference para 5(d) of Guidelines for Liquidation of Mission dated 05 Dec 95.

2. A copy of the subject report is forwarded herewith for your information, please.

3. Best regards.

Distribution:

A/FC
COS
CAO
DCO/SP

UNITED NATIONS

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/34/FMO
MED: 103/96

**To:** All military and Civilian Personnel

**From:** **MAJ R KAK**
**FMO**

**Date:** 01 April 96

**Subject:** **MOVEMENT OF INDBATT RAP FROM SOALTEE**

1. Please be informed that INDBATT RAP has moved from SOALTEE to UNAMIR Transit Camp.

2. Effective date all medical problems are to be channeled through either INDBATT or MALAWICOY RAPat UNAMIR Transit Camp.

3. All are please requested to take note of the new change.

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UNAMIR - MINUAR

**HQ UNAMIR MED BR**
FILE: 4000.4/34/FMO
MED 098/96

**To:** **See Distribution**

**From:** **MAJ R KAK**
**FMO**

**Date:** **22 Mar 96**

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

Reference:

A. 4000.4/34/FMO dated 15 Jan 96.

1. Further to instruction contained in ref A, please find an update on instructions pertaining to medical support during liquidation process.

2. NORMED will continue providing only second line and limited third line medical support till it ceases operations on 25 Mar 96 midnight (2400 hrs).

3. INDBATT and MALAWICOY will provide first level medical support to their respective contingents, HQ UNAMIR staff and remaining UNAMIR elements until their departure on 14 Apr 96.

4. INDBATT and MALAWICOY are authorized level one holding policy for two days. Both RAP's will ensure a holding capacity of two beds.

5. INDBATT RAP will hold 10 pints of 0 Negative blood for use in case of emergencies only.

6 All cases requiring second or third level medical treatment are to be evacuated to NAIROBI by first available aircraft.

7. Dedicated standby aeromedevac aircraft with dedicated AME team to be provided by the TMG at 60 mins notice to move from 26 Mar 96 onwards.

8. Two expanded first aid kits with a variety of medications and instructions will be issued by NORMED to Force Medical Branch on 30 Mar 96 for use by Core Group after departure of INDBATT/MALAWICOY.

Distribution:

A/FC
COS
CAO
DCOS/OPS
DCOS/SP
CO INDBATT
CO MALAWICOY
NORMED
G3 PLANS
AIROPS TRAFIPRO

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UNAMIR - MINUAR

**HQ UNAMIR MED BR**
FILE: 4000.4/34
MED 101/96

**To:** **RMO INDBATT**
**RMO MALAWICOY**

**From:** **MAJ R KAK**
**FMO**

**Date:** **28 Mar 96**

**Subject:** **MEDICAL SUPPORT DURING LIQUIDATION**

References:

A. Air Ops 1047 dated 26 Mar 96.

B. CAO letter dated 27 Mar 96.

1. Copies of references A & B are forwarded under-cover of this letter for your information and action as appropriate.

2. Kindly acknowledge.

## CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. _____

| To: | | Remarks/Action: |
|---|---|---|
| | FMO | R 28/3 |
| | ~~Med~~ Ops | Note down contact number for ready ref. Yale 28/03/96 |
| | Med Log | Cpl 28/3 |
| | FHO | |
| | SO Med | |
| O | | |

Please initial and date when action complete then pass quickly

UNAMIR II
25/3

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UNAMIR - MINUAR

# INTEROFFICE MEMORANDUM

DATE: 26 Mar 1996

REF: AIR OPS 1047

TO: Maj R. Kak
FMO

FROM: Neil Gray
Air Operations Officer

SUBJECT: STANDBY AIRCRAFT FOR MEDIVAC DURING PHASE 3 LIQUIDATION

Reference: MED BR 4000.4.34 dated 15 Mar 96.

1. Due to the heavy tasking of both UNAMIR contracted fixed wing aircraft during the withdrawal it is not possible to pre-position an aircraft in Kigali for immediate aeromedical evacuation (AME).

2. Should there be a requirement for AME during the Phase 3 Liquidation the following procedures are to be followed:

*Contact in the first instance should be any of the following:

Neil Gray - Air Operations Officer
CS WZ CH 11 (Scanning CH 4, 5, 11)
Tel 11714

Kel Gleeson - Chief Movcon
CS DM1 CH 11
Tel 11719

David Driggers
Air Operations Nairobi Gigiri
Tel 62386
Home 254 2 444512

CAO
- office tel. 11005
- home tel. 11167 (Rm 419 Umubano Hotel)
- call sign 'victor one'
- Channel 11

In absence of CAO, contact OIC/ Admin.

3. If UNAMIR aircraft are available on the ground in Nairobi it will take approximately 2 Hours to have the aircraft on the ground in Kigali.

4. In the event that the UNAMIR aircraft are both unavailable there are a number of 24 Hour AME charter companies operating out of Nairobi which can be chartered as the need arises and will maintain the 2 Hour timeframe from Nairobi to Kigali. A Medical Team can be provided to travel with the aircraft however the following information will be required to ensure correct equipment and medics are carried:

Personal Particulars of Patient
**Passport will be required to avoid Immigration problems

Medical Condition of Patient

Any Specialized Equipment required

Any other relevant details.

5. The charter price for a 'Beechcraft' size aircraft will be approximately USD $6,000. The Charter company will Invoice UNAMIR for the AME flight which will be accounted for and paid against a post facto requisition. The two main companies we would expect to use are:

African Air Rescue
Wilson Airport
Nairobi

Tel 77374/5/6

Medivac
Wilson Airport
Nairobi

Tel 564487/564412/561643

6. Any further queries should be addressed to Neil Gray at Air Operations. Best Regards.

cc. CAO
CISS
CMOVCON
AIROPS NAIROBI
FC
COS

**CORRESPONDENCE DISTRIBUTION**
**COVER SHEET**

File No: _____

To: FMO Remarks/Action: RL 28/3 Rw

Med Ops yale 28/03/96

Med Log Cuff 28/3

FHO _____

SO Med _____

Cfc Send a copy to RMO Lubbatt + RMO Malowiecy

Please initial and date when action complete then pass quickly

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UNAMIR-MINUAR

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A.S.C. UNAMIR II
/ /
Folio 25/3

***OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER***

DATE: 27 March 1996

TO: Maj. R. Kak, FMO

FROM: Susan Matthew, CAO

SUBJECT: **Medical support during liquidation**

1. Reference is made to your memorandum (MED 098/96) dated 22 March 1996 and to our discussion on 25 March in connection with the captioned subject.

2. In regard to para 7 of your memorandum, I should like to confirm that there is no dedicated standby aeromedevac aircraft with dedicated AME team at 60 mins notice to move. UNAMIR has never had such a facility and none was ever agreed to by the Administration.

3. As I explained during our discussion, if the FMO considers an emergency situation has developed which requires air ambulance medevac to Nairobi, he should request CAO to authorize and to arrange for the air ambulance.

4. The CAO may be contacted during working hours on Tel Ext 11005 and out of working hours at Tel Ext 11167 (Room 419 Umubano Hotel). CAO is also contactable via radio - Channel 11 callsign "Victor One". In the absence of the CAO, the nominated OIC/Administration will authorize and arrange air ambulance services.

cc:

| | |
|---|---|
| SRSG | CISS |
| A/FC | CGS |
| COS | CFO |
| DCOS/Ops | OIC/PROC |
| DCOS/Sp | OIC/PERS |
| CO Indbatt | BPO/Legal |
| CO Malawicoy | CSO |
| G3 Plans | STO |
| AirOps Trafipro | |

**CORRESPONDENCE DISTRIBUTION**
**COVER SHEET**

File No: _____

To: FMO — Remarks/Action: [signature] 18/3

Med Ops — [signature] 18/03/96

Med Log — [signature] 18/3

FHO

SO Med

C/C — Can you get a copy of Fax dt 13/3 for copy with the case of ref this 18/3 [signature]

Please initial and date when action complete then pass quickly

[signature]

18/3

6/1d - 1029

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INTEROFFICE MEMORANDUM | MEMORANDUM INTERIEUR

A.S.C. UNAMIR II
/ /
Folio ...15/3.....

TO: Ms. Susan Matthew
A: CAO, UNAMIR-Kigali
Fax 3-3090

THROUGH:
S/C DE:

FROM: Ingrid Laux, M. D.
DE: Medical Director
Medical Service-NY
Fax 3-4925

SUBJECT:
OBJET: **UN Dispensary-Kigali UNAMIR**

UNAMIR
1996 MAR 16

DATE 15 March 1996
IL/ecc

UNAMIR - REGISTRY
Action to / REFERENCE:
1
2
1 6 MAR 1996
- Action completed
- Acknowledge
Initial

1. Thank you for your facsimile of 13 March 1996 containing the requested information.

2. Please be informed that the UN Dispensary serves the staff of all UN agencies but not the NGOs and the diplomatic corps.

3. Therefore, to serve 600 staff members, one doctor and one nurse would be sufficient.

Copy to:
Mr. H. Medili
Fax 3-0664

CAO FMS

**UNITED NATIONS ASSISTANCE MISSION FOR RWANDA**
**UNAMIR**

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

# TELEFAX COVER SHEET

| | |
|---|---|
| OUTGOING FAX NO: | DATE: 13 MARCH 1996 |
| TO: 1. DR. INGRID LAUX<br>MEDICAL DIRECTOR<br>HRM/MEAD/UNHQ-NY<br>ATTN: | FROM: SUSAN MATTHEW<br>CAO, UNAMIR<br>KIGALI, RWANDA |
| FAX: 212-963-0383/0642 | REPLY FAX: 212-963-3090 |
| INFO: MEDILI/WALDRUM, FALD | FAX: 212-963-0383/2116 |
| SUBJECT: **UN DISPENSARY IN KIGALI POST-UNAMIR** | |

AS EXPLAINED IN TELEPHONE DISCUSSION MATTHEW/LAUX ON 11 MARCH 1996, THE VARIOUS UN OFFICES AND AGENCIES IN KIGALI ARE REVIEWING THE MEDICAL SERVICES THAT WILL BE AVAILABLE FOLLOWING THE LIQUIDATION OF UNAMIR AND CLOSURE OF THE NORMED FACILITY. IT HAS BEEN SUGGESTED THAT THERE MAY BE A NEED TO INCREASE THE STAFF OF THE UN DISPENSARY (WHICH CURRENTLY STANDS AT ONE DOCTOR, ONE NURSE AND ONE LABORATORY TECHNICIAN) AND TO EXPAND THE EXISTING OR MOVE TO NEW LARGER PREMISES.

THE ESTIMATED INTERNATIONAL COMMUNITY IN RWANDA POST UNAMIR IS AS FOLLOWS:

| | | |
|---|---|---|
| (I) | UN AGENCIES (INTERNATIONAL STAFF ONLY) | 275 |
| (II) | UN AGENCIES (INTERNATIONAL PLUS LOCAL NATIONAL STAFF) | 600 |
| (III) | UN AGENCIES (INTERNATIONAL AND LOCAL) PLUS NGOs AND DIPLOMATIC CORPS | 1000 |

WE WOULD WELCOME YOUR ADVICE ON THE RECOMMENDED STAFFING LEVEL OF THE UN DISPENSARY ON THE BASIS OF THE ABOVE FIGURES. IN ADDITION, YOUR ADVICE IS REQUESTED ON THE PROPOSAL THAT THE UN DISPENSARY SHOULD PROVIDE SERVICES TO NGOs AND THE DIPLOMATIC COMMUNITY.

REGARDS.

cc: SRSG

| | |
|---|---|
| DRAFTED BY: SM/ea | CLEARED BY: SUSAN MATTHEW, CAO |
| NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: | |

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UNAMIR - MINUAR

**HQ UNAMIR MED BR**
FILE: 4000.4.34
MED 091/96

**To:** **MR NEIL RICHARD GRAY**
**Air Ops Trafipro**

**Info:** **Ag FC**
**COS**
**CAO**

**From:** **MAJ R KAK**
**FMO**

**Date:** **15 Mar 96**

**Subject:** **STANDBY AIRCRAFT FOR MEDIVAC DURING PHASE 3 LIQUIDATION**

1. Further to our discussion today 15 Mar 96 on the above subject it is clarified that there will be no aeromedical evacuation assets available in the mission area when NORMED ceases operations on 25 Mar 96.

2. In view of the above you are requested to provide a memo confirming the availability of aircraft with a dedicated aeromedical evacuation (AME) team wef 26 Mar 96.

3. Ref A and B are attached as reminder for your convenience.

4. Please treat as urgent.

REF 'A'

UNITED NATIONS

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UNAMIR-MINUAR

**HQ UNAMIR MED BR**
File: 4000.4/34/FMO
MED : 069/96

TO: **CHIEF MCC**

From: **MAJ R KAK**
**FMO**

Date: 24 Feb 96

Subject: **STANDBY AIRCRAFT FOR MEDIVAC DURING PHASE 3 LIQUIDATION**

Reference:

A. Medical Support During Liquidation dated 17 Jan 96.

1. With respect to para 9 of the above reference, you are requested to confirm if this arrangement has been made as concrete.

2. Forwarded herewith is the copy of the medical support during liquidation as a reminder. Thank you for the cooperation.

3. Please ack receipt.

REF 'B'

P 2/4

## MEDICAL SUPPORT DURING LIQUIDATION

### GENERAL INSTRUCTIONS

1 The overall concept for medical operations for liquidation will be to maintain second and limited third line capability until 25 Mar 96 To ensure an orderly and smooth transition of responsibilities, while at all times maintaining the aim of continuous medical support, the following are issues and timings which will ensure completion of medical operations, logistics and administration The FMO will visit all RAPs prior to departures for staff and equip checks and formal Med Branch presentations. This instruction should be read in concert with UNAMIR HQ Med Br File 4000 4/34 issued 09 Jan 96

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

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

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

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

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

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

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

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

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

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

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

C. CRITICAL DATES

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

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

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ASSISTANCE MISSION FOR RWANDA

NATION UNIES

MISSION POUR L'ASSISTANCE AU R

UNAMIR-MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/34/FMO
MED : 085/96

To : DCOS SP

From: MAJ R KAK
FMO

Date: 07 Mar 96

Subject: END OF MISSION REPORT - MEDICAL BRANCH

Reference:

A. DFC/COS dated 27 Nov 95.

GENERAL

1. This report pertains to the period October 93-December 95. The Medical Branch is responsible to the Force Commander on all matters affecting the health of **UNAMIR** personnel.

ROLE

2. The role of the Medical Branch is the coordination of all medical support to the Force and to medical humanitarian relief in Rwanda and the provision of advice to the Force Commander on matters designed to promote health and prevent disease.

INTRODUCTION

1. The United Nation Assistance Mission For Rwanda (UNAMIR) was first established on 5 Oct 93 as a peace keeping mission. Due to lack of documents the information regarding medical services during UNAMIR 1 is quite sketchy. The non-availability of any end of mission reports by AUSMED which was deployed during UNAMIR II and also lack of documents has put a lot of constraint in preparing this End of Mission report. Hence this report is not as comprehensive as it should have been.

2. Briefly put, during the period referred to as UNAMIR I the medical services were provided by various contingents especially British contingent (BRITCON) and various NGO's. During the UNAMIR

II the medical support was mainly provided by AUSTRALIAN contingent (AS MSF) which operated a field hospital AUSMED and augmented by medical dets of various contingents. Towards later part of UNAMIR II the field hospital has been operated by an NGO (Norwegian Refugee Council) known as NORMED, with support from 95 CMSG. However, since 26 Jan 96 the NORMED has been functioning independently.

3. The medical service to UNAMIR continued to change in its area of responsibilities during the different phases of UNAMIR in conjunction with the resolutions and mandate of UNAMIR at various times.

SCOPE

4. The report will cover the following:

a. Medical support to UNAMIR I.

b. Medical support to UNAMIR II (AUSMED Phase).

c. Medical Support to UNAMIR II (NORMED Phase).

d. Humanitarian Activities.

e. Limitations.

f. Lessons Learnt.

g. Recommendations.

**AIM**

5. The aim of this End of Mission Report is to discuss medical support to UNAMIR duing the mission highlighting limitations/scopes including lessons learnt with a view to providing recommendations.

**MEDICAL SUPPORT TO UNAMIR I**

6. Medical Support to UNAMIR I was provided primarily by respective contingents but particularly by BRITCON. BRITCON comprising 23 PFA provided medical support in different areas but without an established field hospital. The NGO's assisted in providing health care delivery to local population. BRITCON operated a central treatment facility for UNAMIR personnel and satellite clinics and mobile clinics at various DP camps. A major part of primary medical care for indegenous population was lost as a consequence of war. BRITCON therefore provided invaluable medical services to the local population especially in Sector 4A & 4B (Cyangugu and Butare). BRITCON also helped in provision of potable water and looking after environmental health aspects.

7. With the withdrawal of 23 PFA the following health services controlled by BRITCON were handed over to various agencies as follows:

a. Central Treatment Facility was taken over by a section of AUSMED based at Butare whereas MSF continued to provide treatment for cholera and dysentry cases.

b. 3 of the satellite clinics were taken over by CARE AUSTRALIA.

c. Musange camp was taken over by TROCAIRE.

d. Kamana and Busange camps were taken over by MERLIN.

e. KIBEHO Camp, the largest DP camp in Rwanda where health support was coming from BRITCON did not have any reliable agency to take care of responsibilities of medical support to refugees.

8. **Comments -** The medical support during UNAMIR I was not comprehensive and it was not reliable as far as continuity of humanitarian medical aid was concerned.

**MEDICAL SUPPORT TO UNAMIR II - AUSMED PHASE**

9. The main contribution for medical support to UNAMIR II from Aug 94 to Aug 95 came from Australia. The Force Medical Branch comprising of FMO, FHO, G3 Med Ops and G4 Med Logistics was manned

by Australians. The field hospital for UNAMIR II was established in the military wing of CHK and designated as AUSMED. It had a capacity of 25 beds expandable to 35 beds. The medical staff was appx 100 personnel with a company of infantry provided for security to AUSMED. AUSMED provided level 1 to level 3 medical facilities to UNAMIR II as well as other UN Agencies, NGO's and civilians. Two teams of personnel trained in Aero-medical evacuation (AME) were deployed to carry out casevac/medivac. AUSMED had the capacity to provide 2 CCP's(Casualty Collection Posts) with a holding and resuscitation capability. The CCP's also had evacuation assets to augment various RAP's in conducting health operations. The preventive medicine team conducted health inspections, carried evaluation of food and water supplies, inspected garbage disposal sites and assisted in rodent and vector control on a force level basis. Besides these activities AUSMED carried out Humanitarian tasks in term of medical treatment to local population, training of staff at CHK and provision of specialist medical advise.

10. In addition to above, all the contingents deployed in Rwanda had integral medical support in form of RAP's with capability to provide level 1 and limited level 2 medical treatment and 48 hr holding capacity. A few contingents had dental section, limited pathology capability and road evacuation assets. However most of the contingents arrived without requisite equipment and ambulances for evacuation purposes and most of evacuations (road and air) were carried out by AUSMED. The RAP's provided medical care to their own personnel and to local population as well in their respective bn/coy locations and through medical aid posts. Humanitarian assistance in form of mobile clinics was also provided by various RAP's. The statistics of patient turnover during AUSMED phase is at annexure 'A'.

11. The medical care to UNAMIR 11 and functioning of AUSMED and various RAP's was coordinated by Force Medical Branch at HQ UNAMIR .Air evacuation within Rwanda (Casevac) and from Rwanda to Nairobi or other places (Medivac) was coordinated by FMO in liaison with G3 Air Ops. Casevac was carried out with the help of civilian Canadian helicopters and Medivac to Nairobi by L100, C-130 and Antonov aircraft based at Nairobi. The Force Medical Branch also coordinated acquisition of medical resupplies for treatment of UNAMIR personnel and for various humanitarian activities. The FMO acted as adviser to FC on medical matters and kept him abreast of medical ops.

12. **Comments -** AUSMED and various contingent RAP's provided excellent medical care to UNAMIR II. There was very close cooperation between medical Branch at UNAMIR HQ and various medical units with excellent personnel rapport between the two. This however resulted in limitd proper documentation. Secondly the various RAP's deployed with different contingents did not have requisite assets for road or air evacuation of highest level.

**MEDICAL SUPPORT TO UNAMIR II - NORMED PHASE**
**AUG 95 TO MAR 96**

13. After the departure of AUSMED, a first in any UN peacekeeping missions was achieved with successful integration of a civilian organisation (NORMED) within a military set up to provide level 1 and 2 and limited level 3 medical support to UNAMIR. The Norwegian Refugee Council provided a staff of 28 personnel and requisite equipment to start a field hospital (NORMED) in combination with 95 CMSG at Trafipro. The deficiencies in emergency resuscitation and evacuation capabilities were made up for by contributions from 95 CMSG. The NORMED provided full level 1 and 2 and limited level 3 medical care, running a medical and dental OPD in conjunction with 95 CMSG. Due to limited capability the medical treatment at NORMED was restricted to UNAMIR military and civilian personnel and Brown & Root Staff. The NGO's, personnel from other UN Agencies and civilians were provided emergency medical care only. NORMED carried

out humanitarian tasks at various orphanages and civil hospitals in terms of medical care and training of staff.

14. 95 CMSG was tasked to perform casevac and medivac during this period. However, after the departure of 95 CMSG this job is handled by NORMED. To cut short the evacuation time the Force Medical Branch organised a few classes and training exercises for NORMED staff to be familiar with casevac and safety procedures. Some essential medical equipment for resusitation and evacuation has been loaned from 95 CMSG to NORMED (returnable at end of mission). At present the NORMED is capable of carrying out casevac/medivac without any hindrance. There have however been frequent changes in NORMED staff, especially the surgeon which has led to a few constraints in providing highest level medical care to UNAMIR.

15. The Force Medical Branch at HQ UNAMIR was manned by a team of officers picked up from various contingents after departure of Australians. This did not in any way affect the functioning of medical branch. With their zeal and dedication the personnel at Force Medical Branch ensured highest level of medical care to UNAMIR 11.

16. The RAP's in various sectors continued to function and carry out humanitarian tasks within the constraints of limited humanitarian medical supplies. The statistics of patient turnover during the NORMED phase is at Annexure 'B'.

17. Comments - Due to limited capability of NORMED the access to the hospital was restricted resulting in less and less number of patients being seen. The frequent changes of staff, especially the surgeon adversely affected the functioning of hospital. Lack of multiple entry visa to NORMED staff hampered their movement to Nairobi and could have adversely affected medivac procedures.

**HUMANITARIAN ACTIVITIES**

18. UNAMIR II provided medical support for humanitarian activiies through the resources of Force Medical Branch , AUSMED, NORMED and integral medical and dental posts of various contingents. UNAMIR health services have provided extensive health care and preventive medicine throughout Rwanda including primary health care clinics by contingents medical staff, evacuation and resuscitation care, emergency and life saving surgery. Preventive medicine assistance included vector, rodent and pest control, water analysis and advise on disposal of waste. The main support was in terms of:

a. Medical and Dental treatment to locals and an average approximately 1000 medical and 60 dental patients per week have been treated by UNAMIR.

b. Provision of primary health care and hospitalization. Approx 3000 Rwandese have been treated as inpatients.

c. Limited provision of medicines and ORS - medicins and ORS packets received from various agencies were disbursed all over Rwanda.

d. Teaching of local staff in hospitals/health centres UNAMIR medical staff is involved in educating medical a n d nursing staff in various fields like dressings, sterilization procedures, resuscitation and surgical techniques.

e. Assistance in immunization programme.

f. Provision of specialised medical care - by staff of AUSMED/NORMED at CHK on request.

g. Evacuation and emergency medical care - following motor vehicle accidents, mine blast incidents and serious illnesses.

**LIMITATIONS**

19. a. The road evacuation assets were inadequate as most of the contingents arrived without requisite resuscitation eqpt and with limited or no ambulances.

b. Although the air evacuation and medivac assets were satisfactory in terms of helicopters and other aircraft availability, there was lack of resources as far as required medical stores and trained manpower for carrying out casevac and medivac procedures with highest level of proficiency was concerned.

c. There was lack of proper liaison between Force Medical Branch and FCT at Nairobi. The follow up reports on patients being sent to Nairobi for medical treatment were sketchy at the best. This sometimes created avoidable problems at both ends.

d. There was a frequent turnover of specialist staff both during AUSMED as well as NORMED phase. This resulted in lack of proper follow up of patients requiring long term treatment. During NORMED phase there was only one surgeon available which put a lot of strain on him/her as he/she could not proceed on leave/R&R/CTO. Other specialised trades also had only one trained person available leading to similar problems.

e. Supply of medical consumable and non consumables including immediate operational medical requirements suffers a lot of delay before delivery is made resulting is shortages

of essential medical stores. The procurement section dealing with medical resupplies is ill-equipped to assign priorities, limit quantities or even decide on type of medical consumables to be procured.

f. The medical supply system experienced an unnecessary burden on account of receipt of huge quantities of medical suppies from UNOSOM, most of which were outdated, spoilt due to improper storage and being not of any particular use to this mission.

g. The documentation in medical branch was not adequate. No end of mission reports were available for period from Oct 93 to Aug 95. Similarly no statistics were available about the quantam of work put in by medical support system to UNAMIR. All reports returns are bunched together leading to difficulty in compiling the data.

**LESSONS LEARNT/CONCLUSION**

20. The provision of permanent source of medical support to any mission cannot be overemphasised. Despite all limitations the medical support system of UNAMIR I and II provided excellent health care delivery system. However a few lessons learnt are enumerated as under.

a. Most of the contingents RAP's arrived in the mission area without adequate resuscitation and evacuation capabilities and limited number of ambulance vehicles. Even the NORMED was lacking in adequate medical stores and had to borrow some from 95 CMSG.

b. There were no prior concrete arrangements for a regular adequate medical support system to the mission for entire duration resulting in establishment of a civilian field hospital with consequent problems.

c. There was no clear cut understanding on the status of NORMED staff resulting in delay in issue of visas, confusion regarding entitlement of R&R/CTO and other benefits/ restrictions applicable to UN staff.

d. There was frequent turnover of specialist officers resulting in discontinuity of proper medical care and follow up.

e. Some of the contingents did not carry out proper medical examination as per UN Norm of troops being inducted in mission area. A few personnel had to be repatriated on medical grounds.

f. The Force Medical Branch also saw frequent change over of staff with the last phase of mission seeing officers from various contingents or from among Milobs being picked up to man this important branch. This resulted in additional workload for remaining medical officers of contingents.

g. Medical resupplies are inordinately delayed due to eloborate procedures and bureaucratic delays.

h. Huge quantities of non-essential medical consumables were received which were found outdated and damaged.

i. There was a lack of communication between FCT at Nairobi and Force Medical Branch. The presence of a medical person at Nairobi could be resulted in avoiding such situation.

j. There is no direct link between Force Medical Branch and Medical Branch at UNHQ New York resulting in inordinate delays in getting decisions on important matters.

k. The staff at Force HQ Medical Branch was not sufficiently conversant with operation of computers and also with clerical proffession for proper documentation.

**RECOMMENDATIONS**

21. It is recommended that:

a. All personnel being inducted into the mission area should have undergone a thorough medical examination as per UN norm before being inducted.

b. The contingent RAP's should be fully equipped with essential medical equipment for resuscitation and evacuation and also provided with adequate number of well equipped ambulances at the time of induction.

c. The medical staff should be fully familiar with casevac/medevac procedures and safety measures.

d. Frequent turn over of specialist staff at Field Hospital and of Med Branch staff at mission HQ should be avoided as it leads to break in continuity in providing appropriate medical support to the mission.

e. The FCT at Nairobi should have a member with medical background to give correct feed-back on patients being evacuated to Nairobi.

f. The procurement section should have a seperate medical supply system staffed by personnel with a medical background to hasten the delivery of medical consumables and non-consumables to mission area.

g. Transfer of huge quantities of medical consumables to other missions should be avoided. The consumables should be either sold to local medical agencies or disbursed as humanitarian aid to avoid wastage of such large quantities of medicines.

h. There should be a direct link between Force Medical Branch and Medical Branch at UNHQ New York to facilitate immediate decisions on important matters.

i. In future mission the Medical Branch should be provided with experienced clerical staff to ensure proper documentation and maintenance of records.

**CONCLUSION**

22. The medical support to UNAMIR provided effective dedicate first line and second/third line support to UNAMIR, despite various limitations and many hurdles. This was purely because of excellent coordination between various medical personnel and because of excllent support by other branches of UNAMIR.

ANNEX A TO
END OF MISSION REPORT
DATED: 07 MAR 96

STATISTIC OF PATIENTS LOAD DURING AUSMED PHASE
AUGUST 1994 TO AUGUST 1995

| SRL DENOTE | CATEGORIES OF PATIENTS | NUMBER OPD | NUMBER IN PATIENT | TOTAL |
|---|---|---|---|---|
| A | UN MILITARY PERS | 31934 | 698 | 32632 |
| B | UN CIVILIAN PERS | 2220 | 56 | 2276 |
| C | UN LOCAL HIRED PERS | 5095 | 20 | 5115 |
| D | UN MIL OBSERVERS | 942 | 8 | 950 |
| E | UN CIV POLICE | 288 | 56 | 344 |
| F | FAMILIES OF SRL A-E | 39 | 6 | 45 |
| G | CIV/OP PERS | 283367 | 3137 | 286504 |
| HA | MEDIVAC IN THEATRE | 78 | | 78 |
| HB | MEDIVAC OUT THEATRE | 50 | | 50 |
| J | REPATRIATION | 18 | | 18 |
| K | DEATH | 9 | | 9 |

ANNEX B TO
END OF MISSION REPORT
DATED: 07 MAR 96

STATISTIC OF PATIENTS LOAD DURING NORMED PHASE
AUGUST 1995 TO FEBRUARY 1996

| SRL DENOTE | CATEGORIES OF PATIENTS | NUMBER OPD | NUMBER IN PATIENT | TOTAL |
|---|---|---|---|---|
| A | UN MILITARY PERS | 4232 | 40 | 4272 |
| B | UN CIVILIAN PERS | 1070 | 29 | 1099 |
| C | UN LOCAL HIRED PERS | 4870 | 6 | 4876 |
| D | UN MIL OBSERVERS | 345 | 6 | 351 |
| E | UN CIV POLICE | 174 | 5 | 179 |
| F | FAMILIES OF SRL A-E | 122 | - | 122 |
| G | CIV/OP PERS | 8787 | 144 | 8931 |
| HA | MEDIVAC IN THEATRE | 13 | | 13 |
| HB | MEDIVAC OUT THEATRE | 8 | | 8 |
| J | REPATRIATION | 4 | | 4 |
| K | DEATH | 3 | | 3 |

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UNAMIR - MINUAR

**HQ UNAMIR MED BR**
FILE: 4000.4/34/FMO
MED: 084/96

**To:** **COS**

**From:** **MAJ R KAK**
**FMO**

**Date:** 06 Mar 96

**Subject:** **LESSONS LEARNT DURING THE MISSION AND THE RECOMMENDATIONS**

Reference:

A. COS directives on Tue 05 Mar 96.

1. Attached for your information and appropriate action is a copy on above subject as requested.

2. Respectfully submitted.

## LESSONS LEARNT DURING THE MISSION

1. The provision of permanent source of medical support to any mission cannot be overemphasised. Despite all limitations the medical support system of UNAMIR I and II provided excellent health care delivery system. However a few lessons learnt are enumerated as under.

a. Most of the contingents RAP's arrived in the mission area without adequate resuscitation and evacuation capabilities and limited number of ambulance vehicles. Even the NORMED was lacking in adequatre medical stores and had to borrow some from 95 CMSG.

b. There were no prior concrete arrangements for a requlars adequate medical support system to the mission for entire duration resulting in establishment of a civilian field hospital with consequent problems.

c. There was no clear cut understanding on the status of NORMED staff resulting in delay in issue of visas, confusion regarding entitlement of R&R/CTO and other benefits/ restrictions applicable to UN staff.

d. There was frequent turnover of specialist officers resulting in discontinuity of proper medical care and proper follow up.

e. Some of the contingents did not carry out proper medical examination as per UN norm of troops being inducted in mission area. A few personnel had to be repatriated on medical grounds.

f. The Force Medical Branch also saw frequent change over of staff with the last phase of mission seeing officers from various contingents or from among Milobs being picked up to man this important branch. This resulted in additional workload for remaining medical officers of contingents.

g. Medical resupplies are inordinately delayed due to eloborate procedures and bureaucratic delays.

h. Huge quantities of non-essential medical consumables were received which were found outdated and damaged.

i. There was a lack of communication between FCT at Nairobi and Force Medical Branch. The presence of a medical person at Nairobi could have resulted in avoiding such situation.

j. There is no direct link between Force Medical Branch and Medical Branch at UNHQ New York resulting in inordinate delays in getting decisions on important matters.

k. The staff at Force HQ Medical Branch was not sufficiently conversant with operation of computers and also with clerical proffession for proper documentation.

## RECOMMENDATIONS

2. It is recommended that:

a. All personnel being inducted into the mission area should have undergone a thorough medical examination as per UN norm before being inducted.

b. The contingent RAP's should be fully equipped with essential medical equipment for resuscitation and evacuation and also provided with adequate number of well equipped ambulances at the time of induction.

c. The medical staff should be fully familiar with casevac/medevac procedures and safety measures.

d. Frequent turn over of specialist staff at Field Hospital and of Medical Branch staff at mission HQ should be avoided as it leads to break in continuity in providing appropriate medical support to the mission.

e. The FCT at Nairobi should have a member with medical background to give correct feed-back on patients being evacuated to Nairobi.

f. The procurement section should have a seperate medical supply system staffed by personnel with a medical background to hasten the delivery of medical consumables and non-consumables to mission area.

g. Transfer of huge quantities of medical consumables to other missions should be avoided. The consumables should be either sold to local medical agencies or disbursed as humanitarian aid to avoid wastage of such large quantities of medicines.

h. There should be a direct link between Force Medical Branch and Medical Branch at UNHQ New York to facilitate immediate decisions on important matters.

i. In future the mission medical branch should be provided with experienced clerical staff to ensure poroper documentation and maintenance of records.

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UNAMIR-MINUAR

**HQ UNAMIR MED BR**
File: 4000.4/34/FMO
MED : 069/96

TO: **CHIEF MCC**

From: **MAJ R KAK**
**FMO**

Date: 24 Feb 96

Subject: **STANDBY AIRCRAFT FOR MEDIVAC DURING PHASE 3 LIQUIDATION**

Reference:

A. Medical Support During Liquidation dated 17 Jan 96.

1. With respect to para 9 of the above reference, you are requested to confirm if this arrangement has been made as concrete.

2. Forwarded herewith is the copy of the medical support during liquidation as a reminder. Thank you for the cooperation.

3. Please ack receipt.

DRAFT

**HQ UNAMIR MED BR**
File: 4000.4/34/FMO
MED : 069/96

TO: **CHIEF MCC**

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**FMO**

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FMO

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR
[illegible]

UNAMIR
93 JAN 17 P 7:04

P/4

TELEFAX COVER SHEET

| | |
|---|---|
| OUTGOING FAX NO: 229 | DATE: 17 JANUARY 1996 |
| TO:<br>MEDICAL ADVISER DPKO<br>UNHQ-NEW YORK<br><br>ATTN: DR ADLER/DR DECKNER | FROM: SUSAN MATTHEW<br>CAO, UNAMIR<br>KIGALI, RWANDA |
| FAX : 212-963-2614 | REPLY FAX: 212-963-3090 |
| INFO: | |
| SUBJECT: MEDICAL EQUIPMENT FOR UNAMIR | |

1. Attached for info is revised plan for medical support during liquidation.

2. Received Dr Lambelet's FAX of 16 Jan 96. LOA from Canada proposes rent of $49.63 (US) per day (all inclusive).

3. Estimate local procurement for lifepack charger will take 6-8 wks going by past experience. Replacement of the 3 items listed would not likely affect the 49.63 (US) rental proposed in LOA.

4. In any event, eqpt is due to be packed in 8 days from now. My intent is not to remove it from NORMED until replacement avail.

5. CAO supports firm recommendation to carry on with LOA as proposed.

6. NORMED replacement surgeon arrived Kigali today to great applause.

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

UNAMIR
93 JAN 17 P 7:14

CAO FMO 18/1/96

P2/4

## MEDICAL SUPPORT DURING LIQUIDATION

### GENERAL INSTRUCTIONS

1 The overall concept for medical operations for liquidation will be to maintain second and limited third line capability until 25 Mar 96. To ensure an orderly and smooth transition of responsibilities, while at all times maintaining the aim of continuous medical support, the following are issues and timings which will ensure completion of medical operations, logistics and administration. The FMO will visit all RAPs prior to departures for staff and equip checks and formal Med Branch presentations. This instruction should be read in concert with UNAMIR HQ Med Br File 4000 4/34 issued 09 Jan 96.

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

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

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

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

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

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

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

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

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

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

## CRITICAL DATES

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

P4/4

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

# CORRESPONDENCE DISTRIBUTION COVER SHEET

A.S.C. UNAMIR II
File No: 22/02/96
Folio .....

To. FMO Remarks/Action: Jale 22/02/96

Med Ops Jale 22/02/96

Med Log 23/2

FHO

SO Med

CC Please let's see the fax message refered to for nec. action Jale 22/02/96

Please initial and date when action complete then pass quickly

Jean 24 Affaro 23/2

UNITED NATIONS NATIONS UNIES

**DEPARTMENT OF PEACE-KEEPING OPERATIONS**

**FACSIMILE TRANSMISSION**

| | |
|---|---|
| Outgoing FaxNo.: MSU-MIR- 8 | Date: 21 February 1996 |
| To: SUSAN MATTHEW<br>CAO<br>UNAMIR/KIGALI/RWANDA | From: MEDICAL ADVISER DPKO<br>UNHQ-NEW YORK |
| Fax: 3-3090 | Fax: (212) 963-2114 |
| Number of transmitted pages: 2 | Ref.: |
| Attn: | |
| Subject: **UN-OWNED ASSETS IN UNAMIR** | |

23 FEB 1996
Initial

1. WITH REFERENCE TO FAXMESSAGE NO 564 FROM 1 FEBRUARY 1996, PLEASE BE INFORMED THAT MSU HAS IDENTIFIED SOME UN-OWNED MEDICAL EQUIPMENT ON YOUR LIST AS PER ATTACHED PAGE.

2. PLS RETAIN AND STORE THIS MEDICAL EQUIPMENT WHICH BELONGS TO OUR FIELDHOSPITAL UNTIL FURTHER ADVISE.

3. BEST REGARDS.

MIR 2 21.WPD

| | |
|---|---|
| **Drafted by:** DR. C. LAMBELET | **Authorized By:** DR. A. DECKNER |

CAO CISS DCISS FMO

# MEDICAL EQUIPMENT OF LIQUIDATION PLANNING

| | DESCRIPTION | TRANSFER US$ | IOV US$ | LOCAL US$ | TOTAL US$ |
|---|---|---|---|---|---|
| 1 | AMBULANCE | 26765.67 | | | 26765.67 |
| 2 | GENERATOR | 882627.14 | | | 882627.14 |
| 3 | ANESTHESIA | 20189.00 | | | 20189.00 |
| 4 | AUTOCLAVE | 23622.00 | | | 23622.00 |
| 5 | CARDIOSCOPE | 20063.00 | | | 20063.00 |
| 6 | DEFIBRILLATOR | 10803.00 | | | 10803.00 |
| 7 | DENTIST CLINIC | 39370.00 | | | 39370.00 |
| 8 | DIATHERM | 7874.00 | | | 7874.00 |
| 9 | FIRST AID | 7874.00 | | | 7874.00 |
| 10 | OXYGEN | 17637.60 | | | 17637.60 |
| 11 | PROPACKSCOPE | 11811.00 | | | 11811.00 |
| 12 | STERILIZATOR | 855.00 | | | 855.00 |
| 13 | STOOL | 955.00 | | | 955.00 |
| 14 | STRETCHER | 6237.00 | | | 6237.00 |
| 15 | SURGICAL | 33512.00 | | | 33512.00 |
| 16 | VACUUM | 549.02 | | | 549.02 |
| 17 | WASHBASIN | 2205.00 | | | 2205.00 |
| 18 | WEIGHT | 5270.00 | | | 5270.00 |
| 19 | X-RAY | 34646.00 | | | 34646.00 |
| | TOTAL VALUE | | | US$ | 1152865.43 |

2/20/96

**CORRESPONDENCE DISTRIBUTION**
**COVER SHEET**

File No:_____

To: FMO Remarks/Action: MF 18/1/96

Med Ops Jade 18/1/96

Med Log [illegible] 18/1

FHO RR 24/1

SO Med

Please initial and date when action complete then pass quickly

A.S.C. UNAMIR II
Folio 181

UNITED NATIONS NATIONS UNIES

**FACSIMILE TRANSMISSION**

| | |
|---|---|
| Outgoing Fax No.: UNAMIR | Date: 17 JAN, 1996 |
| To:MAJ. DR. FENSOM, FMEDO UNAMIR KIGALI | From: MEDICAL ADVISER DPKO UNHQ-NEW YORK |
| Attn: SUSAN MATTHEW,CAO | Fax: (212) 963-2614 |
| Fax: 3-3090 | Ref.: |
| Number of transmitted pages: 1 | |
| Subject: MEDICAL EQUIPMENT FOR NORMED | |

1. ACKNOWLEDGING YOUR FAX- 225 OF TODAY, REGARDING THE MEDICAL EQUIPMENT AND THE MEDICAL SUPPORT PLAN FOR THE LIQUIDATION PHASE.

2. AS I EXPLAINED TO CAO, WE ARE NOT ABLE TO RAISE A" LOA" FOR MEDICAL EQUIPMENT, IRRESPECTIVE OF THE PRICE. CANADA ALSO REQUESTS A LEGAL CONTRACT FOR THE LOAN, WHICH WILL DELAY THE PROCESS SUBSTANTIALLY.

3. WE THEREFORE PROPOSE TO EXAMINE THE POSSIBILITY TO PURCHASE THE MOST NECESSARY ITEMS (EG. RECHARGER FOR LIFE-PACK) THROUGH THE NORWEGIAN REFUGEE COUNCIL. THIS EQUIPMENT COULD BE BROUGHT BY THE AMBULANCE-DRIVER AND LATER REPATRIATED AS PART OF NORMED.

4. PLEASE, CHECK THIS PROPOSAL WITH MR. SUNDVOLL, WHEN HE ARRIVES IN KIGALI.

For: J. Adler

| | |
|---|---|
| **DRAFTED:** DR. J. ADLER | **AUTHORIZED:** DR. A. DECKNER |

CAO FYI

FMO

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR
P.O. Box 749, Kigali, Rwanda
Tel: 250 84265/6/8/9 Fax: 250 86827 [Rwanda]
Fax: 212-963-3090 [USA]
TELEFAX COVER SHEET

Initial

UNAMIR
1996 JAN 17 P 7:04
P1/4

| | |
|---|---|
| OUTGOING FAX NO: 225 | DATE: 17 JANUARY 1996 |
| TO:<br>MEDICAL ADVISER DPKO<br>UNHQ-NEW YORK<br><br>ATTN: DR ADLER/DR DECKNER | FROM: SUSAN MATTHEW<br>CAO, UNAMIR<br>KIGALI, RWANDA |
| FAX : 212-963-2614 | REPLY FAX: 212-963-3090 |
| INFO: | |
| SUBJECT: MEDICAL EQUIPMENT FOR UNAMIR | |

1. Attached for info is revised plan for medical support during liquidation.

2. Received Dr Lambelet's FAX of 16 Jan 96. LOA from Canada proposes rent of $49.63 (US) per day (all inclusive).

3. Estimate local procurement for lifepack charger will take 6-8 wks going by past experience. Replacement of the 3 items listed would not likely affect the 49.63 (US) rental proposed in LOA.

4. In any event, eqpt is due to be packed in 8 days from now. My intent is not to remove it from NORMED until replacement avail.

5. CAO supports firm recommendation to carry on with LOA as proposed.

6. NORMED replacement surgeon arrived Kigali today to great applause.

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

1996 JAN 17 P 7:14 UNAMIR

CAO FMO

18/1/96 Yadh 18/1/96

18/1

P2/4

## MEDICAL SUPPORT DURING LIQUIDATION

### GENERAL INSTRUCTIONS

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

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P4/4

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UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

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

TELEFAX COVER SHEET

| | |
|---|---|
| OUTGOING FAX NO: | DATE: 17 JANUARY 1996 |
| TO:<br>MEDICAL ADVISER DPKO<br>UNHQ-NEW YORK<br><br>ATTN: DR ADLER/DR DECKNER | FROM: SUSAN MATTHEW<br>CAO, UNAMIR<br>KIGALI, RWANDA |
| FAX : 212-962-2614 | REPLY FAX: 212-963-3090 |
| INFO: | |
| SUBJECT: MEDICAL EQUIPMENT FOR UNAMIR | |

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

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UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR
P.O. Box 749, Kigali, Rwanda
T: 250 84265/6/8/9 Fax: 250 86[illegible] [RW] 246 [illegible]
Fax: 212-963-3090 [USA]

UNAMIR
1996 JAN 16 P 4:20

UNAMIR
1996 JAN 16 P 4:23

TELEFAX COVER SHEET

| | |
|---|---|
| OUTGOING FAX NO: 196 | DATE: 16 JANUARY 1996 |
| TO:<br>MEDICAL ADVISER DPKO<br>UNHQ-NEW YORK<br><br>ATTN: DR ADLER/DR DECKNER | FROM: SUSAN MATTHEW<br>CAO, UNAMIR<br>KIGALI, RWANDA |
| FAX : 212-963-2614 | REPLY FAX: 212-963-3090 |
| INFO: | |
| SUBJECT: LEASE OF MEDICAL EQUIPMENT | |

1. Received your FAX of 15 Jan 96.

2. Your identification of resuscitation items from NORMED list should not change items listed for LOA. Cardioscopes are bedside monitors,not suitable for use during transport of patients. Ventilator is for operating room, not usable for transport. Debrillator,suction apparatus and ventilator are critical items and back-up/redundancy units are required in this environment should breakdown occur or one be required for transport.

3. Oxygen cylinder does not fit any connectors available here for refill. Impossible to purchase in timely fashion a lens only which fits available microscope. This is required for malaria diagnostics.

4. Disagree about external fixators. We have already had international tribunal patient treated here with this eqpt and able to continue work in theatre during recovery period. Cost saving is substantial in avoiding requirement for transport and hospitalization in Nairobi, or to home country for treatment.

5. Request confirmation that list submitted has not been altered. If these items are not left, NORMED will have definite shortfall in resusc/patient transport capability.

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

CAO FMO

17.1.96
17.1.96
17/1

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

TELEFAX COVER SHEET

| | |
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| NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 1 | |

**CORRESPONDENCE DISTRIBUTION**
**COVER SHEET**

File No:_____

To: FMO Remarks/Action: MB 16/1/96.

Med Ops _____

Med Log _____

FHO _____

SO Med _____

_____ _____

Please initial and date when action complete then pass quickly

UNITED NATIONS NATIONS UNIES

FACSIMILE TRANSMISSION

| | |
|---|---|
| Outgoing Fax No.: UNAMIR - G | Date: 15 JAN 1996 |
| To MAJ. DR. M. FENSOM FMEDO, UNAMIR, KIGALI | From: MEDICAL ADVISER DPKO UNHQ-NEW YORK |
| Atten: | Fax: (212) 962-2614 |
| Fax: 3-3090, 3-3582 | Ref.: |
| Number of transmitted pages: 3 | |
| Subject: LEASE OF MEDICAL EQUIPMENT TO NORMED. | |

1. IN RESPONSE TO YOUR FAX( NO. 157 OF 13 JAN 1996), WE CHECKED THE RESUSCITATION EQUIPMENT INVENTORY OF THE NORWEGIAN FIELD HOSPITAL, WHICH IS INCLUDED IN OUR DATABASE.

2. ACCORDING TO THIS LIST, ALMOST ALL REQUESTED MEDICAL ITEMS WERE SHIPPED TO UNAMIR WITH NORMED.

3 THE REQUESTED ITEMS NOT INCLUDED IN THE LIST OF NORMED ARE:
- EXTERNAL FIXATOR
- GLUCOMETER
- OXYGEN CYLINDERS
- LENS IMMERSION.

4. WE BELIEVE, THAT THE FRACTURES MANAGED BY NORMED REQUIRING SURGICAL FIXATION WOULD BE MEDICALLY REPATRIATED AND THEREFORE COULD BE MANAGED BY OTHER MEANS OF STABILIZATION. THE GLUCOMETER CAN BE PURCHASED AS WELL AS THE IMMERSION LENS. (APPROX.$ 200).

5. WE ENCLOSE OUR EQUIPMENT LIST OF NORMED'S RELEVANT INVENTORY

6. REGARDS,

For J. Adler

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| **DRAFTED:** DR. J. ADLER | **AUTHORIZED:** DR. A. DECKNER |

Maj. Dr. Fenson

Initial

# Medical Support Unit - UN-OWNED ASSETS - UNAMIR

## (EXCTRACT OF UNAMIR ASSETS-DATABASE)

| DESCRIPTION / ITEMTEXT 1 | MANUFACTURE BRAND | MODEL | SERIAL NO. | QTY | ORIG. PRICE US $ | ITEMTEXT 2 DECAL NO. | CURR. VALUE US $ |
|---|---|---|---|---|---|---|---|
| Bow, extension, complete, for femur, 105 mm | KIRSCHNER | | | 6 | | SURGICAL INSTRUMENTS PACKAGE | |
| Bow, extension, complete, for femur, 120 mm w | KIRSCHNER | | | 4 | | SURGICAL INSTRUMENTS PACKAGE | |
| Bow, extension, complete, for femur, 155 mm w | KIRSCHNER | | | 4 | | SURGICAL INSTRUMENTS PACKAGE | |
| Bow, extension, complete, for femur, 200 mm w | KIRSCHNER | | | 4 | | SURGICAL INSTRUMENTS PACKAGE | |
| Bow, extension, complete, for femur, 95 mm | KIRSCHNER | | | 6 | | SURGICAL INSTRUMENTS PACKAGE | |
| Bow, extension, with 1 pin, 21 x 11 cm+B1357 | BOEHLER | | | 4 | | SURGICAL INSTRUMENTS PACKAGE | |
| Bowl round 16 cm stainless steel | | | | 42 | | DOCTORS OFFICE MODULE | |
| Bowl round 16 cm stainless steel | | | | 42 | | MOTHER/CHILD MODULE | |
| Bowl, round, 160 mm dia, stainless steel | | | | 5 | | NURSING EQUIPMENT | |
| CardioSCOPE Escort E300-8m/EKG, SpO, NIBP, Temp | | | | 1 | | GENERAL MEDICAL EQUIPMENT | |
| CARDIOSCOPE, EKG, SPO, NIBP, TEMP | | | 0001145 | 1 | 20083.00 | BH-840/1 | 16050.40 |
| DEFIBRILLATOR, MONITOR W/ ECG | S&W | DMS 730 | | 1 | 10803.00 | EX-BHUNC/12 | 8642.40 |
| DEFIBRILLATOR, MONITOR W/ ECG | S&W | DMS 730 | | 1 | | GENERAL MEDICAL EQUIPMENT | |
| ELECTROCARDIOGRAPH PATIENT CABLE | FUKUDA DENSHI, JAPAN | CP100A | | 1 | 162.00 | FROM UNOMOZ | |
| ESPHYGMOMANOMETER | | | | 5 | 1557.75 | | 1557.75 |
| FIRST AID, DOCTOR'S CASE | | | | 1 | 3937.00 | EX-BHUNC/3 | 3149.60 |
| FIRST AID, DOCTOR'S CASE | | | | 1 | 3937.00 | EX-BHUNC/8 | 3149.60 |
| Fixation, disc, for wire drill (4 pairs) | | | | 16 | | SURGICAL INSTRUMENTS PACKAGE | |
| Infusion pumps | | | | 1 | | GENERAL MEDICAL EQUIPMENT | |
| Injection pumps | | | | 1 | | GENERAL MEDICAL EQUIPMENT | |
| Mobile ventilator | | | | 1 | | GENERAL MEDICAL EQUIPMENT | |
| Oto/Ophtalmoscope | | | | 14 | | DOCTORS OFFICE MODULE | |
| OXYGEN CONCENTRATOR | | | | 1 | 11023.60 | EX-BHUNC/7 | 8818.88 |
| Oxygen concentrator | | | | 1 | | GENERAL MEDICAL EQUIPMENT | |
| Oxygen concentrator | | | | 1 | | GENERAL MEDICAL EQUIPMENT | |
| OXYGEN CONCENTRATOR | | | | 1 | 8814.00 | EX-BHUNC/6 | 5291.20 |
| OXYGEN MADACYLINDER | CARLSTADT USA | | U46240 | 1 | 200.00 | | 160.00 |
| Propackscope withemp. meter | | | | 1 | | GENERAL MEDICAL EQUIPMENT | |
| PROPACKSCOPE, W/TEMP. METER | | | TC02841 | 1 | 11811.00 | | 9448.80 |
| PUMP INFUSION | | | 598XBX31645 | 1 | 7874.00 | EX-BHUNC/15 | 6299.20 |
| PUMP INFUSION | | | 598XBX31680 | 1 | 7874.00 | EX-BHUNC/16 | 6299.20 |
| PUMP INJECTION | | | | 1 | 7874.00 | EX-BHUNC/14 | 6299.20 |
| Stethoscope | | | | 14 | | MOTHER/CHILD MODULE | |
| STETHOSCOPE | | | | 5 | 375.00 | | 262.50 |
| Stethoscope midwife | | | | 14 | | MOTHER/CHILD MODULE | |



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| DESCRIPTION / ITEMTEXT 1 | MANUFACTURE BRAND | MODEL | SERIAL NO. | QTY | ORIG. PRICE US $ | ITEMTEXT 2 DECAL NO. | CURR. VALUE US $ |
|---|---|---|---|---|---|---|---|
| Stethoscope w/membran | | | | 3 | | LABORATORY MODULE | |
| Stethoscope w/membrane | | | | 12 | | ANAESTHESIE EQUIPMENT | |
| Stethoscope w/membrane | | | | 28 | | DOCTORS OFFICE MODULE | |
| Suction apparatus foot operated | | | | 7 | | DOCTORS OFFICE MODULE | |
| Suction apparatus, surgical, electric, w/2 suction bottles of | | | | 1 | | NURSING EQUIPMENT | |
| SURGICAL INSTRUMENTS (SET) | | | | 1 | 33612.00 | EX-BHUNC/0 | 26809.60 |
| Thermometer Celsius | | | | 140 | | DOCTORS OFFICE MODULE | |
| THERMOMETER CELSIUS | | | | 140 | | MOTHER/CHILD MODULE | |
| THERMOMETER CELSIUS | | | | 330 | | SURGICAL SUPPLY KIT | |
| Thermometer premature Celcius | | | | 21 | | DOCTORS OFFICE MODULE | |
| Thermometer premature Celcius | | | | 21 | | MOTHER/CHILD MODULE | |
| VALVE REDUCTION, W/FLOWMETERS | | | | 3 | 8031.00 | BM-UNC/0 | 6424.80 |
| VENTILATOR MOBILE | | | | 1 | 3937.00 | EX-BHUNC/13 | 3149.60 |





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