

UNAMIR

OPERATIONAL PLANNING

21 OCT 1994 - 1 JULY 1995

PLEASE RETAIN
ORIGINAL ORDER

UNCLASSIFIED
RHWG MAY 2009

UNARCHIVES

SERIES	<u>51002</u>
BOX	<u>32</u>
FILE	<u>3</u>
ACC.	<u>1910/2284</u>

CLOSED

12/7/95

Cover Sheet Classification
UNCLAS
Enclosure Classification
UNCLAS

**HQ UNAMIR II
FACSIMILE COVER SHEET**

Page 1 of 3

File Number: 696-7-1 MED 712/95	Senders Name: Lt Col B.R. Curren
Precedence: PRIORITY	DTG Sent: 050830 Z JUL 95
Facsimile Destination	Facsimile Originator
Maj Pratap Shashank UNAMIR Force Coord Team Gigiri, Nairobi, Kenya	Lieutenant Colonel B. R. Curren Medical Branch Headquarters UNAMIR II KIGALI RWANDA
Unclass Fax No: 2542 622668	Unclass Fax No: INT + 250 86877
	Discon Fax No:
Telephone No: 2542 622598	Telephone No: INT + 25084270 EXT 11116
Subject Title: DETAILS OF AIR AMBULANCE SERVICE - NAIROBI	

Instructions/Comments

REFERENCE A: MED BR FAX 702 OF 1 JUL 95

- PLEASE ACKNOWLEDGE RECEIPT OF PREVIOUS FAX (REFERENCE A). DETAIL ON AIR AMBULANCE NOW REQUIRED URGENTLY DUE TO UNAVAILABILITY OF UN C130 WHICH IS BEING RESCHEDULED TO ASSIST WITH REPATRIATION OF CONTINGENTS.
- POINT OF CONTACT REMAINS LTCOL CURREN MED BR HQ UNAMIR.

Releasing Officer's Name	Signature	Rank / Appointment	Date
B. R. CURREN		LTCOL/68 MED	5 JUL 95

THIS FAX COVER SHEET AND CLOSURE ARE TO BE TRANSMITTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HIGHEST ENCLOSURE SECURITY CLASSIFICATION CONTAINED HEREIN

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Enclosure Classification
UNCLAS

C

3. YOU ARE REQUESTED TO CONFIRM THAT THESE CONTACT DETAILS ARE CORRECT AND OBTAIN THE FOL ADDITIONAL INFORMATION.

- A. WILL THE SERVICE COLLECT PATIENTS FROM KIGALI?
- B. WHAT TYPE OF AIRCRAFT IS USED?
- C. WHAT IS ITS CAPACITY FOR CARRYING PATIENTS ON LITTERS?
- D. WHAT WOULD BE THE RESPONSE TIME FROM RECEIPT OF CALL TO ARRIVING IN KIGALI?
- E. WHAT IN-FLIGHT CARE IS PROVIDED?
- F. WHAT WOULD BE APPROX COST OF SERVICE?
- G. NAME OF CONTACT WITH WHOM SERVICE COULD BE ARRANGED.
- H. ANY OTHER DETAIL THAT THE COMPANY MAY FEEL IS RELEVANT.

4. THIS INFORMATION SHOULD BE PASSED TO LTCOL B. CURREN, G3 MED OPS MED BR HQ UNAMIR AS SOON AS POSSIBLE. YOUR ASSISTANCE IN THIS MATTER IS APPRECIATED.

Cover Sheet Classification
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**HQ UNAMIR II
FACSIMILE COVER SHEET**

Page 1 of 2

File Number: 696-7-1	Senders Name: Lt Col B.R. Curren
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Unclass Fax No: 2542 622668	Unclass Fax No: INT + 250 86877
	Discon Fax No:
Telephone No: 2542 622598	Telephone No: INT + 25084270 EXT 11116
Subject Title: DETAILS OF AIR AMBULANCE SERVICE - NAIROBI	

Instructions/Comments

1. WITH THE DRAW DOWN OF UNAMIR AND THE LIKELIHOOD THAT AUSMED WILL NOT BE REPLACED IN AUG 95, PLANNING IS CURRENTLY UNDER WAY TO ENSURE AN ADEQUATE LEVEL OF MED SPT TO THE FORCE. A KEY COMPONENT OF THE MED PLAN WILL BE THE REQUIREMENT TO MEDEVAC PATIENTS TO NAIROBI IN A TIMELY AND EFFICIENT MANNER.

2. IT IS UNDERSTOOD THAT THERE ARE SEVERAL AIR AMB SERVICES OPERATING OUT OF NAIROBI. THIS HQ HAS CONTACT NOS FOR :

- A. AMREF - FLYING DOCTOR SERVICE PH: 501280 OR 336880
- B. AAR - AFRICA AIR RESERVE PH: 715319 OR 717374

Releasing Officer's Name	Signature	Rank / Appointment	Date
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OF/O - 4532
misc 2/98

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HQ UNAMIR II
FACSIMILE COVER SHEET

FC 010-1

UNAMIR ARCHIVES
05 JUL 1995
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Page 1 of 3

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Unclas Fax No: 2542 622668 <i>de</i>	Unclas Fax No: INT + 250 86877
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Releasing Officer's Name	Signature	Rank / Appointment	Date
<i>B. R. CURREN</i>	<i>[Signature]</i>	<i>LTCOL/G3/MED</i>	<i>5 JUL 95</i>

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Cover Sheet Classification
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Enclosure Classification
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Cover Sheet Classification
UNCLAS
Enclosure Classification
UNCLAS

p2/3
MSC 2198

**HQ UNAMIR II
FACSIMILE COVER SHEET**

Page 1 of 2

File Number: 696-7-1	Senders Name: Lt Col B.R. Curren
Precedence: PRIORITY	DTG Sent: 010830 Z JUL 95
Facsimile Destination	Facsimile Originator
Maj Pratap Shashank UNAMIR Force Coord Team Gigiri, Nairobi, Kenya	Lieutenant Colonel B. R. Curren Medical Branch Headquarters UNAMIR II KIGALI RWANDA
Unclas Fax No: 2542 622668	Unclas Fax No: INT + 250 86877
	Discon Fax No:
Telephone No: 2542 622598	Telephone No: INT + 25084270 EXT 1116
Subject Title: DETAILS OF AIR AMBULANCE SERVICE - NAIROBI	

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Releasing Officer's Name	Signature	Rank / Appointment	Date
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3. YOU ARE REQUESTED TO CONFIRM THAT THESE CONTACT DETAILS ARE CORRECT AND OBTAIN THE FOL ADDITIONAL INFORMATION.

P 3/3
MISC2198

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C F/O - 4458
MSC - 2171

Cover Sheet Classification
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Enclosure Classification
UNCLAS
HQ UNAMIR II
FACSIMILE COVER SHEET

UNAMIR - REGISTRY	Action No.	7
	1	2
	2	3
	3	4
03 JUL 1995		
Acknowledge		
Initial		

Page 1 of 2

File Number: 696-7-1 <i>ME0702/95</i>	Senders Name: Lt Col B.R. Curren
Precedence: PRIORITY	DTG Sent: 010830 Z JUL 95
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Maj Pratap Shashank UNAMIR Force Coord Team Gigiri, Nairobi, Kenya	Lieutenant Colonel B. R. Curren Medical Branch Headquarters UNAMIR II KIGALI RWANDA
Unclas Fax No: 2542 622668	Unclas Fax No: INT + 250 86877
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Telephone No: 2542 622598	Telephone No: INT + 25084270 EXT 11116
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Releasing Officer's Name <i>B.R. CURREN</i>	Signature <i>[Signature]</i>	Rank / Appointment <i>Lt Col / G3 MED</i>	Date <i>1 JUL 95</i>
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G3-MED

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P2/2
MISC-2171

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 685/95

To: DCOS (OPS)

From: FMO

Date: 29 June 1995

Subject: FRAGO ORDER NO 18

Reference:

A. HQ UNAMIR 3000.15(Ops) dated 29 Jun 95

Acknowledge receipt of Reference A.

A handwritten signature in black ink, appearing to be 'W.A. Smith', is located below the acknowledgment text.

W.A. SMITH
WO2
OPS WO
Tele: 11115

SENBATT - WORK
INSERT SHEET -> ALEX

7. Medical.

a. In Rwanda.

(1) All medical support along the LofC, is to be by first line (Unit Level) only.

(2) Pri1/Pri2 (emergency) - during road move: Patient is to be moved to AI SMED facility in Kigali by requesting Casevac through HQ UNAMIR duty officer. Casevac request as per SOP.

(3) Pri1/Pri2 (emergency) - while accommodated in transit area: Patient is to be moved to AI SMED facility in Kigali by requesting Casevac through HQ UNAMIR duty officer. Casevac request as per SOP.

(4) Pri3 (Non emergency) - during road move: First line (Unit) medical support.

(5) Pri3 (Non emergency) - while accommodated in transit area: First line (Unit) medical support is to be provided by **SENBATT** at all times while contingent personnel occupy camp. This will require sharing of medical assets between **BUTARE** and the transit camp location.

(6) In flight: As required and arranged by aircraft crew.

b. RMO is to ensure a copy of the **POST DEPLOYMENT MEDICAL CHECK LIST** (Annex G) is inserted in each soldier's medical documents.

c. Medical Stores: ~~Both UNAMIR and PSF Humanitarian Class VIII consumable stores~~ (less small emergency stock) were returned 3 Aug 95.

7. Medical.

a. In Rwanda:

(1) All medical support along the LofC, is to be by first line (Unit Level One).

(2) Pri1/Pri2 (emergency) - during road move: Patient is to be moved to AUSMED facility in Kigali by requesting Casevac through HQ UNAMIR duty officer. Casevac request as per SOP.

(3) Pri1/Pri2 (emergency) - while accommodated in transit area: Patient is to be moved to AUSMED facility in Kigali by requesting Casevac through HQ UNAMIR duty officer. Casevac request as per SOP.

(4) Pri3 (Non emergency) - during road move: First line (Unit) medical support.

(5) Pri3 (Non emergency) - while accommodated in transit area: First line (Unit) medical support is to be provided by ZAMBATT at all times while contingent personnel occupy camp. This will require sharing of medical assets between GIKONGORO and the transit camp location.

(6) In Flight: As required and arranged by aircraft crew.

b. RMO is to ensure a copy of the POST DEPLOYMENT MEDICAL CHECK LIST (Annex G) is inserted in each soldier's medical documents.

c. Medical Stores: ~~Both UNAMIR and PSF Humanitarian Class VIII,~~ consumable stores are to be returned to UNAMIR Force Stocks AUSMED 31 Jul 95 (less small emergency stock) for later redistribution to other contingents. This movement is to be coordinated by MOVCON.

Moumoud. Sam



NIBATT

7. Medical.

a. In Rwanda:

- (1) All medical support along the LofC, is to be by first line (Unit Level One).
- (2) Pri1/Pri2 (emergency) - during road move: Patient is to be moved to AUSMED facility in KIGALI by requesting Casevac through HQ UNAMIR duty officer. Casevac request as per SOP.
- (3) Pri1/Pri2 (emergency) - while accommodated in transit area: Patient is to be moved to AUSMED facility in KIGALI by requesting Casevac through HQ UNAMIR duty officer. Casevac request as per SOP.
- (4) Pri3 (Non emergency) - during road move: First line (Unit) medical support.
- (5) Pri3 (Non emergency) - while accommodated in transit area: ~~Adequate first line (Unit) medical support is to be established in the transit camp. This may require splitting medical assets between BYUMBA and the transit camp location.~~
- (6) In Flight: As required and arranged by aircraft crew.

b. RMO is to ensure a copy of the POST DEPLOYMENT MEDICAL CHECK LIST (Annex G) is inserted in each soldier's medical documents.

c. Medical Stores: ~~NIBATT stocks of UNAMIR and Humanitarian Class VIII consumable stores are to be retained with unit for later transfer to new unit location.~~

A. / med spt. n.b (wp5.1)

7. Medical.

a. In Rwanda:

(1) All medical support along the LofC, is to be by first line (Unit Level One).

(2) Pri1/Pri2 (emergency) - during road move: Patient is to be moved to AUSMED facility in Kigali by requesting Casevac through HQ UNAMIR duty officer. Casevac request as per SOP.

(3) Pri1/Pri2 (emergency) - while accommodated in transit area: Patient is to be moved to AUSMED facility in Kigali by requesting Casevac through HQ UNAMIR duty officer. Casevac request as per SOP.

(4) Pri3 (Non emergency) - during road move: First line (Unit) medical support.

(5) Pri3 (Non emergency) - while accommodated in transit area: First line (Unit) medical support or normal sick parade attendance at AUSMED.

(6) In Flight: As required and arranged by aircraft crew.

b. RMO is to ensure a copy of the POST DEPLOYMENT MEDICALCHECK LIST (Annex G) is inserted in each soldier's medical documents.

c. Medical Stores: Class VIII consumable stores are to be returned to UNAMIR Force Stocks Traffipro (less small emergency stock) for later redistribution to other contingents. RMO is to liaise with G4 Med Log Med Br and PCIU.

MOV MED SP. 8 AM
(G4 MED LAR TOP)
C:\Amirko\Medlog\

Enclosure Classification
UNCLASSIFIED
Department of Defence

521/1994-24
TOL - 0620 20 Sep 94

FACSIMILE COVER SHEET

Page 1 of 3

Fax CAN 703/94

File Number: K94-01045	Senders Name: CAPT SPIERS
Precedence: ROUTINE	DTG Sent: 200549SEP94 Z
Facsimile Destination	Facsimile Originator
FMO ASC UNAMIR II	HLTH SVCS BR LHQ
Unclas Fax No: 0011873-154-5273	Unclas Fax No: 02-3393556
Discon Fax No:	Discon Fax No:
Telephone No:	Telephone No: 02-3393569
Subject Title: OPERATION TAMAR MEDICAL INSERT SLIP	

Instructions/Comments

- 1 Enclosed is a draft proposed medical insert slip to be placed on unit medical records of all personnel returning from Operation TAMAR. Your comments are requested on the suitability of content based upon operational experience in theatre.
- 2 Your comments are requested by 30 Sep 94.

see Med Qn.
concern with change
OC Med to serial 2.
Seen 26/9
No request for ypt
monitors
CWK
26 Sep

Jointment	Date
HLTH LOG	20/9/1994

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UNAMIR - MINUAR

KIGALI RWANDA

ROUTINE/PRIORITY/IMMEDIATE/MOST IMMEDIATE
UNCLASSIFIED/RESTRICTED/CONFIDENTIAL/ONLY/CRYPTO

PAGE 01 OF 06 PAGES

FAX OUT NO.:

TO: COMMANDING OFFICER TUNBATT SECT 5 MR J. KARLSSON FSA SECT 5	FROM: JAN MCMILLAN CHIEF MOVEMENT COORDINATION CENTRE HQ UNAMIR KIGALI
PREFIX NO.:	DATE: 26 JUN 95
ATTN: LOG OFFR	FAX NO: 111 00 PHONE: 111 00
FAX NO:	FILE NO: MCC/TUN-278/JM
INFO:	DRAFTER: JAN MCMILLAN TITLE: CMCC
Int Dist: FC, CAO, CISS, G3 PLANS, DCOS SPT, CMOVCON/AIOPS, CITMM, SO LOG, FRT TML SPV, PAX TML SPV, GEN UNIT	
SUBJECT: WITHDRAWAL PLANNING	
REFERENCE A: DOWNSIZING INSTRUCTION DATED 23 JUNE 1995	

WARNING ORDER

1. FIND BELOW MOVEMENT CONCEPT OF TUNISIAN BATTALION. DUE TO SHORT NOTICE GIVEN AND CONCURRENT MOVES OCCURRING A DETAILED MOVEMENT ORDER WILL NOT BE ISSUED UNTIL MOVEMENT DATES HAVE BEEN FINALISED BY UNNY. HOWEVER FIND THE MOVEMENT DETAILS AS AT 26 JUNE 1995 IN FORM OF A WARNING ORDER.

2. ROAD MOVEMENT/AIR MOVEMENT OF PERSONNEL: MOVEMENT DATES FOR PERSONNEL ARE AS FOLLOWS:

- | | | | |
|----|--------------|--------------|---------------------------------|
| A. | 290800ZJUN95 | SECT 5 - KGL | 80 X PAX
3600KG PERS LUGGAGE |
| B. | 300400ZJUN95 | KGL - TUNIS | 80 X PAX
3600KG PERS LUGGAGE |
| C. | 010800ZJUL95 | SECT 5 - KGL | 80 X PAX
3600KG PERS LUGGAGE |
| D. | 020400ZJUL95 | KGL - TUNIS | 80 X PAX
3600KG PERS LUGGAGE |

10. MOVEMENT OF UNIT STORES/CONTAINERS: OUTSURVEY OF CONTAINERS IS IN PROGRESS. MOVEMENT OF CONTAINERS FROM SECT 5 TO TRANSIT CAMP KGL WILL OCCUR AS FOLLOWS:

- A. 280830ZJUN95 5 X CONT (EST TIME OF P/U ONLY)
- B. 290830ZJUN95 5 X CONT (EST TIME OF P/U ONLY)
- C. 300830ZJUN95 5 X CONT (EST TIME OF P/U ONLY)
- D. 020830ZJUL95 4 X CONT (EST TIME OF P/U ONLY)

11. CONTAINERS ARE NOT, SAY AGAIN NOT TO EXCEED 6 TON OF LOADED CARGO. THE CRANE IS ABLE TO LIFT 8 TON ONLY. YOU ARE REQUESTED TO REDISTRIBUTE CARGO SHOULD ANY CONT EXCEED 8 TON IN TOTAL.

12. SHIPPING DELIVERY NOTES/CARGO MANIFESTS: AS PREVIOUSLY ADVISED PLEASE ENSURE A MANIFEST IS PLACED ON ALL CARGO TO BE MOVED. ONCE CONTAINERS ARE SEALED THEY ARE NOT TO BE OPENED.

13. MOVEMENT OF UN OWNED VEHICLES: MOVEMENT OF THIRTY UN OWNED VEHS IS TO OCCUR DURING PERIOD 29 JUN TO 03 JULY 1995. VEHS ARE TO BE DRIVEN FROM SECT 5 TO TRANSPORT WORKSHOP AS FOLLOWS:

- A. 290600ZJUN95 10 X VEHS
- B. 010600ZJUL95 10 X VEHS
- C. 030600ZJUL95 10 X VEHS

14. DRIVERS ARE TO BE PROVIDED BY TUNBATT. REMAINING 10 X VEHS ARE TO BE SIGNED ACROSS TO FSA SECT 5 FOR REASSIGNMENT OR WITHDRAWAL BACK TO KGL. THIS IS DEPENDENT ON HOW MANY VEHS THE RELIEVING COY ARRIVES WITH OR REQUIRES.

15. IT IS REQUESTED THAT THE DRIVERS OF THE VEHS DEPART BY AIR THE FOLLOWING DAY: IE: THE DRIVERS MOVING VEHS ON 29 JUN 95 ARE TO BE MANIFESTED FOR AIR MOVEMENTS ON 30 JUN 95.

16. CITMM IS REQUESTED TO ARRANGE TPT TO MOVE DRIVERS FROM WORKSHOP TO TRANSIT CAMP.

17. SUSTAINMENT RATIONS: IT IS UNDERSTOOD THAT THREE OF THE CONTAINERS HOLDING SUSTAINMENT RATIONS ARE TO BE WRITTEN OFF. FOR FSA SECT 5 SUGGEST THESE CONTAINERS BE UTILISED AS DEFENCE CONTS "NYUNDO".

18. AM ATTEMPTING TO CONFIRM WHAT IS TO BE DONE WITH THE SUSTAINMENT RATS. WILL KEEP YOU INFORMED.

19. MOVEMENT OF CONTAINERS TO TUNISIA. CONTAINERS WILL BE MOVED BY VESSEL. DETAILS TO FOLLOW.

20. DETAILED MOVEMENT ORDER TO FOLLOW.

d. Maritime Transport:

- (1) All vehs & cargo are to be prepared for sea movement IAW Annex D.
- (2) A 31 man loading, sea movement preparation party and security party is to remain at sea POD on arrival of 1st convoy.
- (3) Loading party will be required to drive/operate 1st line vehs onto ship as directed by MOVCON det. Tie downs and lashings will be actioned by Port staff.
- (4) Sea movement preparation party will be required to action quarantine requirements of containers and vehs prior to loading commencing.
- (5) Security party is responsible for the security of Bn equipment and all 1st & 4th line vehs positioned at the Port.
- (6) A 4 x man security team will move with vessel.

6. Carriage/Packaging of Ammunition. All ammunition is to be moved by vessel and packaged IAW the rules and regulations by class, type and quantity, see para 9.

7. Medical.

a. In Cambodia: *RWANDA*

- (1) All Medical support along the LofC is to be by 1st line or as listed at Annex G.
- (2) Medical support at staging areas within Cambodia is to be supplied by existing Bn medical staff.

b. In Thailand:

- (1) Emergency - during road move: Thailand police escort will move patient to nearest hospital for treatment.
- (2) Emergency - whilst accommodated at transit area: RCU representative will organize appropriate transport to move patient to hospital.
- (3) Non emergency - during road move: 1st line medical spt.
- (4) Non emergency - whilst accommodated at transit area: As arranged by RCU rep.

- c. On march in to transit area, RCU rep will brief personnel on Medical procedures.
- d. In Flight: As required and arranged by Aircraft staff.

8. Administration and Logistics.

- a. Rations. Rations for units in transit areas will be provided for by Log Br and monitored by RCU.
- b. Commercial vehicle drivers will supply own rations.
- c. Bns are to ensure that 1st line cooking equipment is placed in last road convoy.
- d. Quarters. Bn will be accommodated as follows:
(all dates inclusive)
 - (1) PNP Transit Camp until final air dep on 02 Nov 93
(see Annex A)
 - (2) SHV Transit Camp 60 x pers 24 Oct 93
 + 31 x pers 25 Oct 93
 + 91 x pers 26 Oct 93
 + 31 x pers 27 Oct 93
 + 91 x pers 28 Oct 93
 + 31 x pers 29 - 31 Oct 93
 - (3) UTP Transit Camp 257 x pers 02 - 03 Nov 93
- e. Recovery. see 5.c.8.
- f. Refuelling. see 5.c.9.
- g. MHE/Commercial Vehicle Support. MHE support has been hired as follows:
 - (a) 1 x 16ton crane & operator 23 - 27 Oct 93
 - (b) 14 x flatbeds with 2 x drivers 23 - 25 Oct 93
 - (c) 09 x flatbeds with 2 x drivers 15 - 27 Oct 93

9. Command and Signal. Command and Signal is to be maintained and adhered to as follows:

- a. UMO is to maintain direct liaison with MOVCOORDC.
- b. MOVCOORDC is in overall comd of this order.
- c. As adviced in para 5.c.(11) reporting procedures are to be followed.

UNAMIR COR 7.

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

UNAMIR HQ
Kigali
RWANDA

24 June 1995

See Distribution List

GENERAL INSTRUCTION FOR THE DOWNSIZING OF UNAMIR

General

1. With effect 09 June 1995 UNAMIR has received a revised mandate which will require UNAMIR to reduce its formed troops strength to 1800 personnel by 09 October 1995 passing through a strength of 2330 by 09 September 1995, or sooner. The force level of 2330 will be used as a bench mark rather than an intermediate stage in order to avoid disruption and turbulence in redeployments. The Military Observers and the Civilian Police strengths will remain at their current authorised levels of 320 and 120 respectively.

Aim

2. The aim of this instructions is to effect the coordinated withdrawal/rotation of selected Military units and the withdrawal/reallocation of UN owned equipment.

Assumption

3. The downsize will be based on the following assumptions:
- a. The security/operational situation remains calm;
 - b. There will be concurrent movement between withdrawing and relieving units; and
 - c. The Military will provide security for UN owned equipment.

- b. All UN owned equipment will be handed to FSA in loc who will reassign some equipment to the relief in place company. The remaining equipment will be moved in bulk to Trafipro for eventual onforwarding to another UN mission or reassigned to elements based in Kigali.

Coordination Instruction

11. Withdrawal dates for contingents will be confirmed in OP ORDER No. 22 which will be issued in the near future.

12. Allocated resources. With the exception of operational requirements to provide security, life support services and essential service, aircraft as required, vessels and vehicles under UNAMIR control will be allocated to the withdrawal or redeployment of UNAMIR formed Military units/UN owned equipment.

13. MCC is the coordination and tasking body for all UNAMIR movement assets and chartered/contracted movement assets.

14. Movement Orders. Individual movement orders for contingents /units will be promulgated by MCC. MCC will be the central point of contact for all matters relating directly to the withdrawal/rotation of contingents.

15. Movement Liaison Group. A movement liaison group will visit all units once units withdrawing and precedence of withdrawal have been finalised. Liaison group will consist of MCC reps, PCIU and FSA reps.

Administration and Logistics

16. UN ID Cards. Personnel are permitted to retain UN ID Cards however, UN security will be responsible to cut the signature block from the bottom of each card during the Immigration procedures at the Airport. MCC will coordinate details.

17. Transit accommodation. The use of the Kigali transit camp will be maximised. The current 500 man camp will soon be expanded to cater for up to 1000 personnel. MCC is to ensure that no more than 1000 personnel are moved into the transit camp at any one time. All personnel withdrawing will be moved to the transit camp as close as possible to air departure dates. The majority of personnel will be housed in the transit camp for one or two days however, there may be a requirement to house some personnel for up to five days.

18. Rationing. Whilst personnel are housed in the transit camp they will be self supporting and will be fed on combat rations. Additional water resources will be provided.

19. Details on refuelling, repair and recovery and other administrative and logistic requirements for the withdrawal/rotations will be covered in covered in specific Movement Orders.

Medical

20. Prior to Vacating Areas of Responsibilities. The Unit Medical Officer is to ensure the following action occurs prior to a contingent vacating its area of responsibility:

- a. De-commissioning of deep trench latrines to ensure that contamination to the environment does not occur.
- b. Removal of all rubbish and sanitary closing of any refuse pits.
- c. Pump out of any septic tank system within the facilities.
- d. Return/reallocation of medical stores/equipment into central UNAMIR stores.
- e. Return/reallocation of UNAMIR owned medical assets.
- f. Residual treatment of building if time and resources permit.
- g. Provision of a clearance certificate indemnifying the UN of further costs.
- h. All class 8 medical consumables, less emergency stock, are to be returned to Trafipro force stocks.

21. While in Transit Camp. Arrangements for Medical support in the transit camp are as follows:

- a. Units are to maintain an organic level 1 capability for initial medical assessment and treatment.
- b. Level 2/3 medical support will be provided by AUSMED (or the replacement medical company post August 1995).
- c. Requests for casualty evacuation are to be made through OPS BR HQ UNAMIR as per current arrangements.
- d. Contingent Medical Officers are to ensure that the area of the transit camp is left in a hygienic condition on departure.
- e. A post deployment medical check list will be provided to each contingent by MED BR HQ UNAMIR for insertion in each soldier's medical documents. This will give recommendations for future medical precautions following return to home country.

Command and Signal

22. Coordination Conference. A coordination conference for the move of each contingent will be arranged by MCC as deemed necessary.

23. Monitoring of Withdrawal. MP support and MOVDETS are to report to MCC progress of move as directed in individual Movement Orders.
24. Amendments. No amendments to respective Movement Order are permitted without MCC approval.
25. Communications. Comms unit will be requested to assist with additional Motorola support to MCC with motorolas programmed so as to maintain convoy control. MCC is to liaise with Comms unit for all technical details.
26. Authority. This instruction is the authority for the downsizing of UNAMIR.

MR W. CLIVE
CISS
HQ UNAMIR

Colonel J. Arp
A/COS
HQ UNAMIR

Distribution List:

LIST A
LIST B
LIST C
LIST E
CMOVCON/AIROPS
GEN UNIT SPV

Annex:

A. Tasks/Responsibilities

UNITED NATIONS



ASSISTANCE MISSION FOR RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 696-7-1

MEDLOG: 650/95

To: G3 Plans

From: FMO

Date: 20 Jun 95

Subject: USE OF CURRENT INDBATT HEALTH ASSETS TO CONTRIBUTE TO
PROPOSED FORCE MEDICAL COMPANY

Reference:

HQ UNAMIR Med Br 618/95 of 12 Jun 95

1. India will be providing the bulk of the UNAMIR Force located in Kigali when the force strength is decreased to 1800. It may be possible to exploit some of the current INDBATT medical elements to a small extent in order to provide the Force Medical Company clinical personnel in the most economical manner.

2. Currently INDBATT includes the following medical elements:

- a. Two lightly staffed RAPs (including two operating room assistants).
- b. One Dental Section.
- c. One Health WO.
- d. One Laboratory assistant.

3. It should be noted that the 100 man Medical Coy was developed with the assumptions at the Reference. These included the important assumption that INDBATT would retain the current medical and dental support arrangements. Accordingly, while INDBATT has 15 health services personnel, the majority of these personnel would still be required for Level One support to INDBATT. With a commensurate reduction of the services provided to both INDBATT and other contingents, it may be possible to provide the Force Medical Coy RAP and Dental section from INDBATT. However, this would clearly represent dual tasking. The Dental section configured to support approximately 1000 personnel would be supporting more than twice that number, a significant proportion of which would be below standard dental level. The single INDBATT RAP remaining under command would be supporting a number of Indian elements deployed to various locations within Kigali. This may be workable depending upon the capability of the Medical Coy itself to provide support to some of the Indian elements in Kigali.

4. Combining logistic support of the Medical Coy with other elements would provide economies but with possible inefficiencies as a number of logistic support requirements are specific to health

- support units, notably medical technical support and catering for patients. Transport and accommodation arrangements may also be combined for purposes of economy.

5. There does not appear to be significant economies available through incorporating INDBATT medical elements into the Medical Coy. There may be viable logistic, vehicle, and communications economies through the provision of the Medical Coy by India. There would certainly be significant opportunities to build upon the current Indian clinical experience base by utilisation of current INDBATT personnel in the new Medical Coy.

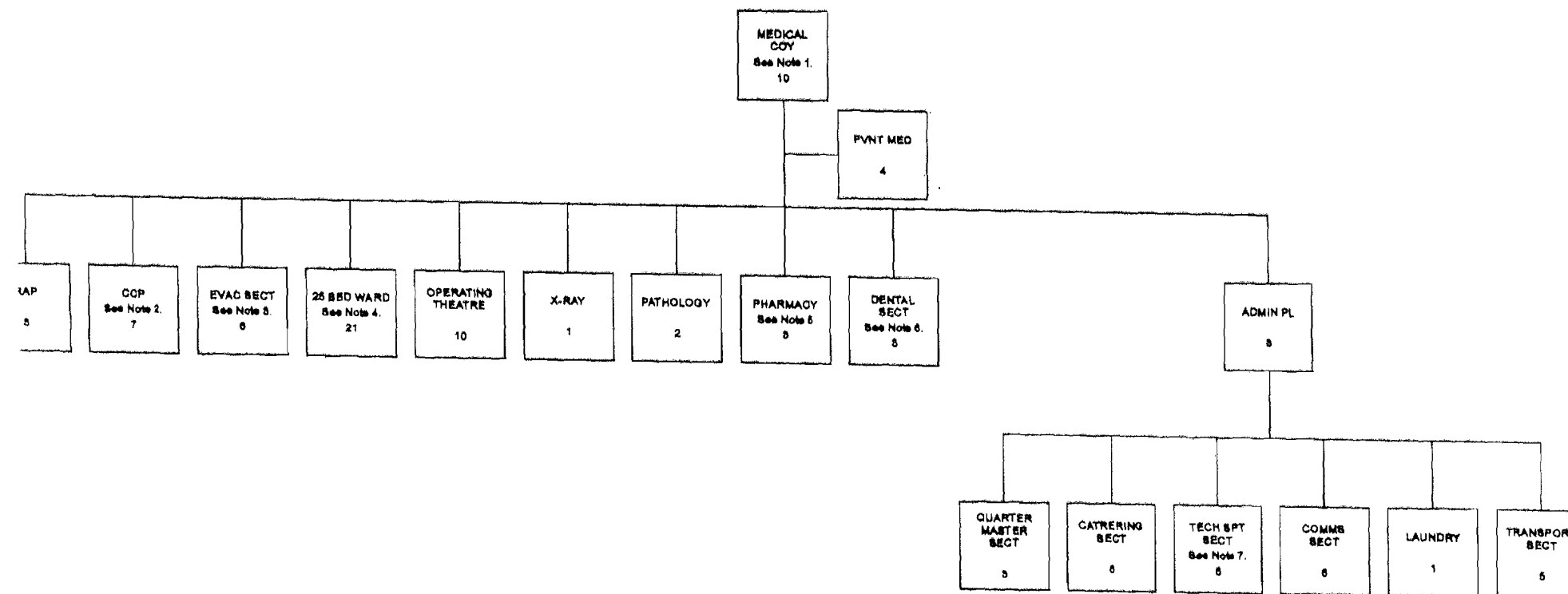
6. In summary, if India were to contribute the Medical Coy, it would need to deploy appropriate clinical assets as indicated on the Enclosure. Drawing the RAP and Dental section from INDBATT would leave UNAMIR with an overall deficiency in medical support. Logistic economies should be investigated by INDBATT.

Enclosure:

Appendix Five to UNAMIR Organisation Chart - Force Medical Company

Appendix Five To
UNAMIR Organisation Chart

Force Medical Company



25

No. incl pers required for national contingent issues.

Deployable Casualty Collection Post can be used to augment ward bed spaces if required.

Four ambulances

Incl one specialist, AME teams and pers for three shifts. Personnel to be trained to man two HDU/ICU bed spaces normally undertake routine ward duties.

Provides tech spt to LSG for Class VIII management.

One Dental sect

Incl maint and Med tech spt.

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: 696-7-1

To: FMO

Remarks/Action:

& 21/6.

Med Ops

21/6

Med Log

21/6

FHO

Please initial and date when action complete then pass quickly



UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

→ HQ UNAMIR MED BR
FILE: 696-7-1
MED 645/95

To: D COS OPS

From: G3 Med

Date: 18 Jun 95

Subject: MEDICAL SUPPORT TO US DEMINING TEAM

Reference:

A. US Embassy letter dated 22 May 95

1. Reference A is a request from the US Embassy here in Kigali for the 75 man demining team to be medically supported by UNAMIR from early Jul to the end of Sep 95. The US Government has indicated that it will reimburse all costs incurred by UNAMIR in providing this support.
2. Providing the US team arrives with its own organic level one medical assets, UNAMIR has the capability to support the team with the provision of level two and level three medical support. The team must have the capability to react to any casualty incident by being able to extract the injured from the site of wounding to an aid post where first aid and stabilisation can occur. Further evacuation to Kigali for resuscitation and initial wound surgery could then be provided from within UNAMIR capabilities. Subsequent evacuation to Nairobi or some other destination medical facility should remain a US responsibility, coordinated through their Embassy in Kigali.
3. Noting the dates of the teams deployment to Rwanda and the yet unconfirmed details for AUSMED's replacement, the US Government should be cautioned that the hospitalisation and surgical support described above could only be guaranteed until mid Aug 95. Depending on what arrangements are put in place following the withdrawal of the Australian contingent, the US may need to consider boosting their own in country health assets.

ROUTING - REQUEST

Embassy of the United States of America

C

READ

☒ HANDLE☐ APPROVE

and

☐ FORWARD☐ RETURN

③

To A/COS

Could you give me

a SITREP on this

on Monday?

Thanks

Kigali, Rwanda

May 22, 1995

④

Government of Canada

Gouvernement du Canada

ACTION REQUEST

FICHE DE SERVICE

To: FMO	Date: 17-6-95
From: G3 Engr/FEO	Time: Heure

Language spoken - Langue utilisée	Telephone No. - N° de téléphone	Extension - Poste
<input type="checkbox"/> English / Anglais	<input type="checkbox"/> French / Français	
<input type="checkbox"/> Please call / Prière d'appeler	<input type="checkbox"/> Return your call / Vous a rappelé	<input type="checkbox"/> Will call again / Vous rappellera
<input type="checkbox"/> Wants to see you / Desire vous voir		
<input type="checkbox"/> Action / Donner suite	<input type="checkbox"/> Approval / Approbation	<input type="checkbox"/> Note and return / Noter et retourner
<input type="checkbox"/> Comments / Commentaires	<input type="checkbox"/> Draft reply / Projet de réponse	<input type="checkbox"/> Note and forward / Noter et faire suivre
<input type="checkbox"/> As requested / Comme demandé	<input type="checkbox"/> Signature	<input type="checkbox"/> Note and file / Noter et classer
File No. - N° de dossier	Message taken by - Message reçu par	

Pls indicate options, possibilities, difficulties in providing the assistance requested.

government is engaged in of Rwanda humanitarian mining and mine awareness. As anticipate having as many as Rwanda on or about the 8th of re through September.

they be formally placed under capabilities. The US any costs incurred by UNAMIR

HIR's organic engineers sweep s for mines and other would greatly speed up the e involved with greater

Sincerely,

Peter Whaley
Charge d'Affaires

GC 218 (89/08)

7540-21-907-5351

②FC

1. Ref alt.

2. This help is requested ref 08th Jul 95. At present, we don't know the Mandated strength and the facilities that would be there on ground then.

3. Being a bi-lateral arrangement, recommend that they fend for themselves. For direction please.

Joseph S

C

C



Embassy of the United States of America

Kigali, Rwanda

May 22, 1995

Ambassador Shaharyar Khan
Special Representative of
the Secretary General
Kigali

Dear Ambassador Khan,

As you are aware, the US government is engaged in providing the Government of Rwanda humanitarian assistance in demining training and mine awareness. As part of this program, we anticipate having as many as 75 US military members in Rwanda on or about the 8th of July. They will remain here through September.

an we help?

255

I am writing to ask that they be formally placed under UNAMIR's medical support capabilities. The US Government will reimburse any costs incurred by UNAMIR in providing this support.

I would also ask that UNAMIR's organic engineers sweep the proposed training sites for mines and other unexploded ordnance. That would greatly speed up the operation and provide those involved with greater security.

Sincerely,

Peter Whaley
Peter Whaley
Charge d'Affaires

②fc

1. Ref alt.

2. This help is required by 08th Jul 95. At present, we don't know the Mandate strength and the facilities that would be there on ground then.

3. Being a bi-lateral arrangement, recommend that they fend for themselves. For direction please.

for 27

*MEP Ept. Assuming they bring level 1, ASMEF
CENT with level 2/3 UNTIL AT LEAST
10 AUG. - LEVEL 2 MEP EPT BEYOND
THAT UNTIL TM DEPT IN SEP WOULD
RE UNDER THE FREEDOMMENTS PUT IN
PLACE BY AUSMER'S REPLACEMENT US
NEED TO BE FORCED THAT THEY MAY
NEED TO MAKE ALTERNATIVE ARRANGEMENTS
AFTER MID AUGUST.*



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 538-12-1
MEDLOG 648 95

To: G3 OPS

From: FMO

Date: 20 Jun 95

Subject: MEDICAL CONSIDERATIONS FOR DEPLOYMENT OF UNAMIR
MILOBS TO ZAIRE

1. A number of serious medical issues require consideration when deployment of MILOBS to Zaire is contemplated. In summary these are:
 - a. How is Level One medical support to be provided? Under some circumstances the MILOBS will require access to medical officer and medical personnel for routine and most importantly emergency medical treatment.
 - b. Communications to UNAMIR HQ Medical Br (Via Ops Br) to arrange medical evacuation.
 - c. Will arrangements be put in place to assure Aero Medical Evacuation by helicopter from the point of injury to the only appropriate medical facility (AUSMED in Kigali).
 - d. Will a reliable source of potable water and rations be made available?
 - e. Will it be possible to undertake an environmental health assessment of likely operations locations and residences?
2. It would be appreciated if these points could be raised with the Special Envoy. I would be happy to provide further details if required.

19. Details on refuelling, repair and recovery and other administrative and logistic requirements for the withdrawal/rotations will be covered in covered in specific Movement Orders.

Medical

20. Prior to Vacating Areas of Responsibilities. The Unit Medical Officer is to ensure the following action occurs prior to a contingent vacating its area of responsibility:

- a. De-commissioning of deep trench latrines to ensure that contamination to the environment does not occur.
- b. Removal of all rubbish and sanitary closing of any refuse pits.
- c. Pump out of any septic tank system within the facilities.
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- e. Return/reallocation of UNAMIR owned medical assets.
- f. Residual treatment of building if time and resources permit.
- g. Provision of a clearance certificate indemnifying the UN of further costs.
- h. All class 8 medical consumables, less emergency stock, are to be returned to Trafipro force stocks.

21. While in Transit Camp. Arrangements for Medical support in the transit camp are as follows:

- a. Units are to maintain an organic level 1 capability for initial medical assessment and treatment.
- b. Level 2/3 medical support will be provided by AUSMED (or the replacement medical company post August 1995).
- c. Requests for casualty evacuation are to be made through OPS BR HQ UNAMIR as per current arrangements.
- d. Contingent Medical Officers are to ensure that the area of the transit camp is left in a hygienic condition on departure.
- e. A post deployment medical check list will be provided to each contingent by MED BR HQ UNAMIR for insertion in each soldier's medical documents. This will give recommendations for future medical precautions following return to home country.

Command and Signal

22. Coordination Conference. A coordination conference for the move of each Battalion will be arranged by MCC as deemed necessary.

A Medical Annex for each Movement Order
 - a warning order will advise when the Movement order is beginning
 - a coord conference will present opportunity to update annex



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 618/95

To: COS

Info: DCOS (Ops)

From: FMO

Date: 12 Jun 95

HEALTH SUPPORT TO UNAMIR - POST AUSMED

References:

- A. HQ UNAMIR Med 352/95 dated 3 Apr 95
- B. HQ UNAMIR Med 575/95 dated 30 May 95

AIM

- 1 To provide health support to UNAMIR following the withdrawal of the AUSTRALIAN Contingent.

SITUATION

- 2 The revised UNAMIR Mandate has been adopted by the Security Council with effect 9 Jun 95. There is a shift in focus from peace-keeping to a role of assisting with the normalisation and stabilisation of RWANDA. The force strength has been set as has the timeframe for further reductions.
- 3 The target reductions are to be considered as goalposts with reduction to 2330 by 9 Sep to a force strength of 1800 achieved by 9 Oct with further withdrawal to achieve closure of the mission by 9 Dec. The structure provides minimal strength but will serve as a frame work for expansion/rebuild if the security situation requires an increase in the force.
- 4 The Med Coy is likely to be collocated with other UNAMIR elm. Security for medical unit base loc, deployed CCP and rd evac would be provided by UNAMIR.

ASSUMPTIONS

- 5 Assumptions are as fol
 - a That the present security situation will not deteriorate further
 - b AS MSF will depart Rwanda in August 1995 and be replaced by another level two/level three health facility

COPY OF
APPRECIATION AND
MED 68/45 MEDICAL
TO COGS FOR
8 VULGS ROLL

Postman 1502

- c. There will be a reduced capability to provide humanitarian medical support
 - d. The replacement organisation for AS MSF will be the only level two / level three facility in Rwanda capable of supporting UNAMIR and UN agencies as host nation support remains unacceptable.
 - e. Replacement of the medical unit post AS MSF appears highly unlikely, due to changes in the Mandate and UN finances. However in any case, medical unit will be formed unit from one country due to essential C3I requirements.
 - f. Provision of full medical support to UN agencies and US demining team remains and thus assume civilian dependency of between 1000 - 2000 will remain.
 - g. Bn and each ind coy gp are logistically and administratively self sufficient and deploy with Med pl (inc MO, NO. Health Offr, med assets and two amb).
 - h. Med coy will provide RAP spt to HQ and log elms deployed Kigali
 - i. Current arrangements for clinical and personnel accommodation may end and facy to be prepared to stand alone in tentage. This will require deployment of specialised medical field accommodation incl air conditioning. There will be no formal humanitarian support responsibility, but level two/three med facy and level one facys continue to be expected to provide humanitarian support but this may be restricted to spare personnel capacity only - no humanitarian inpatients.
 - j. INDBATT retains current medical support (two RAPs) and dental section.
 - k. No formal medical support provided to NGOs.
 - l. The statements 'support provision of humanitarian aid' and 'facilitate return of refugees' are to be considered as 'be prepared to' rather than daily tasks as the force structure does not provide the capability to achieve them on a full time basis.
 - m. The consideration of deployment of UNAMIR Milobs to neighbouring ^{COUNTRIES} ~~companies~~ may result in a health support task to their locs.
 - n. Maintenance of existing access to RW Acft and AME priority.
 - o. Maintenance of tac AME capability and access to hospitals in Nairobi. Consider propositioning of FW Acft at KIGALI to reduce response times.
 - p. There will be a commensurate reduction in civil logistic spt as UNAMIR withdraws.
6. Notwithstanding previous health comments at References A and B, the following considerations should be kept in mind in order to obtain essential capabilities, although grossly sub-optimal, to support UNAMIR.

CAPABILITIES

7. Based on force strength at 9 Aug and with subsequent reductions the following capabilities are required:
- a. RAP
 - b. Deployable CCP
 - c. Inpatient and outpatient treatment

- d. Resus/Initial Wound Surgery (IWS) with specialist support of Gen and Orth Surgeons, two anaesthetists, Physician (Internist) who would all be required to also undertake ward activities upon demand.
- e. Reserve capacity for ICU/HDU care of patients with equipped facility manning normally dedicated to general nursing duties.
- f. X-ray
- g. Laboratory.
- h. Dental.
- i. Pharm (or via Class VIII capability at LSG)
- j. Rd CASEVAC/Fwd AME/Tac AME. Tac AME may be available in some circumstances via civilian sources however this does not provide a significant personnel saving as AME personnel are still required for Fwd AME and Strat AME assessment purposes
- k. Pvnt Med.
- l. Appropriate organic vehicles inc those for evac, admin and C3
- 8. **Deficiencies:** A number of deficiencies in capabilities exist, the most significant being:
 - a. Integral security support to provide well coordinated and timely protection to short notice deployments.
 - b. A number of support deficiencies would have to be made up by second line support including continuing engr spt for site preparation and maintenance.
 - c. Possible overall medical capability deficiencies if casualty numbers approach conventional estimates but elm may be all that is practically available to Med coy.
 - d. Dental support tasks would likely increase as coy would not likely deploy with integral dental teams.
 - e. Reduced diagnostics capability
 - f. Holding policy reduction would require commensurate increase in tac AME activity with cost burden in air hours and NAIROBI hospitalisation

COURSES OPEN

9 Courses are restricted by the basic requirement to achieve the significant number of tasks with an inadequate number of personnel. It is not possible to allocate medical support responsibilities downwards with the standard of medical support currently available and anticipated at level one facilities. The requirement for the Med Coy to assume multiple medical roles with greatly reduced numbers and logistic responsibilities will immediately require assumption of multiple roles by number of clinical personnel and will reduce the effective provision of overall clinical support. Both options would require a reduction in holding period to 14 days.

Course Open

10 Deploy a RAP, 10 man deployable CCP and an evac sect to provide level one and two support. 21 man ward to provide general bed spaces and a reserve 2 bed ICU capacity, and also the trained personnel to provide fwd and tac AME manning. Two surgical teams to provide limited level three IWS with integral diagnostic support. One dental and two pvnt med sections would be

required. Appropriate HQ and logistic support would bring personnel numbers to the 100 man restriction. An indicative structure is provided at Annex A.

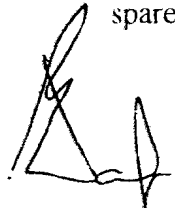
CONCLUSION

11. Even if the course was well coordinated it would only provide UNAMIR with a rudimentary health support system which is grossly sub-optimal. It should be noted that this recommendation is made on the basis of nil envisaged replacement for AUSMED.

12. My personal recommendation remains a medical unit of approximately 150 personnel.

13. The 100 man solution is as provided. This Course clearly has significant deficiencies which could be rectified by the adoption of a 125 man solution. This would provide the capability to

- a. adequately respond to a mass casualty situation.
- b. adequately staff an ICU.
- c. provide physiotherapy.
- d. extend the holding period, and most importantly,
- e. permit significant humanitarian support activities in line with the intent of the new mandate if spare capacity was available.

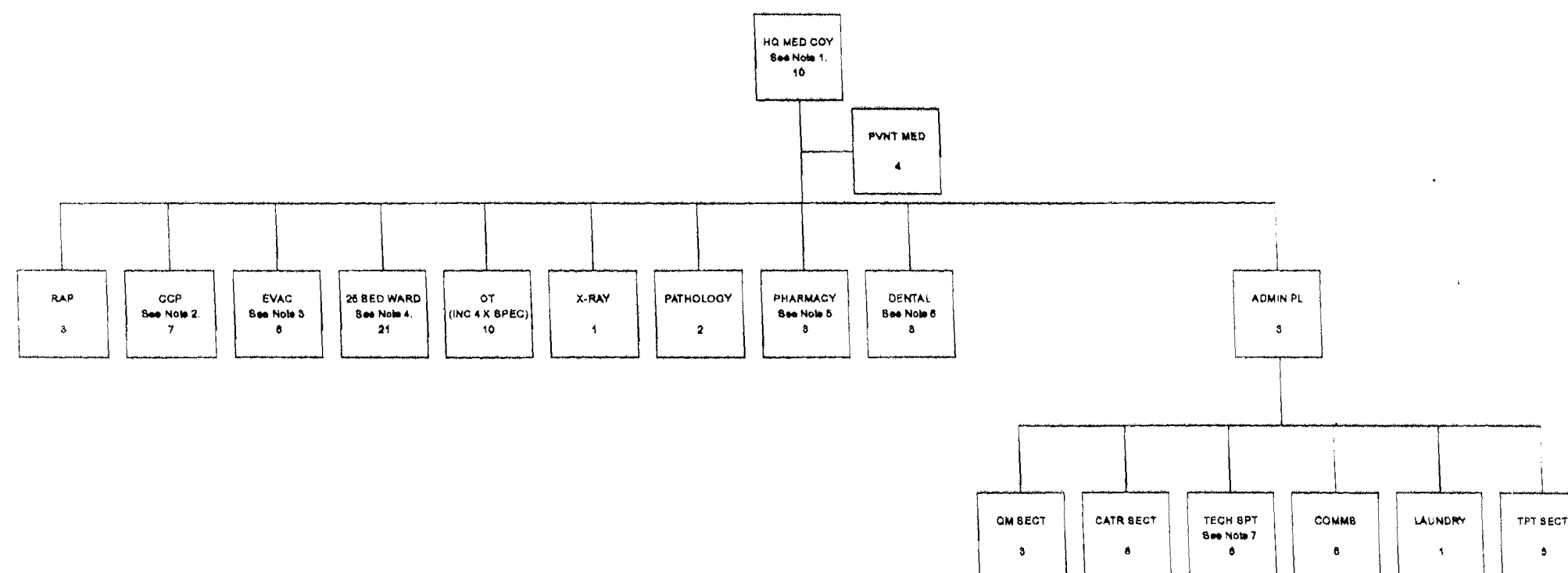


P.G. WARFE
COL
FMO

Annexe:

- A. Indicative Prescriptive 100 Man Med Coy

Indicative 100 Pers Medical Company UNAMIR



Notes

- 1 No. incl pers required for national contingent issues.
- 2 Deployable CCP can be used to augment ward bed spaces if required.
- 3 Four amb
- 4 Incl one specialist, AME teams and pers for three shifts.
Pers trained to man two HDU/ICU bed spaces normally undertake routine wd duties.
- 5 Provides tech spt to LG for Class VIII management.
- 6 One Dental sect
- 7 Incl maint and med tech spt.

0

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: 696-7-1

To: FMO

Remarks/Action:

13/6

☒ Med Ops

13/6 Attention?

☒ Med Log

CL LARGO WU

FHO

ARRIVED - DRAS DRS + NEQ BY

MOVED NO MED BR W/OUT

RELEASING

13/6

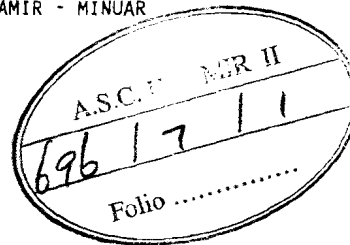
Please initial and date when action complete then pass quickly

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR



MCC/BRIEF-262/JM
09 JUNE 1995

To: LIST D
CISS

From: JAN MCMILLAN
CMCC

Info: COS
DCOS OPS
DCOS SPT
G3 PLANS

Subject: DEPLOYMENT PLANNING DATA SHEETS

Ref A: G3 Plans 5000.48(Plans) dated 07 Jun 95

1. Vide ref A, find attached agenda for briefing to be held on Wed 14 Jun 95 at 1330hrs UNAMIR HQ conference room.
2. Para 3 of ref A should read 1600hrs Mon 12 Jun 95. All addressees are requested to respond with name of personnel attending the brief on phone 11100 or fax 11100.
3. Regards.

Attached: Briefing Agenda



UNAMIR - MINUAR

BRIEFING AGENDA

WEDNESDAY 14 JUNE 1995

1. INTRODUCTORY REMARKS
 - . RELATIONSHIP BETWEEN G3 PLANS/G3 OPS & MOVCON
 - . EXPLANATION ON BRIEF (CURRENT PROBLEMS)
 - . AGENDA
 2. WITHDRAWAL/ROTATION ENTITLEMENTS
 - . PERSONAL LUGGAGE/BAGGAGE
 - . NON UN EQUIPMENT
 - . STORES TO BE MOVED BY AIR
 3. TYPE OF AIR CHARTERS
 - . LETTER OF ASSIST
 - . UN CHARTER
 - . UNAMIR AIRCRAFT
 4. INFORMATION REQUIREMENTS
 - . AIR DPDS - HANDOUT
 - . SEA/RD DPDS - HANDOUT
 - . CONTAINER REQUIREMENTS
 5. PROCEDURES FOR LEAVING COUNTRY
 - . CUSTOMS/SECURITY PERS LUGGAGE
 - . CUSTOMS/SECURITY UNIT STORES SEA/RD MOVE
 - . IMMIGRATION PERSONNEL
 - ~~6. PCIU~~
 7. RESPONSIBILITIES OF FSA FOR UN OWNED EQUIPMENT AND LOCAL ADMINISTRATION MATTERS
 8. RD TPT REQUIREMENTS - HANDOUT
 9. DANGEROUS CARGO - HANDOUT
-

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 618/95

To:

COS FMO

Info:

DCOS (Ops)

From:

FMO

Date:

11 Jun 95

HEALTH SUPPORT TO UNAMIR - POST AUSMED

1. Pl condense to para marked /
2. Add 6 holding policy & therefore
↑ req for AHC → Moandi
border prepositioning of FW
assets at Kigali
12/6.

References:

- A. HQ UNAMIR Med 352/95 dated 3 Apr 95
- B. HQ UNAMIR Med 575/95 dated 30 May 95

AIM

- 1. To provide health support to UNAMIR following the withdrawal of the AUSTRALIAN Contingent.

SITUATION

- 2. The revised UNAMIR Mandate has been adopted by the Security Council with effect 9 Jun 95. There is a shift in focus from peace-keeping to a role of assisting with the normalisation and stabilisation of RWANDA. The force strength has been set as has the timeframe for further reductions.
- 3. FC requires that a balance be set between the objectives of provision of security vs humanitarian aid as outlined in the new mandate, however there is an expectation of medical support by UNAMIR being one of the aspects of humanitarian assistance.
- 4. The target reductions are to be considered as goalposts with reduction to 2330 by 9 Sep to a force strength of 1800 achieved by 9 Oct with further withdrawal to achieve closure of the mission by 9 Dec. The structure provides minimal strength but will serve as a frame work for expansion/rebuild if the security situation requires an increase in the force.
- 5. The Med Coy is likely to be collocated with other UNAMIR elm. Security for medical unit base loc, deployed CCP and rd evac would be provided by UNAMIR.

Structure

- 6. The KIGALI based HQ and Bn is to provide a focus for evacuation security or reinforcement. In the consideration of adoption of Courses B or C, the issues of administrative

A:\MEDL_618.SAM

11/6/95

DRAFT

independence of the independent coy was accepted as the significant advantage with Coy strength set as 135 vs 100. The current Bns would be offered coy tasks and would be required to maintain medical pl as an important independent capability, and LTCOL as CO for regional respect purposes.

7.

ASSUMPTIONS

8. Assumptions are as fol:
 - a. That the present security situation will not deteriorate further.
 - b. AS MSF will depart Rwanda in August 1995 and be replaced by another level two/level three health facility.
 - c. There will be a reduced capability to provide humanitarian medical support.
 - d. The replacement organisation for AS MSF will be the only level two / level three facility in Rwanda capable of supporting UNAMIR and UN agencies as host nation support remains unacceptable.
 - e. Replacement of the medical unit post AS MSF appears highly unlikely, due to changes in the Mandate and UN finances. However in any case, medical unit will be formed unit from one country due to essential C3I requirements.
 - f. Provision of full medical support to UN agencies and US demining team remains and thus assume civilian dependency of between 1000 - 2000 will remain.
 - g. Bn and each ind coy gp are logistically and administratively self sufficient and deploy with Med pl (inc MO, NO. Health Offr, med assets and two amb).
 - h. Med coy will provide RAP spt to HQ and log elms deployed Kigali.
 - i. Current arrangements for clinical and personnel accommodation may end and facy to be prepared to stand alone in tentage. This will require deployment of specialised medical field accommodation incl air conditioning. There will be no formal humanitarian support responsibility, but level two/three med facy and level one facys continue to be expected to provide humanitarian support but this may be restricted to spare personnel capacity only - no humanitarian inpatients.
 - j. INDBATT retains current medical support (two RAPs) and dental section.
 - k. No formal medical support provided to NGOs.
 - l. The statements 'support provision of humanitarian aid' and 'facilitate return of refugees' are to be considered as 'be prepared to' rather than daily tasks as the force structure does not provide the capability to achieve them on a full time basis.
 - m. The consideration of deployment of UNAMIR Milobs to neighbouring companies may result in a health support task to their locs.
 - n. Maintenance of existing access to RW Acft and AME priority.
 - o. Maintenance of Stat AME capability and access to hospitals in Nairobi.
 - p. There will be a commensurate reduction in civil logistic spt as UNAMIR withdraws.

9. Notwithstanding previous health comments at References A and B, the following considerations should be kept in mind in order to obtain essential capabilities, although grossly sub-optimal, to support UNAMIR.

FACTORS

Ground

10. The following deductions from Reference B Para 9 remain relevant:
- a. The size of the AO allows a level three facility to locate centrally and cover all parts of the country.
 - b. Air and road evacuation is possible. Road movement will be limited to paved roads during much of the wet season.
 - c. Night AME is possible only at approved airstrips.
 - d. Because of some road conditions, CASEVAC will be slow and there may be a need to pre-position ambulances.
 - e. Medical evacuation out of theatre may be performed from either KIGALI or KAMEMBE airports.
 - f. NBCAS will be at the tropical rate.
 - g. The incidence of traffic accidents will be higher than normal due to poor road conditions, the wet season and an increase in domestic traffic.

Threat

11. The FC considers that there are insufficient troops to task, particularly considering regional instability. The strength reductions indicate that this is in reality a withdrawal plan and when recognised as such, stability may reduce. Although security remains a concern, there is no recognised enemy in Rwanda. UNAMIR recognises the sovereign state of Rwanda in which the RPA is the legitimate Army of the Nation.

12. A requirement for inf elm to ensure Med Coy security including deployment of CCP and rd evac remains.

13. **Deductions:**

- a. BCAS should not be a dominant factor in the estimation process.
- b. The centralised location of the level three facility should be allowed to continue.
- c. Evacuation will normally be from secure LZ and along secure routes.
- d. Dedicated inf security requirement remains.

Humanitarian Support Responsibilities

14. The mandated requirements to support provision of humanitarian aid and facilitate return of refugees are difficult to interpret but may involve provision of medical assistance to NGOs and IDP/Refugees on route, in waystations or upon return to home communes.

15. Currently retention of clinical accommodation at CHK is dependent upon VIP/humanitarian/RPA support to CHK in accordance with MOU to 20 Aug 95. Tacit approval to retain HQ, accommodation and logistic support assets at the Military Academy also depends upon continuation of support to CHK.

16. **Deductions:**

- a. Med spt to the tasks at Para 14 may require level one or deployment of level two elm is situations warrant.
- b. Withdrawl of current level of support to CHK would result in forced departure from Academy and possibly Military Wing CHK with consequent accommodation problems.
- c. Likely requirement to reduce support due to reduction in 'spare capacity' will lead to reloc Med coy to new site: possibly field deployment with limited UNAMIR technical/equipment/accm support with resultant requirement for dedicated field medical and personnel accommodation.
- d. A surgical team, dental section and preventive medicine team can deploy to a second location on an as required basis given the appropriate support.

Friendly Forces

17. As per Reference B paras with additional as follows:

18. UNAMIR will decrease in force strength and revise activities as follows (Sectors are as per Enclosure 1):

- a. **HQ. KIGALI 35 Military (representational mix) This would require FMO and staff representation.**
- b. Inf Bn (800 pers) **KIGALI Sector 1.** (likely composite Bn HQ and coy from INDBATT with one GHANBATT for the Tribunal).
- c. One Engineer Sqn. (125 pers) INDIA
- d. One Medical Coy (100 pers) TBA
- e. One Signal Coy (75 pers) INDIA
- f. Four Independant Coy gps (ea 135 pers) as follows:
 - (1) **Sector 2:** One GHANBATT coy gp.
 - (2) **Sector 3:** One TUNBATT or alternatively NIBATT coy gp.
 - (3) **Sector 4:** One ETHIOBATT coy gp or alternatively NIBATT or MALAWICOY.
 - (4) **Sector 5:** One ZAMBATT coy gp or alternatively NIBATT or MALAWICOY.
- g. One MP pl (30 pers) (representational mix)
- h. One Movcon Unit (15 pers) TBA
- i. Milobs (320 pers)
- j. Civpol (120 pers)

19. **Deductions:**

- a. While a change in the threat situation is not anticipated, the innate capability of an independent coy to assure its own security is less than a Bn and potential casualty numbers may be higher than if Bn remained in the current sector arrangements.
- b. Colocation of engineer, logistic and medical unit will achieve efficiency in logistic support and security.

20. **Standard of Dental Health on Deployment.** Current standard of dental health of significant number of pers deploying to UNAMIR is poor.

Time and Space

21. The current overall patient dependency (made up of UNAMIR military and civilian, civilian contractors and UN agency personnel) of approximately 80000 will decrease to approx 5500 by the time a replacement Level 2/3 facility will need to take responsibility (9 Aug) and 3300 by 9 Sep.

Health Assets

22. Med Coy strength limited to 100 as at 20 Aug upon replacement of AS MSF.

23. The sophisticated Level Three (Resus/IWS) capability should be provided by major unit donor country e.g. Forward Surgical Team (FST) from India of approx 25 pers.

24. Reduction in administration logistic support capabilities of the Level three medical facility will cause a commensurate increase in the non medical responsibilities of the clinical personnel. Provision of humanitarian support at all levels has required humanitarian Class VIII support, till now provided by Pharmiciens sans Frontieres (PSF). Ongoing PSF support is not been assured to 9 Dec and itself is dependent upon an adequate security situation. Clarification is required if the new mandate permits the use of UNAMIR Class VIII in the provision of assistance and expertise in medical care.

25. Reduction in current availability of adequate NGO stabilisation/surgical facilities at remote locs: CYANGUGU, KIBUYE or GISENYI will compromise UNAMIR medical support if night RW acft AME is not provided.

26. **Deductions:**

- a. Reduction of strength to 100 will require reduction in clinical personnel from current 300 man AS MSF.
- b. Dental.
- c. The Med Coy will have less 'spare capacity' than the pro rata reduction of clinical staff would indicate as a consequence of the lesser logistic support. This will reduce the clinical capacity available for humanitarian support.
- d. If PSF support is withdrawn the med coy will not be able to continue significant humanitarian support unless UNAMIR is authorised to use force stock on humanitarian support.
- e. Night RW acft AME will be required if inf elm are deployed to remote inaccessible sectors where availability of adequate NGO medical support has diminished.
- f. Security support of at least inf sect size is required for routine night casevac.

- g. Deployment of CCP would require pl support for security of 24 hr deployment.
- h. An increased dependence on dental support from the med elm is likely. This would require a second dental team to permit deployment to a second location.

TASKS

Casualty Estimates

27. A summary of the NBCas estimates at Reference A for the patient dependency with hospital bed requirements is as follows:
- a. Aug 95: (5500 pers) = $0.2\% \times 5500/\text{day} = 11$ per day (66% hospitalised or 7 per day) with a 14 day holding policy requiring 44 beds.
 - b. Oct 95: (3300 pers) = $0.2\% \times 3300/\text{day} = 6.6$ per day (66% hospitalised or 5 per day) with a 14 day holding policy requiring 31 beds.
28. Inpatient rates have remained below predicted rates for the duration of the deployment of AS MSF. This is assessed to be due to aggressive preventive medical support.
29. The treatment statistics for the duration of the deployment do not reveal clear trends for particular numbers of surgical teams or specialist support capabilities. The statistics confirm the emergency requirement for general and orthopaedic IWS supported by appropriate diagnostic services in the absence of any adequate host nation support.
30. As at 9 Oct the dependency would be:
- a. Level One: Assessment of level one dependency and subsequent tasks is as fol:
 - (1) KIGALI approximate dependency of 2800 made up of :
 - (a) HQ
 - (b) Bn + coy (2 x RAP) inc retention of dental section.
 - (c) Engineer Sqn (CAP)
 - (d) Med Coy (RAP)
 - (e) Sig Coy
 - (f) LSG (CAP)
 - (g) MP
 - (h) MOVCON
 - (i) UNAMIR civilian and UN agency dependency.
 - (2) Independant coys (540) deployed to sectors ea have RAP.
 - b. Deductions: Integral Level one support adequate but not collocating med elm with HQ would add to rd casevac or general administrative tasking as HQ casualties would have to be moved to RAP at Med coy or Bn for treatment as distinct to current provision of RAP service to HQ.
31. Level 2. Level 2 road CASEVAC tasks to the Med coy will exist for casualty retrieval from:

- a. independently deployed Milobs from remote locs,
- b. retrieval of cas from units without RAP support,
- c. all night CASEVAC,
- d. all Level one Med elm, and
- e. collection of casualties from RW AME acft arriving at KANOMBE airport and for transport of patients to KANOMBE for further tac AME.
- f. **Deductions:** The following deductions are considered relevant:
 - (1) **Rd CASEVAC.** The evacuation section with the level three facility remains as the only second and third line ambulance resource available in country. In addition to current evacuation tasks, the requirement for local evacuation in KIGALI from units and between KIGALI Airport and the location of the level three facility will continue.
 - (2) Rd CASEVAC would require at least four amb to support evac tasks in KIGALI and ea remotely deployed loc (thus five amb to assure availability) especially when restrictions on AME are considered.
 - (3) Movement of these vehicles will be limited to sealed roads during much of the wet season.
 - (4) There is an adequate number of in-theatre AME assets.
 - (5) Night RW AME is not available this is a critical issue as remotely deployed units and Milobs do not have access to UNAMIR level two resuscitation and holding capabilities.
 - (6) Only one L100 acft with one crew is available thus either aircraft or crew availability may restrict AME. Currently the availability of FW acft for medivac or tac AME is inadequate for assured tac AME or MEDIVAC to Level four medical facilities in NAIROBI.
 - (7) AME remains the preferred option for priority 1 and 2 casualties.
 - (8) Road evacuation will remain normal means for priority 3 casualties except for those in remote locations. Opportunity AME will be used for these casualties.
 - (9) The level three facility should remain centrally located.

CAPABILITIES

32. Medical tasks as outlined above (incl deployable CCP) with above role would remain similar to those described at Reference B. Level one support, resus, IWS, a 25 bed static ward and ICU capability is required. The role for a deployable CCP of up to 10 stretchers on ground for 72 hr remains. The task of casualty reception and resus at main loc remains for a mass casualty situation (and possibly task for current second CCP if one is deployed). Requirement for control of force Class VIII consumables would be best met by maintenance of force stock by Med unit.

33. Based on force strength at 9 Aug and with subsequent reductions the following capabilities are required:

- a. RAP
- b. Deployable CCP

- c. Inpatient and outpatient treatment.
 - d. Resus/Initial Wound Surgery (IWS) with specialist support of Gen and Orth Surgeons, two anaesthetists, Physican (Internist) who would all be required to also undertake ward activities upon demand.
 - e. Reserve capacity for ICU/HDU care of patients with equipped facility manning normally dedicated to general nursing duties.
 - f. X-ray.
 - g. Laboratory.
 - h. Dental.
 - i. Pharm (or via Class VIII capability at LSG)
 - j. Rd CASEVAC/Fwd AME/Tac AME. Tac AME may be available in some circumstances via civilian sources however this does not provide a significant personnel saving as AME personnel are still required for Fwd AME and Strat AME assessment purposes.
 - k. Pvnt Med.
 - l. Appropriate organic vehicles inc those for evac, admin and C3.
34. **Deductions**: A number of deficiencies in capabilities exist the most significant being:
- a. Integral security support to provide well coordinated and timely protection to short notice deployments.
 - b. A number of support deficiencies would have to be made up by second line support including continuing engr spt for site preparation and maintenance.
 - c. Possible overall medical capability deficiencies if casualty numbers approach conventional estimates but elm may be all that is practically available to Med coy.
 - d. Dental support tasks would likely increase as coy would not likely deploy with integral dental teams.
 - e. Reduced diagnostics capability.
 - f. Holding policy reduction would require commensurate increase in tac AME activity with cost burden in air hours and NAIROBI hospitalisation.

COURSES OPEN

35. Courses are restricted by the basic requirement to achieve the significant number of tasks with an inadequate number of personnel. It is not possible to allocate medical support responsibilities downwards with the level of medical support currently available and anticipated at level one facilities. The requirement for the Med Coy to assume multiple medical roles with greatly reduced numbers and logistic responsibilities will immediately require assumption of multiple roles by number of clinical personnel and will reduce the effective provision of overall clinical support. Both options would require a reduction in holding period to 14 days.

Course One

36. Provide flexibility to Med coy by not specifying precise section manning. Deploy a 19 man treatment section to provide level one and two support, 10 pers casualty staging flight to provide fwd and tac AME manning, a 25 man Forward Surgical team to provide limited level three IWS with

integral diagnostic support. One dental and two pvnt med sections would be required. Appropriate HQ and logistic support would bring personnel numbers to the 100 man restriction. An indicative structure is provided at Annex A.

Course Two

37. A specific descriptive structure providing the same capabilities as Course One is outlined at Course Two.

CONCLUSION

38. Either Courses One or Two even if well coordinated would only provide UNAMIR with a rudimentary health support system which is grossly sub-optimal. It should be noted that this recommendation is made on the basis of nil envisaged replacement for AUSMED.

39. My personal recommendation remains a medical unit of approximately 150 personnel.

40. The 100 man solution is as provided. This Course clearly has significant deficiencies which could be rectified by the adoption of a 125 man solution. This would provide the capability to:

- a. adequately respond to a mass casualty situation.
- b. adequately staff an ICU,
- c. provide physiotherapy,
- d. extend the holding period, and most importantly,
- e. permit significant humanitarian support activities in line with the intent of the new mandate if spare capacity was available.

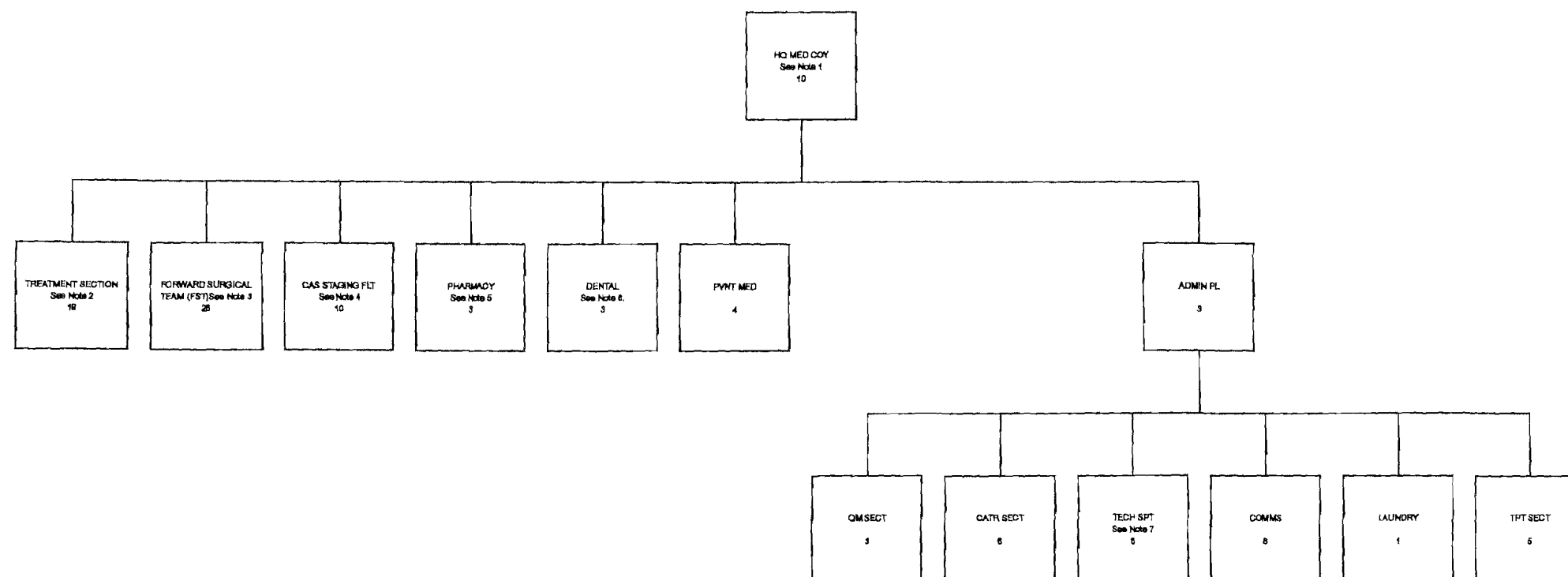
P.G. WARFE
COL
FMO


G4 MED

Annexes:

- A. Indicative Structure Flexible 100 Man Med Coy
- B. Indicative Structure Prescriptive 100 Man Med Coy

COURSE 1: Indicative 100 Pers Medical Company UNAMIR

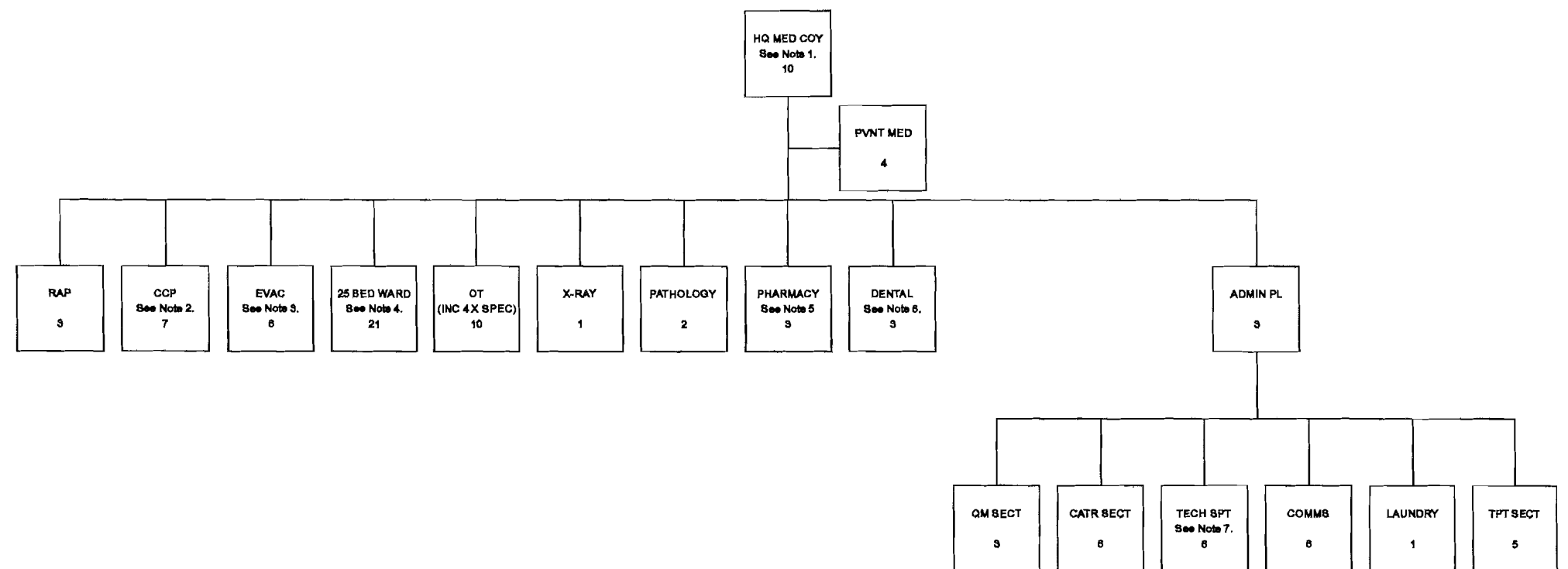


Notes

1. No. incl pers required for national contingent issues.
2. Incl four amb evac capability and deployable CCP can be used to augment ward bed spaces or staffing if required.
3. Inc two surgical teams, specialist Physician and pers for three shifts.
Pers to man HDU/ICU bed spaces normally undertake routine wd duties.
4. Provides RW and FW manning for Fwd and Tac AME, and relief manning for FST.
5. Provides tech spt to LSG for Class VIII management.
6. One Dental sect
7. Incl maint and med tech spt.

COURSE 2: Indicative 100 Pers Medical Company UNAMIR

Annex A to HQ UNAMIR
Med Br /95



Notes

1. No. incl pers required for national contingent issues.
2. Deployable CCP can be used to augment ward bed spaces if required.
3. Four amb.
4. Incl one specialist, AME teams and pers for three shifts.
Pers trained to man two HDU/ICU bed spaces normally undertake routine wd duties.
5. Provides tech spt to LG for Class VIII management.
6. One Dental sect
7. Incl maint and med tech spt.



Office of the Spokesman

SECURITY COUNCIL EXTENDS AND ADJUSTS MANDATE OF
UNAMIR UNTIL 8 DECEMBER 1995

Resolution 997 (1995) adopted unanimously
9 June 1995

Text of the Resolution

The Security Council,

Recalling all its previous resolutions on the situation in Rwanda, in particular its resolution 872 (1993) of 5 October 1993 by which it established the United Nations Assistance Mission for Rwanda (UNAMIR), and its resolutions 912 (1994) of 21 April 1994, 918 (1994) of 17 May 1994, 925 (1994) of 8 June 1994, and 965 (1994) of 30 November 1994, which set out the mandate of UNAMIR,

Having considered the report of the Secretary-General on UNAMIR dated 4 June 1995 (S/1995/457),

Recalling also its resolution 955 (1994) of 8 November 1994 establishing the International Tribunal for Rwanda, and its resolution 978 (1995) of 27 February 1995, concerning the necessity for the arrest of persons suspected of certain offenses in Rwanda,

Stressing the importance of achieving genuine reconciliation among all members of Rwandan society within the frame of reference of the Arusha Peace Agreement,

Noting with great concern reports of military preparations and increasing incursions into Rwanda by elements of the former regime and underlining the need for effective measures to ensure that Rwandan nationals currently in neighbouring countries, including those in camps, do not undertake military activities aimed at destabilizing Rwanda or receive arms supplies, in view of the great likelihood that such arms are intended for use within Rwanda,

Underlining the need for increased efforts to assist the Government of Rwanda in the promotion of a climate of stability and trust in order to facilitate the return of Rwandan refugees in neighbouring countries,

Emphasizing the necessity for the accelerated disbursement of international assistance for the rehabilitation and reconstruction of Rwanda,

Calling again upon all States to act in accordance with recommendations adopted by the Regional Conference on Assistance to Refugees, Returnees and Displaced Persons in the Great Lakes Region, held in Bujumbura in February 1995,

Recognizing the valuable contribution that the human rights officers deployed by the High Commissioner for Human Rights to Rwanda have made towards the improvement of the overall situation,

Acknowledging the responsibility of the Government of Rwanda for the safety and security of all UNAMIR personnel and other international staff serving in the country,

Reaffirming the need for a long-term solution to the refugee and related problems in the Great Lakes States, and welcoming, therefore, the intention of the Secretary-General to appoint a special envoy to carry out consultations on the preparation and convening, at the earliest possible time, of the regional Conference on Security, Stability and Development,

1. Decides to extend the mandate of UNAMIR until 8 December 1995 and authorizes a reduction of the force level to 2,330 troops within three months of the adoption of this resolution and to 1,800 troops within four months;

2. Decides to maintain the current level of military observers and civilian police personnel;

3. Decides, in the light of the current situation in Rwanda, to adjust the mandate of UNAMIR so that UNAMIR will:

(a) Exercise its good offices to help achieve national reconciliation within the frame of reference of the Arusha Peace Agreement;

(b) Assist the Government of Rwanda in facilitating the voluntary and safe return of refugees and their reintegration in their home communities, and, to that end, to support the Government of Rwanda in its ongoing efforts to promote a climate of confidence and trust through the performance of monitoring tasks throughout the country with military and police observers;

(c) Support the provision of humanitarian aid, and of assistance and expertise in engineering, logistics, medical care and demining;

(d) Assist in the training of a national police force until such time as the Government of Rwanda has entered into bilateral arrangements for the establishment of other training programmes;

(e) Contribute to the security in Rwanda of personnel and premises of United Nations agencies, of the International Tribunal for Rwanda, including full-time protection for the Prosecutor's Office, as well as those of human rights officers, and to contribute also to the security of humanitarian agencies in case of need;

4. Affirms that the restrictions imposed under Chapter VII of the Charter of the United Nations by resolution 918 (1994) apply to the sale or supply of arms and matériel specified therein to persons in the States neighbouring Rwanda, if that sale or supply is for the purpose of the use of such arms or matériel within Rwanda;

5. Calls upon the States neighbouring Rwanda to take steps, with the aim of putting an end to factors contributing to the destabilization of Rwanda, to ensure that arms and matériel are not transferred to Rwandan camps within their territories;

6. Requests the Secretary-General to consult the Governments of neighbouring countries on the possibility of the deployment of United Nations military observers, and to consult, as a matter of priority, the Government of Zaire on the deployment of observers including in the airfields located in Eastern Zaire, in order to monitor the sale or supply of arms and related matériel to Rwanda; and further requests the Secretary-General to report to the Council on the matter within one month of the adoption of this resolution;

7. Takes note of the cooperation existing between the Government of Rwanda and UNAMIR in the implementation of its mandate and urges the Government of Rwanda and UNAMIR to continue to implement the agreements made between them, in particular the Status of Mission Agreement of 5 November 1993 or any subsequent agreement;

8. Commends the efforts of States, United Nations agencies and non-governmental organisations which have provided humanitarian assistance to refugees and displaced persons in need, encourages them to continue such assistance, and calls upon the Government of Rwanda to continue to facilitate their delivery and distribution;

9. Calls upon States and donor agencies to fulfil their earlier commitments to give assistance for Rwanda's rehabilitation efforts, to increase such assistance, and in particular to support the early and effective functioning of the International Tribunal and the rehabilitation of the Rwandan judicial system;

10. Encourages the Secretary-General and his Special Representative to continue to coordinate the activities of the United Nations in Rwanda including those of the organizations and agencies active in the humanitarian and developmental field, and of the human rights officers;

11. Requests the Secretary-General to report to the Council by 9 August 1995 and 9 October 1995 on the discharge by UNAMIR of its mandate, the humanitarian situation and progress towards repatriation of refugees;

12. Decides to remain actively seized of the matter.

NB

The UNAMIR had originally been established by resolution 872 (1993) of 5 October 1993. Resolution 918 (1994) had expanded the mandate of the Mission to include responsibility for the security of civilians and of humanitarian operation, had increased its strength to up to 5,500 troops and imposed an arms embargo on Rwanda.

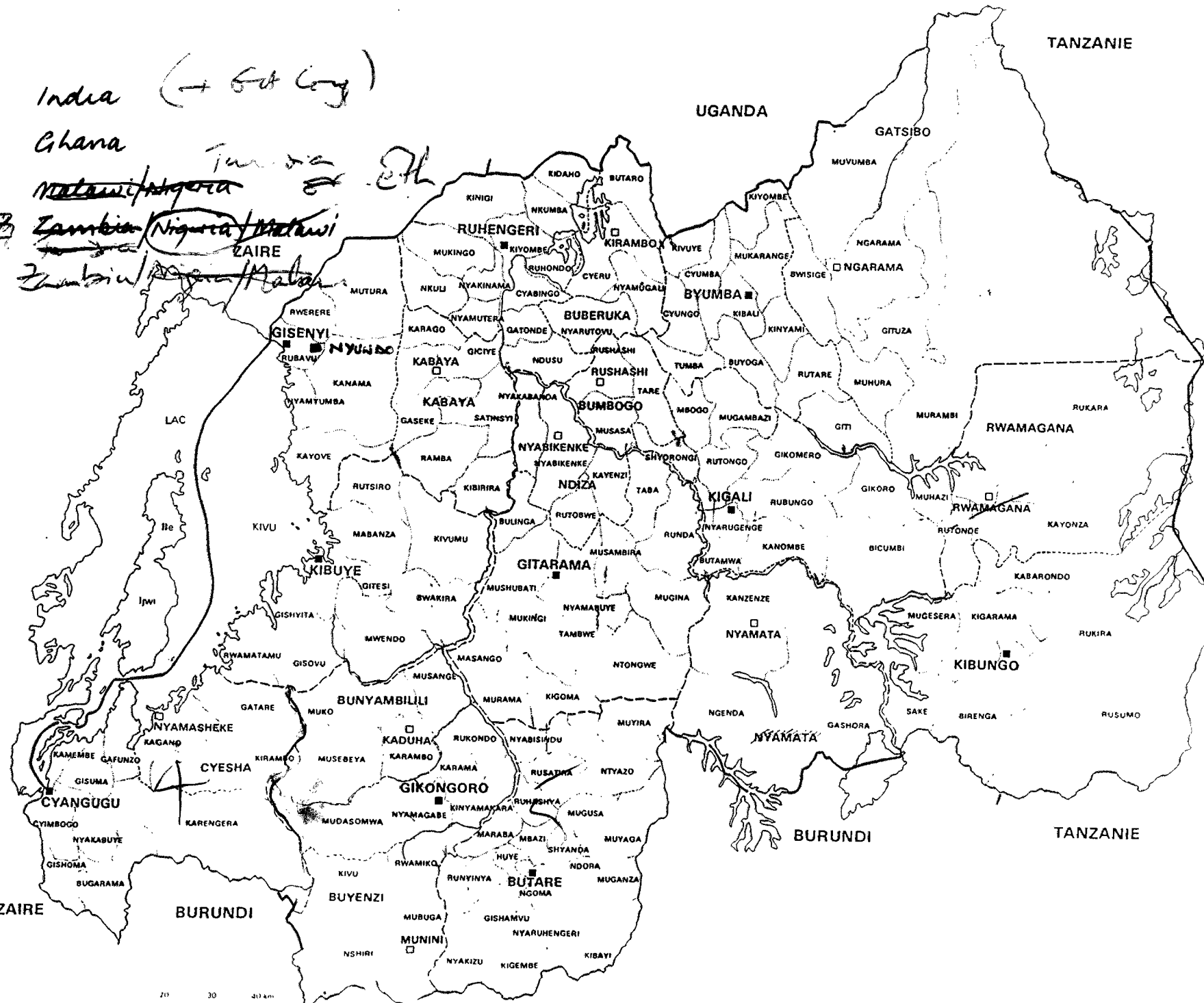
By its action today, the Council affirmed that the Chapter VII restrictions imposed by resolution 918 (1994) apply to the sale or supply of arms and matériel to persons in the States neighbouring Rwanda, if such arms or matériel are for use within Rwanda. It called upon the States neighbouring Rwanda to take steps to ensure that such arms and matériel are not transferred to Rwanda camps within their territories.

In a statement to the Council, the representative of Zaire called for an independent investigation to refute the claims that his country had been involved with the sale or supply of arms for use in Rwanda. He said it was up to the Government in Rwanda to create a favourable climate for the return of the refugees.

The representative of Rwanda, speaking after the vote, called for an end to the arms embargo against his Government and for an international commission to study the problem of the refugee camps. He added that the change in the UNAMIR mandate reflected the changed situation in his country.

Sectors

- 1 Bw India (+ 6th Cong)
- 2 Coy 6p Ghana
- 3 Coy 6p ~~Malawi/Nigeria~~ *Tunisia* *ETH*
- 4 Coy 6p ~~Zambia/Nigeria/Malawi~~
- 5 Coy 6p ~~Zambia/Nigeria/Malawi~~



Gisenyi

BRIEF FOR FORCE COMMANDER
ON
THE REVISED UNAMIR MANDATE

Background

- With effect 9 Jun 95 UNAMIR has received a new mandate which has shifted the focus from a peace-keeping to a role of assisting in the normalisation and stabilisation of Rwanda. On this basis, the tasks that UNAMIR will undertake can be divided into:
 - tasks specifically required to sustain a United Nations peace-keeping presence in Rwanda, mainly in Kigali; and
 - tasks aimed at assisting the government of Rwanda in promoting reconciliation and reconstruction and in the promotion of a climate conducive to the stability and to the return of refugees and displaced persons.
- The revised mandate will require UNAMIR to reduce its formed troop strength to 1,800 personnel by 9 Oct 95 passing through a strength of 2,330 by 9 Sep 95, or sooner. The force level of 2,330 will be used as a bench mark in order to avoid disruption and turbulence in redeployments. The Milobs and Civpol strengths will remain at their current authorised levels of 320 and 120 respectively. Helicopter support should remain at the current establishment of five aircraft provided by Canadian Helicopters International

Proposed Tasks and Troop Requirements - Proposed Mandate

- **Tasks to Sustain Peace-Keeping Operations**
 - Provide security for United Nations personnel and facilities and contribute to the security of personnel and premises of United Nations agencies. Currently there are twenty four section tasks and probable tasks for another nine sections (protection of reduced medical, engineer & military police sub units). This will give a total of thirty three section tasks.
 - Contribute to the security of the International Tribunal, including full time protection of the Prosecutors office, as well as those of human rights officers. It is anticipated that the tasks of protection of the Tribunal HQ and accommodation and escorts for the tribunal members will require nine sections. No personnel have been dedicated for the protection of human rights offices; UNHRCFOR offices should be encouraged to collocate with the sector independent companies.
 - Contribute to the security of humanitarian agencies in case of need. Currently, there are no sections allocated for this task.
 - Ready Reserve. Currently there are three sections allocated for this task and are located in Kigali only.
 - Command, Control and Support Elements. Provision of command and control, liaison and planning in operations and logistics functions will require 35 personnel (with augmentation of 15 Milobs). Provision of a limited engineer squadron will call for 125 personnel. The provision of medical unit which would include a level one, two and three treatment facility, trained aero medical evacuation (AME) and road evacuation crews, and preventative medicine advice through environmental

health teams will require 100 personnel. The provision of a limited signals unit to provide HQ signal support and signal detachments in some sectors would demand 75 personnel. Continuation of the Integrated Logistics System will require 85 personnel. The provision of military police support to UNAMIR will necessitate 30 personnel. A movement control unit of 15 personnel will be required for possibly 3 to 4 months to assist the downsizing of UNAMIR. These tasks will require a total of 515 personnel.

Tasks to Assist the Rwandan Government in Confidence-Building and in the Promotion of a Climate Conducive to the Stability and to the Return of Refugees

- Monitoring throughout the country with Milobs and Civpol. This will be carried out by 320 Milobs and 120 Civpol.
- Support the provision of humanitarian aid. This will be carried out by the formed troops in the prefectures and from Kigali (only on request/demand as resources permit).
- Facilitating the return and reintegration of refugees into their home communities. This will be carried out using formed troops, Milobs and Civpol in the communes and prefectures. This may entail a 'be prepared' task to establish 'corridors' and transit areas as and when required.
- Provide assistance and expertise in engineering, logistics, medical care and demining. This will be provided by the UNAMIR HQ, force logistic unit, engineer unit and medical unit. US Demining Team will be the primary focus of demining; UNAMIR will assist if required/demanded/available..
- Limited reserves of formed troops in certain prefectures (these troops would not undertake any patrolling duties but would assist in the performance of the above tasks as required). This task will be performed by four independent company groups (4 x 135 pers each) by 9 Oct 95. Due to the difficulties in communications and logistical resupply as a result of geographical dispersion, independent companies will be more appropriately supported by force elements vice unit elements.
- Assist in the training of a national police force until bilateral agreements have been reached. This will be provided by Civpol.
- Be prepared to deploy Milobs in neighbouring counties with the priority to Zairean airfields to monitor arms and military equipment supply. This will be provided by UNAMIR Milobs; either as a separate mission or less likely from existing UNAMIR Milob resources.

Possible Force Structures

- The revised mandate has been approved with a total force strength of 1800 formed troops, 320 Milobs and 120 Civpol. Therefore, the following force structure is proposed:
 - Force HQ (35 pers)
 - One battalion (800 pers)
 - One engineer squadron (125 pers)
 - One medical company (100 pers)

- *One signal company (75 pers)*
- *One Logistic Group (85 pers)*
- *Four independent company groups (each company of 135 pers).*
- *One military police platoon (30 pers)*
- *One movement control unit (15 pers)*
- *Milobs (320)*
- *Civpol (120)*

Proposed Sector and Troop Deployments

- Rwanda will be divided into five sectors (Annex A) and it is proposed that they be manned by the following contingents:
 - *Sector 1: Indbatt + one Ghanbatt company for the Tribunal.*
 - *Sector 2: One Ghanbatt company group.*
 - *Sector 3: One Tunbatt company group or alternatively Nibatt.*
 - *Sector 4: One Ethiobatt company group or alternatively Nibatt or Malawi .*
 - *Sector 5: One Zambatt company group or alternatively Nibatt or Malawi.*
- It is proposed that the support function to the force be provided by the following troop contributing countries:
 - *UNAMIR HQ* - *Representational mix*
 - *Engineer company* - *India*
 - *Signals company* - *India*
 - *Medical company* - *TBA*
 - *Logistic group* - *Canada*
 - *Military police platoon* - *Representational mix*
 - *Movement control unit* - *TBA*
- A proposed organisational chart for the structure of the force is enclosed as Annex B.

Brief prepared by: LTCOL S.J. Dunn, G3 Plans
 Cleared by: COL J. Arp, DCOS OPS
 10 Jun 95

Attachments:

- Annex A. Sector Deployment Map
- Annex B. Organisation Chart (Force elements as appendices)

BRIEF FOR FORCE COMMANDER
ON
THE REVISED UNAMIR MANDATE

Background

- With effect 9 Jun 95 UNAMIR has received a new mandate which has shifted the focus from a peace-keeping to a confidence-building role. On this basis, the tasks that UNAMIR will undertake can be divided into
 - tasks specifically required to sustain a United Nations peace-keeping presence in Rwanda, mainly in Kigali; and
 - tasks aimed at assisting the government of Rwanda in confidence-building and in the promotion of a climate conducive to the stability and to the return of refugees and displaced persons.
- The revised mandate will require UNAMIR to reduce its formed troop strength to 1,800 personnel by 9 Oct 95 passing through a strength of 2,330 by 9 Sep 95, or sooner. The force level of 2,330 will be used as a bench mark in order to avoid disruption and turbulence in redeployments. The Milobs and Civpol strengths will remain at their current authorised levels of 320 and 120 respectively.

Proposed Tasks and Troop Requirements - Proposed Mandate

• **Tasks to Sustain Peace-Keeping Operations**

- Provide security for United Nations personnel and facilities and contribute to the security of personnel and premises of United Nations agencies. *Currently there are twenty four section tasks and probable tasks for another nine sections. This will give a total of thirty three tasks.*
- Contribute to the security of the International Tribunal, including full time protection of the Prosecutors office, as well as those of human rights officers. *It is anticipated that the tasks of protection of the Tribunal HQ and accommodation and escorts for the tribunal members will require nine sections. No personnel have been dedicated for the protection of human rights offices.*
- Protection of NGOs as required. *Currently, there are no sections allocated for this task. humanitarian agencies not NGOs*
- Ready Reserve. *Currently there are three sections allocated for this task and are located in Kigali only.*
- Command, Control and Support Elements. *Provision of command and control, liaison and planning in operations and logistics functions will require 40 personnel. Provision of a limited engineer squadron will call for 150 personnel. The provision of medical unit which would include a level one, two and three treatment facility, trained aero medical evacuation (AME) and road evacuation crews, and preventative medicine advice through environmental health teams will require 125*

33
incl
med sq
tasks

personnel. The provision of a limited signals unit to provide HQ signal support and signal detachments in some sectors would demand 75 personnel. Continuation of the Integrated Logistics System will require 85 personnel. The provision of military police support to UNAMIR will necessitate 30 personnel. A movement control unit of 15 personnel will be required for possibly 3 to 4 months to assist the downsizing of UNAMIR. These tasks will require a total of 515 personnel.

Tasks to Assist the Rwandan Government in Confidence-Building and in the Promotion of a Climate Conducive to the Stability and to the Return of Refugees

- Monitoring throughout the country with Milobs and Civpol. This will be carried out by 320 Milobs and 120 Civpol.
- Support the provision of humanitarian aid. This will be carried out by the formed troops in the prefectures and from Kigali. *on demand*
- Facilitating the return and reintegration of refugees into their home communities. This will be carried out using formed troops, Milobs and Civpol in the communes and prefectures. *Safe corridors from within* *how?*
- Provide assistance and expertise in engineering, logistics, medical care and demining. This will be provided by the UNAMIR HQ, force logistic unit, engineer unit and medical unit.
- Limited reserves of formed troops in certain prefectures (these troops would not undertake any patrolling duties but would assist in the performance of the above tasks as required). This task will be performed by three independent companies (3 x 160 pers each) by 9 Oct 95. Due to the difficulties in communications and logistical resupply as a result of geographical dispersion, independent companies will be more appropriately supported by force elements vice unit elements.
- Assist in the training of a national police force until bilateral agreements have been reached. This will be provided by Civpol.
- Be prepared to deploy Milobs in neighbouring counties with the priority to Zairean airfields to monitor arms and military equipment supply. This will be provided by UNAMIR Milobs. *outside UNAMIR?*

Possible Force Structures

- The revised mandate has been approved with a total force strength of 1800 formed troops, 320 Milobs and 120 Civpol. Therefore, the following force structures are possible:

Force Structure A

- Force HQ (40 pers)
- One battalion (800 pers)
- One engineer squadron (150 pers)
- One medical company (125 pers)

- One signal company (75 pers)
- One Logistic Group (85 pers)
- Three independent companies (each company of 160)
- One military police platoon (30 pers)
- One movement control unit (15 pers)
- Milobs (320)
- Civpol (120)

Force Structure B. This option involves reducing the Force HQ by five, the engineer squadron by 25 and the medical coy by 25.

- Force HQ (35 pers)
- One battalion (800 pers)
- One battalion (535 pers) to include Bn HQ and Sp Coy (135 pers) and four rifle companies (each company 100 pers)
- One engineer squadron (125 pers)
- One medical company (100 pers)
- One signal company (75 pers)
- One Logistic Group (85 pers)
- One military police platoon (30 pers)
- One movement control unit (15 pers)
- Milobs (320)
- Civpol (120)

Force Structure C. This option involves reducing the Force HQ by five, the engineer squadron by 25 and the medical coy by 25.

- Force HQ (35 pers)
- One battalion (800 pers)
- One engineer squadron (125 pers)
- One medical company (100 pers)
- One signal company (75 pers)
- One Logistic Group (85 pers)
- Four independent companies (each company of 135)
- One military police platoon (30 pers)

SP1 27 30
45 log store

- *One movement control unit (15 pers)*
- *Milobs (320)*
- *Civpol (120)*
-

Brief prepared by: LTCOL S.J. Dunn, G3 Plans
Cleared by: COL J. Arp, DCOS OPS
10 Jun 95

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 696-7-1
MEDLOG 575/95

To: FMO

Info: AUSMED

From: G4 Med

Date: 30 May 95

Subject: APPRECIATION FOR HEALTH SUPPORT REQUIRED FOR UNAMIR
FORCE STRENGTH OF 2000

Reference:

- A. HQ UNAMIR Med 352/95 dated 3 Apr 95
- B. ASC UNAMIR SED dated 7 Feb 95

Aim

- 1. To determine the health support required for a reduced UNAMIR force of 2000 pers.

Situation

- 2. A further reduction in UNAMIR force is being considered with possible reduction in own tps numbers to 2000 rather than the 3300 in previous appreciation. Role of deployed tps is to be monitoring in a MILOB manner rather than the current active patrolling of communes.
- 3. Tp will be HQ elm, log elm, eng elm, and five independent coy gps deployed to sectors. Most remote deployment is expected to be CYANGUGU.
- 4. The health support situation will change with the overall reduction of force personnel and reduced humanitarian support requirement.
- 5. Overall range of level two/three capabilities incl rd casevac, resus, surgery, ICU, x-ray, path, physio, pharm and dental to remain.
- 6. Facility to be capable of augmentation and incorporate deployable Casualty Collection Post (CCP) element. Retain pvnt med elm, capability to provide rd casevac and AME teams for both fwd, and strat AME.
- 7. Facility likely to be collocated with other UNAMIR elm. Security for medical unit base loc, deployed CCP and rd evac would be provided by UNAMIR.

*FMO,
Chief of Staff has a copy.
I have discussed briefly with him
the reasons for some of the manning;
(24hr a day / 7 day wk ops, reduced N&O
Med Spt, need for dedicated Admin Spt
etc). He accepts the figure but
wants us to continue to identify where
we can reduce further. Much depends
on what the Br/Coy 4p deploy with - RMO,
Dentist?*

*CO.
31/5*

Assumptions

8. Assumptions at Reference A Para 9 (with exception of Paras 9 A and C) remain valid as follows:
 - a. That the present security situation will not deteriorate further.
 - b. The UN will not authorise an increase in troop deployment above the authorised 6000.
 - c. AS MSF will depart Rwanda in August 1995 and be replaced by another level two / level three health facility.
 - d. There will be a reduced requirement to provide humanitarian medical support.
 - e. The replacement organisation for AS MSF will be the only level two / level three facility in Rwanda capable of supporting UNAMIR.
 - f. Assume civilian dependency of approx 1000 will remain thus resulting in an overall patient dependency of approx 3000
 - g. Inf Coys will deploy with integral level one med spt inc RMO and at least one pvnt med member. Med elm will provide RAP spt to HQ and log elms deployed Kigali.
 - h. Current arrangements for clinical and personnel accommodation will end and facy to be stand alone in tentage. This will require deployment of specialised medical tentage accommodation incl air conditioning. There will be no formal humanitarian support responsibility, but level two/three med facy and level one facys continue to be expected to provide humanitarian support (spare personnel capacity only - no humanitarian inpatients).

Factors

9. **Ground.** The following deductions from Reference A Para 10 are relevant:
 - a. The size of the AO allows a level three facility to locate centrally and cover all parts of the country.
 - b. Air and road evacuation is possible. Road movement will be limited to paved roads during much of the wet season.
 - c. Night AME is possible only at approved airstrips.
 - d. Because of some road conditions, CASEVAC will be slow and there may be a need to pre-position ambulances.
 - e. Medical evacuation out of theatre may be performed from either KIGALI or KAMEMBE airports.
 - f. NBCAS will be at the tropical rate.
 - g. The incidence of traffic accidents will be higher than normal due to poor road conditions, the wet season and an increase in domestic traffic.
10. **Threat.** Although security remains a concern, there is no recognised enemy in Rwanda. UNAMIR recognises the sovereign state of Rwanda in which the RPA is the legitimate Army of the Nation. Deductions include:

- a. BCAS should not be a dominant factor in the estimation process.
- b. The centralised location of the level three facility should be allowed to continue.
- c. Evacuation will normally be from secure LZ and along secure routes.

11. **Friendly Forces.** The rate of draw down of force size is likely to increase from that predicted at Reference A Para 12 following release of the new mandate. Overall force strength is anticipated to be 2000. Deployment of force is likely to be as per Para 3 above.

12. **Health Assets.** Level one health assets are likely to decrease commensurate with reduced force size, but each inf elm likely to continue to deploy with integral level one medical support. Reduced coy level one dental and pvnt med capability is likely. Reduction in current availability of adequate NGO stabilisation/surgical facilities at remote locs: CYANGUGU, KIBUYE or GISENYI will compromise UNAMIR medical support if night RW acft AME is not provided.

13. **Standard of Dental Health on Deployment.** Current standard of dental health of significant number of pers deploying to UNAMIR is poor.

14. **Threat.** Requirement for inf elm to ensure security for deployment of CCP and rd evac exists.

Deductions

15. Following deductions from Reference A Para 16 remain valid:

- a. UNAMIR ability to provide humanitarian support has been reduced since Nov 94 when the British and Canadian medical contingents departed. However, there is still some capacity to treat and hold Rwandan civilian patients.
- b. A surgical team, dental section and preventive medicine team can deploy to a second location on an as required basis given the appropriate support.
- c. The level two/ level three facility will continue to provide an RAP service to the UNAMIR HQ location.
- d. Because of a more even distribution of UNAMIR forces throughout RWANDA, the current treatment section group can be held in reserve in the central location in KIGALI.
- e. It is not the responsibility of the level three facility to provide level two support however unless the infantry battalions provide their own level two assets, there will be a need for at least one CCP to provide flexibility.
- f. There may be scope to reduce the amount of security required by the level three facility particularly if the unit is solely located in KIGALI. If this reduction occurs, commensurate reductions to logistic spt could be made.

16. Additional deductions are:

- a. Night RW acft AME will be required if inf elm are deployed to remote inaccessible sectors where availability of adequate NGO medical support has diminished.
- b. Security support of at least inf sect size is required for routine night casevac.
- c. Deployment of CCP would require pl support for security of 24 hr deployment.

- d. An increased dependence on dental support from the med elm is likely. This would require a second dental team to permit deployment to a second location.
17. **Casualty Evacuation.** The following rd CASEVAC and AME factors are relevant:
- a. **Rd CASEVAC.** The evacuation section with the level three facility remains as the only second and third line ambulance resource available in country. In addition to current evacuation tasks, the requirement for local evacuation in KIGALI from units and between KIGALI Airport and the location of the level three facility will continue.
- b. **AME.** At this point of time RW acft AME arrangements are uncertain. Night AME is not available. Only one L100 acft with one crew is available thus either aircraft or crew availability may restrict AME. Currently the availability of FW acft for medivac or tac AME is inadequate.
- c. The following deductions are considered relevant:
- (1) An evacuation section of six ambulances is required for perceived tasks, especially when restrictions on AME are considered.
 - (2) Movement of these vehicles will be limited to sealed roads during much of the wet season.
 - (3) There is an adequate number of in-theatre AME assets.
 - (4) Night RW AME capability is inadequate to support the Force particularly when units do not have an organic level two resuscitation and holding capability.
 - (5) Current FW aircraft and crew availability is inadequate for assured tac AME or MEDIVAC to Level four medical facilities in NAIROBI.
 - (6) AME remains the preferred option for priority 1 and 2 casualties.
 - (7) Road evacuation will remain normal means for priority 3 casualties except for those in remote locations. Opportunity AME will be used for these casualties.
 - (8) The level three facility should remain centrally located.

Medical Estimates

18. **Casualty Estimates.** As BCAS will not be considered unless the mandate for UNAMIR is changed, a summary of NBCAS is as follows:
- a. $NBCAS = 0.2\% \times 3000/\text{day} = 6 \text{ per day}$ (After allowing that 33% of these will not reach a level three facility, 4 will be admitted. At present, inpatient levels are below predicted rates this assessed to be due to aggressive preventive medical support.)
- b. The hospital bed requirement to support a overall patient dependency of 3000 would be equivalent to Reference A Para 19 ie: 25 bed ward and 3 bed ICU.
19. **Deductions.** Medical tasks as outlined above (incl deployable CCP) with above role would remain similar to those described at Reference A. A 25 bed static ward, deployable CCP of up to 10 stretchers on ground for 72 hr. The task of casualty reception and resus at main loc remains for a mass casualty situation (and possibly task for current second CCP if one is deployed). Requirement for control of force Class VIII consumables would be best met by maintenance of force stock by Med unit.

- a. A capacity for initial wound surgery is required.
- b. Range of capabilities of the two current (general and orthopaedic) surgical teams are still required.
- c. There is still a requirement for pathology, radiology and physiotherapy departments. Current manning appears adequate.
- d. Dental support tasks would likely increase as coy would not likely deploy with integral dental teams.

Courses Open

Course One

20. As per Option Two Reference A Para 21, maintain a military medical organisation based on the current structure of the AS MSF but without the security element of the inf coy. Centrally locate all assets in Kigali. This would provide a level three facility with a second and third line evacuation capability. The level two facility staff could be used to augment the hospital staff whilst maintaining the capability to deploy up to a treatment section as required. Following changes could also be made:

- a. Appropriate reduction to logistic and administrative elements would also be made. The facility would in essence be a level three facility of forty beds, fifteen of which could be deployed, with a second/third line evacuation capability.
- b. HQ elm is required for C3 of elm but it could be reduced. Logistically/administratively the unit would be self contained to extent of clerical, tech spt (inc med equip), administrative movement, laundry, pharm, kitchen and specialist med clerical responsibilities.
- c. Draw up to two CCPs from treatment section gp as required. Deployable CCP for level two spt with augmented triage/resus of hosp at central loc.

21. Advantages:

- a. C3 is effective.
- b. Level three facility is centrally located.
- c. Retains ability to deploy a level two asset if required.
- d. By collocating and with commensurate reductions in security and logistic support elements, the organisation could be reduced by approx 140 personnel.
- e. The facility could be structured from a formed military unit.
- f. Provides specialist admin spt req by med unit not avail via conventional log unit; e.g. hospital rations req for patients, rations req to spt shift pers.
- g. Flexibility of deployable CCP

22. Disadvantages:

- a. Lack of integral security elm would create significant difficulties in regard to security, C3 and timely response when deployment of CCP or rd CASEVAC (particularly at night) is required.
- b. The level three facility would remain inappropriately structured due to its level two staffing and role.

- c. Security would need to be provided from other resources from within UNAMIR.
- d. The unit would need to be fostered for some additional logistic support and require some administrative assistance.
- e. Major disadvantage is that manpower wastage is likely with dependency.

Course Two.

23. Med unit as far as possible composed of specialist personnel only, entirely administratively supported by UNAMIR. Significant disadvantages would exist in command and support unless the unit was part of a larger national contingent that could provide the range of tailored administrative support necessary.

Course Three

24. As per Course One but also delete treatment sect. Have dedicated CCP and additional dental sect.

25. **Advantages.** As per Course One but additional advantage of manpower reduction with deletion of treatment sect.

26. **Disadvantage.** Difficult to augment ward with CCP if additional bed spaces required.

Selection of Best Course

27. Based on the current and projected security environment and assuming a changed UN mandate, there is scope to reduce the size of the medical organisation by scaling down infantry and logistic elements. .

28. Option Three is the preferred course of action as it assures the appropriate level of medical support to UNAMIR, including the ability to deploy elements within the AO, while keeping the manning to acceptable levels. The consequences of the deletion of the security elm should be clearly stated as it may be advantageous to increase the integral inf spt with a commensurate decrease in security pers from other UNAMIR elm.

29. A summary of the medical capabilities that will result from the adoption of Couse Three are:

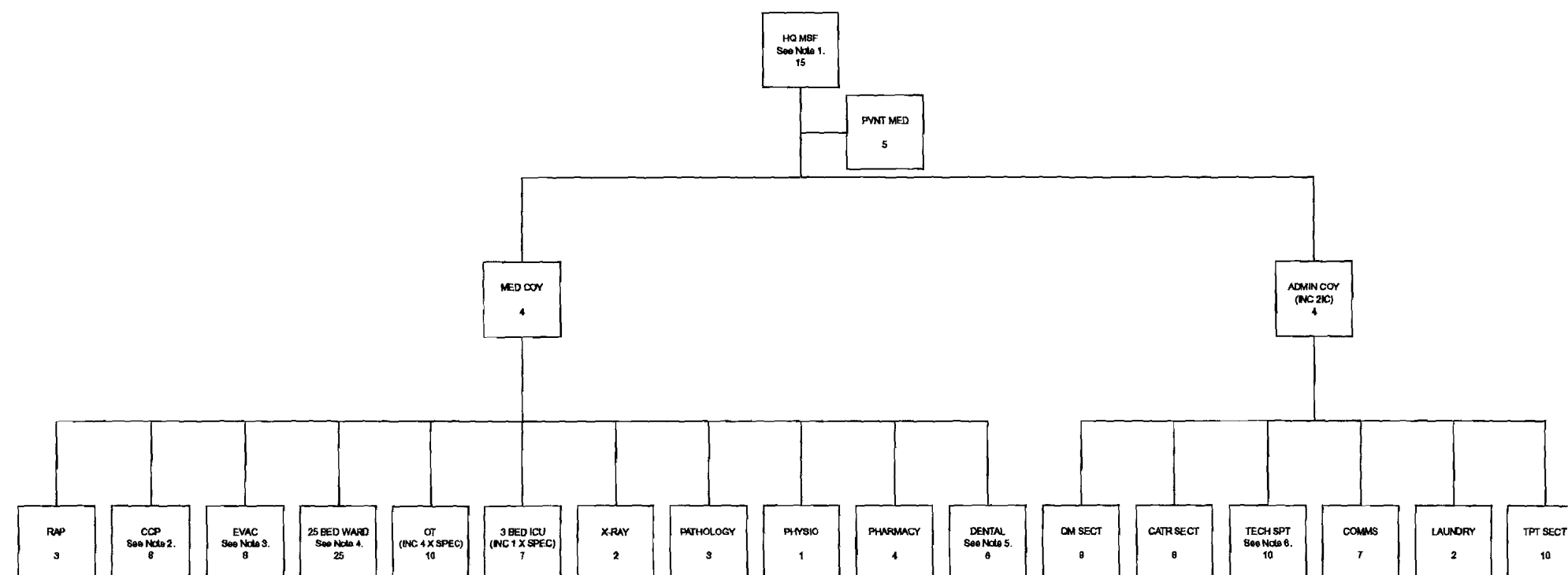
- a. Force Medical Officer and support staff (note these 4 pers are not included in the numbers or structure of the proposed unit).
- b. 1 x 25 bed ward
- c. One CCP
- d. 3 x bed ICU
- e. RAP for UNAMIR HQ/Med unit/Log unit
- f. Surgical, x-ray, path, physio, pharmacy and evac remain unchanged
- g. Two Dental sect
- h. one pvnt med sect
- i. Reduced security and log elm

30. Possible outline reductions are without rewriting the SED at Reference B are:
- a. HQ MSF. Possible reduction of national activities providing reduction of 12.
 - b. Log Spt Coy: Possible reductions from catr sect, QM sect, maint sect, tpt and engr spt of 12
 - c. Med Coy. Possible reduction of 9 as fol:
 - (1) Reduction of one treatment sect
 - (2) Addition of one CCP and dental sect.
 - (3) Reduction of size of ICU.
 - (4) Reduction of HQ.
 - d. Inf Coy: Reduction of 110.
31. An outline structure with the manning of Course Three is provided at the Annex.

Annex:

Proposed 150 Pers Medical Support UNAMIR

Proposed 150 Pers Medical Support Unit UNAMIR



Notes

1. No. incl pers required for national contingent issues.
2. Can be used to augment ward bed spaces if required.
3. Six amb.
4. Incl AME teams and pers for three shifts.
5. Two Dental sect
6. Incl maint and med tech spt.

Cover Sheet Classification UNCLASSIFIED	Enclosure Classification UNCLASSIFIED
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Department of Defence

HQ UNAMIR II

FACSIMILE COVER SHEET

Page 1 of 1


File Number: 696-7-1	Senders Name:
Precedence: ROUTINE	DTG Sent: 95
Facsimile Destination	Facsimile Originator
Operations Branch Land Headquarters Victoria Barracks PADDINGTON NSW 2021 AUSTRALIA	ASC UNAMIR II Headquarters UNAMIR II Kigali RWANDA
Unclass Fax No: 0011 61 2 3601524	Unclass Fax No: 001 212 9633090
Discon Fax No: 20215	Discon Fax No:
Telephone No: 0011 61 2 3393009	Telephone No: 0011 873 1545271
Subject Title: DRAFT TERMS OF REFERENCE OST RWANDA	

FROM COMASC FOR SO1 HLTH OPS

A. YOUR FAX OF 10 MAY 95

1 Enclosed are suggested changes to the Terms of Reference for the Operational Study Team. In the main I am very happy with the aim and scope of the study. I look forward to seeing you in June.

Regards, P.G. Warfe

Releasing Officer's Name	Signature	Rank / Appointment	Date
CURREN B.R.		LTCOL G3 MED	17 May 95
THIS FAX COVER SHEET AND ENCLOSURE ARE TO BE TRANSMITTED IAW THE REQUIREMENTS OF THE HIGHEST ENCLOSURE SECURITY CLASSIFICATION CONTAINED HEREIN			
Cover Sheet Classification UNCLASSIFIED	Enclosure Classification UNCLASSIFIED		

DRAFT TERMS OF REFERENCE
OPERATIONAL STUDY TEAM - RWANDA
COMMENTS BY COMASC

1. Overall, the Terms of Reference are comprehensive and cover most areas relevant to the study. The opportunity to comment is appreciated and the following suggestions are made in an attempt to enhance the quality and completeness of the study.

	<u>PARA</u>	<u>AMENDMENT</u>
a.	4	ADD "g. health intelligence": Suggest seven areas be studied and Health Intelligence be included as a distinct function.
b.	5	CHANGE "six to seven":
c.	5 c.	ADD "(4) AME": Applicable to health support lessons of humanitarian aid.
d.	5 c.	ADD "(5) field operational support": Applicable to health support lessons.
e.	5 k.	ADD "(4) image intensifier": An existing technology that should be considered.
f.	5 k.	ADD "(5) ultrasound": Another technology that should be considered.
g.	5 m.	ADD " Preventive Medicine Training": An important function that has played a major role in the health support to UNAMIR and humanitarian aid.
h.	5 ac	ADD " Headquarters UNAMIR II Standing Operating Procedures": Those parts of the SOP dealing with medical operations and other administrative matters should be reviewed by the study team.

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 096-7-1 Correspondence No. _____

To: FMO Remarks/Action: 11/5

Med Ops ph spk

Med Log _____

FHO _____

Please initial and date when action complete then pass quickly.

FAPL

FRANK MEYER

FRANK MEYER

Cover Sheet Classification
UNCLASSIFIED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA



Enclosure Classification
UNCLASSIFIED

NATIONS UNIES
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Out Going FaxNo. 368/95

UNAMIR MINUAR

Page 1 of 3

File 538/121

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

COMMENTS/INSTRUCTIONS

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

BBB REGARDS

See 273/95 21 MAR 95

Releasing Officer's Name	Signature	Rank Appointment	Date
--------------------------	-----------	------------------	------

Cover Sheet Classification
UNCLASSIFIED

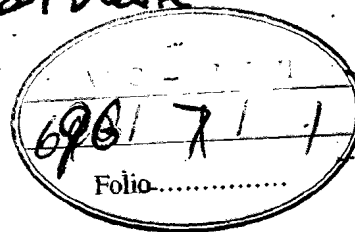
Enclosure Classification
UNCLASSIFIED

Checked folios for
Cond Diary

Copy to: Col OPS for info.
7 A/Col Admin, SO1 Admin Ops Plans
SO2 Log Ops
SO2 Log Concepts
SO2 Admin Plans
SO2 War Plans



Col Work



Col Work Cancelled

**HEADQUARTERS AUSTRALIAN DEFENCE FORCE
DIRECTORATE OF JOINT LOGISTICS OPERATIONS AND PLANS**

Russell Offices, CANBERRA, ACT 2600

FAX No. (06) 2485603

Alternatives - (06)265 0091

Classification: UNCLASS	Precedence: ROUTINE	Date/Time: 09JAN95	In Reply Quote: JLOP 04/95
PLEASE PASS TO: LTCOL A. BARTON SO1 ADMIN OPS AND PLANS		FAX # 02-3393003 TEL # 02-3393484	Pages: 4
Subject: REDEPLOYMENT FROM RWANDA		Reference: ATTACHED ACOPS 015/95	

Andrew,

I attach the reference in order to give you a heads up before your Cofs calls for comments.

Random points that immediately spring to mind given the inevitable UN attempt to redeploy by the cheapest means possible are:

- due to K95 we might not have many strategic movement assets available and therefore be pretty much dependent on the UN.
- what equipments/capital items can LCAUST legitimately object to coming back by sea for operational/CPD reasons, with the conclusion that the rest may go by sea? Were not some major medical items stripped from operational units to permit the original deployment? The cost for even a priority based and limited redeployment by air may be significant enough for us to seek Portfolio or Finance supplementation, so we will need to know what we may be up for early.
- for any items that may be acceptable for sea transport, the time has to be considered. I seem to recall that the strat recon indicated that due to the state of the roads, some 14 days may be needed for road transport between Kigali and Mombassa, the sea POE. This will be dependent on there being sufficient road transport. Then there will be a number of weeks for loading, shipment and unloading.

- d. could it be possible that LCAUST may wish to seek a compromise such as air shipment to the sea POE for these items? Would this be economical in double loading/packaging and manpower terms? It is just as important to know what options are ruled out as it is those for consideration.
- e. will there be a specific sequence of moves eg main body and rear party? How big and with what equipment?

Sorry to get into the weeds here, but we could only put so much in the minute to CofS LHQ in trying to express the critical need to flesh out the answers soon before they coincide with major K9S issues. This will be a challenge for the movers in the last rotation to figure out, taking into account LCAUST's operational imperatives along with those at the Portfolio level for funding.

The US DOD Joint Chief's J4 advised me in December during a visit here that he would be happy for us to use the USAF for the redeployment, but the funding limit allowed by the UN will determine the modes.

I realise you may be just returning from leave, so if you have not seen my sitrep on the MFO it appears in my fax 226/94 dated 03JAN95 - addressed to you but actioned, I believe within COLOPS' area.

Cheers,

Sharp

From: <i>[Signature]</i>	CAPT SHARP	DJLOP	2650064
Signature	Name	Position	Phone No.

4/95



Headquarters Australian Defence Force

MINUTE

ACOPS BZ 015/95
LD94-15862 Pt5
cc LD92-35044 Pt1

LHQ (COFS)

For Information:

HQLogComd-A (COLOPS)

STRATEGIC REDEPLOYMENT - UNAMIR II, RWANDA

Reference:

- A. LHQAUST OPORD 62/94 (SIC WAA/E3L/I40) dated 010600Z Dec 94
- B. DI(G) OPS 32-1 (Army OPS 4-1)

1. As you are aware, the Government has approved the rotation of ASC UNAMIR II personnel in Jan/Feb 95 (Reference A also refers). Given a six month deployment, and the current intention not to rotate a second time, ASC 2 UNAMIR II will probably return to Australia during the major activity phase of Exercise K95 i.e. Jul/Aug 95.


2. To enable our respective staffs to concentrate on K95 activities later in the year, it would be wise to commence contingency planning for the ASC 2 UNAMIR II withdrawal as early as possible. This planning can then be based on a worst case scenario in which the repatriation of all ASC personnel, stores and equipment is scheduled at the same time as the FTX phase of K95.

- 2 -

3. To assist in planning for a potential withdrawal, your assistance in initiating the following actions would be appreciated:

- a. as early as possible, COMASC to determine what stores and equipment should be returned to AS;
- b. HQMC be approached to determine AQIS quarantine requirements for all stores and equipment being returned;
- c. the appropriate approvals be sought to dispose of, or donate to suitable agencies, all stores deemed not suitable to be returned;
- d. details of all items of historical interest proposed for return to AS be declared as early as possible i.e. to HQMC for quarantine purposes and the DMCA for all items subject to Reference B; and
- e. the DMCA be provided with UN formatted staff tables, suitably vetted by your staff, to enable negotiations to commence with the UN to withdraw ASC 2 (the UN requires staff tables to be submitted at least six weeks before redeployment commences).

2. Finally, experience has shown that the UN prefers to use the most cost effective transport option for the return of contingent personnel, stores and equipment. As you may recall, the UN intended to return ASC UNOSOM II stores and equipment by sea, however, for security purposes, the ADF decided to pay a premium for the use of an RAAF C130 in lieu. The UN may, therefore, look to sea transport as a cost effective alternative to using air (the UNAMIR deployment by USAF C5 cost US\$8.6m); the RAAF would not have the C130 assets necessary capacity to undertake this task, particularly during K95. Therefore, the road/sea uplift of ASC UNAMIR II stores and equipment may be a real possibility, and should be included in your contingency planning.


A.W. TITHERIDGE
AIRCDRE
DGJOP

6 Jan 95



→ HQ UNAMIR MED BR
FILE 696-7-1
MED 352/95

To: FC
From: FMO
Date: 3 APR 95
Subject: HEALTH SUPPORT TO UNAMIR II - REPLACEMENT OF AUSTRALIAN MEDICAL SUPPORT FORCE

Reference:

- A. HLTH SPT APPRECIATION OF 111400B SEP 94
- B. UNAMIR II OPORD 20/94 dated 6 Oct 94
- C. HLTH SPT APPRECIATION OF 111000B OCT 94 (Updated as at 2 APR 95)

BACKGROUND

1 The Australian Medical Support Force (AS MSF) was raised in Townsville, Australia on 4 Aug 94 and deployed to Rwanda later that month with the Unit complete in country by 26 Aug 94. The mission of AS MSF has been to provide levels one, two and three health support to the United Nations Assistance Mission in Rwanda (UNAMIR), and assist with the humanitarian support of the people of Rwanda utilising spare capacity. This mission has also included the provision of a Force Medical Officer and other staff officers to Headquarters UNAMIR. Within the medical support system, level one support involves the provision of rudimentary health care and first aid and is normally found at the Regimental Aid Post (RAP). Level two support involves the collection, treatment and evacuation of casualties while at level three initial wound surgery and mid to high intensity nursing care are available.

2 ^{acc} The main function of the AS MSF has been to establish a level three hospital facility to support the UNAMIR dependency, which includes UNAMIR, UN agencies, UN contractors, certain classes of UN employees and, by necessity in times of emergency, Non Government Organisations/*local* (NGO). The AS MSF medical component was set up and remains in a wing of Central Hospital Kigali. The remainder of the Unit has been established in part of the Military Academy barracks approximately 400 m from the hospital component.

3 The first contingent of AS MSF was replaced during the period 19/20 Feb 94 with an expected tenure of six months for the second contingent. The Australian government announced in

a cable to UN New York on 24 Feb 95, that the current contingent would not be replaced at the expiration of the commitment on 20 Aug 95

AIM

4. The aim of this paper is to consider the requirement for continuing health support to UNAMIR post Aug 95 and to recommend suitable options.

CURRENT SITUATION

5. Health support provided by AS MSF includes a level one, two and three treatment facility, trained aero medical evacuation (AME) and road evacuation crews, and preventive medicine advice through environmental health teams. Additionally, a Force Medical Officer with his staff and five other staff officers are allocated to Headquarters UNAMIR, bringing the total strength of the Australian contingent to 302 all ranks.

Level Two Capability

6. Although the primary role of the Medical Company is to provide UNAMIR with a level three capability, the company can also deploy a number of medical assets throughout the Area of Operations (AO) to meet the Force Commander's requirements. These include

- a. A treatment section formed and structured as a balanced Sub-unit capable of providing resuscitation holding teams (known as casualty collection posts, CCP) each containing a medical officer, nursing officer and six medical assistants. The CCP is capable of providing a full five man resuscitation team and can hold up to 10 casualties for 72 hours. It is designed to augment battalion medical support and may be employed on specific health tasks for example commune health support.
- b. Aeromedical evacuation (AME) crews appropriately trained and equipped to provide 24 hour cover if required.
- c. A road evacuation section of eight personnel comprising medical assistants and drivers. The section is augmented with six road ambulances each with four litters and an armoured variant configured for two litters.
- d. Specialist elements such as a surgical team, dental team and pathology technicians all equipped to deploy into the field in support of UNAMIR operations for tasks of limited duration.

Level Three Capability

7. AS MSF has established a hospital in the grounds of CHK which provides the following services

- a. A surgical capability for initial wound and some elective surgery. The surgical team consists of an orthopaedic and a general surgeon, an anaesthetist, an intensivist, nursing officers and operating theatre technicians.

- b. An appropriately staffed and equipped 25 bed ward.
- c. An intensive care unit (ICU) of four beds
- d. Pathology department capable of diagnostic laboratory services for both in and out patients.
- e. Radiology department offering general and trauma radiography with limited specialist examination procedures
- f. A dental section with a range of services available including acrylic partial and full dentures, denture repairs and restorative dentistry
- g. Pharmacy department
- h. Physiotherapy department with a range of therapeutic services for both in patients and outpatients
- i. Regimental Aid Post operating a limited hospital outpatient facility capable of treating up to 150 patients a week.
- j. A seven man Environmental Health Section with the capability to deploy to all sectors in the country to provide advice on field hygiene, sanitation, water testing and vector control.
- k. A hospital laundry

FUTURE OF UNAMIR

8. The United Nations Security Council Resolution 965 of 30 November 1994 reaffirmed all its previous resolutions on the situation in Rwanda and decided to extend the mandate of UNAMIR until 9 June 1995. Discussions on the future role of UNAMIR post this date are ongoing and it is understood that UNAMIR proposals have been dispatched to United Nations Headquarters in New York. While no further detail is available at this time on UNAMIR's future mandate, guidance has been issued by Plans staff that the Force strength for the remainder of 1995 should remain constant at 5,800 military and 260 civilians.

EXTRACTS FROM HEALTH APPRECIATION

Assumptions

- 9. The following assumptions are made
 - a. That the present UNAMIR mandate will be extended beyond Jun 95
 - b. That the present security situation will not deteriorate further
 - c. The force strength of UNAMIR II will remain at approximately 6000 until at least December 1995. Thereafter the figure may decrease to 3300 from Mar 96
 - d. The UN will not authorise an increase in troop deployment above the authorised 6000
 - e. AS MSF will depart Rwanda in August 1995 and be replaced by another level two level three health facility

- f There will be a reduced requirement to provide humanitarian medical support
- g The replacement organisation for AS MSF will be the only level two / level three facility in Rwanda capable of supporting UNAMIR

Factors and Deductions

10 Ground. The following deductions are still relevant.

- a The size of the AO allows a level three facility to locate centrally and cover all parts of the country
- b Air and road evacuation is possible. Road movement will be limited to paved roads during much of the wet season.
- c Night AME is possible only at approved airstrips.
- d Because of some road conditions, CASEVAC will be slow and there may be a need to pre-position ambulances.
- e Medical evacuation out of theatre may be performed from either KIGALI or KAMEMBE airports.
- f NBCAS will be at the tropical rate.
- g The incidence of traffic accidents will be higher than normal due to poor road conditions, the wet season and an increase in domestic traffic.

11 Threat. Although security remains a concern, there is no recognised enemy in Rwanda. UNAMIR recognises the sovereign state of Rwanda in which the RPA is the legitimate Army of the Nation. Deductions include

- a BCAS should not be a dominant factor in the estimation process
- b It allows the centralised location of the level three facility to continue.
- c Evacuation will normally be from secure LZ and along secure routes

12 Friendly Forces UNAMIR is likely to retain its current strength of 6000 until at least Dec 95. This figure of 6000 represents six infantry battalions, an infantry battalion minus, two independent companies and a civilian component. The Medical Support Force is included in this strength but second line logistic support is undertaken by a civilian contractor

13. This force strength is distributed throughout RWANDA as follows

- a Sector 1 - Battalion minus.
- b Sector 2 - Battalion

- c Sector 3 - Two independent companies,
- d Sector 4 - Three Battalions,
- e Sector 5 - Battalion, and
- f Sector 6 - Battalion, AS MSF and logistic support.

14 Health Assets Each Battalion and Company will continue to deploy with organic level one capabilities. These units are also supposed to have in-built level two capability of resuscitation, holding, dental and evacuation. Most of these units have deployed with this additional capability. AS MSF has provided the only level two/three health asset following the withdrawal of the British Field Ambulance in Nov 94 and the Canadian medical element in January of this year. The primary focus of this asset continues to be health support to UNAMIR.

15 The AS MSF has deployed with a security company to provide protection of medical assets and personnel. This company has also provided local security and RRF support during the period Aug 94 - Jan 95 utilising spare capacity.

16 Deductions.

- a UNAMIR ability to provide humanitarian support has been reduced since Nov 94 when the British and Canadian medical contingents departed. However, there is still some capacity to treat and hold Rwandan civilian patients.
- b A surgical team, dental section and preventive medicine team can deploy to a second location on an as required basis given the appropriate support.
- c The level two level three facility will continue to provide an RAP service to the UNAMIR HQ location.
- d Because of a more even distribution of UNAMIR forces throughout RWANDA, the treatment section group can be held in reserve in the central location in KIGALI.
- e It is not the responsibility of the level three facility to provide level two support however unless the infantry battalions provide their own level two assets, there will be a need for at least one CCP to provide flexibility.
- f There may be scope to reduce the amount of security required by the level three facility particularly if the unit is solely located in KIGALI. If this reduction occurs, commensurate reductions to logistic spt could be made.

17 Casualty Evacuation The evacuation section with the level three facility remains as the only second and third line ambulance resource available in country. In addition to current evacuation tasks, the requirement for local evacuation in KIGALI from units and between KIGALI Airport and the location of the level three facility will continue. The following deductions are considered relevant.

- a An evacuation section of six ambulances is adequate for perceived tasks.

- b Movement of these vehicles will be limited to sealed roads during much of the wet season.
- c There is an adequate number of in-theatre AME assets.
- d Night AME capability is inadequate to support the Force particularly when units do not have an organic level two resuscitation and holding capability
- e Current out of theatre aircraft availability appears adequate
- f AME remains the preferred option for priority 1 and 2 casualties.
- g Road evacuation will remain normal means for priority 3 casualties except for those in remote locations. Opportunity AME will be used for these casualties.
- h The level three facility should remain centrally located.

Medical Estimates

18. Casualty Estimates. As BCAS will not be considered unless the mandate for UNAMIR is changed, a summary of NBCAS is as follows.

- | | | | | | |
|----|-------|---|----------------|---|----------------|
| a. | NBCAS | = | .2% x 5800/day | = | 11 per day, or |
| | | = | .2% x 3300/day | = | 6.6 per day |

After allowing that 33% of these will not reach a level three facility, a total of 7 and 5 respectively will be admitted. At present, inpatient levels are below predicted rates, due to aggressive preventive medical support. However it should be noted that the wet season has just started and it is anticipated that the bed occupancy rate will increase during this season. Capacity also needs to be available to cater for the hospitalisation of Rwandan VIPs in accordance with the Memorandum of Understanding signed with the Rwandan Government.

19 Deductions

- a Based on a force strength of 5800 troops we require

1 x 25 bed ward
1 x 15 bed ward
4 x bed ICU
- b Based on a force strength of 3300 troops we require

1 x 25 bed ward
3 x bed ICU
- c Casualty estimates are within the treatment capability of the current facility AS MSF
- d A capacity for initial wound surgery is required.
- e Two surgical teams are still required.

- f. There is still a requirement for pathology, radiology and physiotherapy departments. Current manning appears adequate.
- g. One dental section can cope with current and projected workloads.
- h. At least one preventive medicine section is required.
- i. An RAP is required in KIGALI and there will be a requirement to provide an RAP service to UNAMIR HQ.

HEALTH SUPPORT OPTIONS POST AUGUST 1995

20 Selection of the best option is dependant on the predicted force strength and the future role of UNAMIR. To provide a benchmark, a figure of 6000 will be used to consider options available as this is the current approved force strength. The current mandate for UNAMIR, with forces operating in a secure environment, will also be taken as guidance in considering these options.

Option One

21 Maintain a military medical organisation based on the current structure of the AS MSF and centrally locate all assets in Kigali. This would provide a level three facility with a second and third line evacuation capability. The level two facility staff could be used to augment the hospital staff whilst maintaining the capability to deploy up to a treatment section as required.

22. Advantages:

- a. Control is easy.
- b. Level three is centrally located.
- c. Provides flexibility to deploy level two assets complete with own security elements
- d. Unit is self contained in all respects for logistic and administrative requirements

23 Disadvantages:

- a. The level three facility would remain inappropriately structured due to its level two staffing and role
- b. There is likely to be manpower wastage if casualty estimates are not met and the security situation does not deteriorate
- c. Requires a force structure of approx 300 personnel

Option Two

24 Retain the military medical structure of the current organisation but reduce the security element of the infantry company. Appropriate reduction to logistic and administrative elements

would also be made. The facility would in essence be a level three facility of forty beds, fifteen of which could be deployed, with a second/third line evacuation capability

25 Advantages:

- a Control is easy
- b Level three facility is centrally located.
- c Retains ability to deploy a level two asset if required.
- d By collocating with a civilian facility and with commensurate reductions in security and logistic support elements, the organisation could be reduced by approx one hundred personnel.
- e The facility could be structured from a formed military unit.

26 Disadvantages:

- a. The level three facility would remain inappropriately structured due to its level two staffing and role.
- b. Security may need to be provided from other resources from within UNAMIR.
- c. The unit would need to be fostered for logistic support and require some administrative assistance.

Option Three:

27 Have the level three medical support provided entirely by civilian contract

28 Advantages:

- a. The medical support requirements can be specified by formal contract
- b. The structure can be pre-determined and tailor made for the mission
- c. Civilian organisation may project a less aggressive image

29 Disadvantages:

- a. Control may not be as easy as for the military option with no guarantee of continuing medical support in a period of increased threat as civilian elements may be the first to be withdrawn
- b. A deployable capability from within the structure may not be possible.
- c. Deployable AME crews and preventive medicine personnel are a scarce resource in the civilian sector

30. Based on the current and projected security environment and assuming an unchanged UN mandate, there is scope to reduce the size of the medical organisation by scaling down infantry and logistic elements. The contentious issue is whether or not the health support for UNAMIR should continue to be provided by a military organisation.

RECOMMENDATION

- a. Force Medical Officer and supporting staff;
- b. 1 x 25 bed ward;
- c. 1 x 15 bed ward (deployable);
- d. 4 x bed ICU/HDU;
- e. equipment to establish one CCP;
- f. an RAP service to UNAMIR HQ;
- g. surgical teams, radiology, physiotherapy, and pathology capabilities;
- h. evacuation teams and equipment for both road and air evacuation;
- i. one dental and one preventive medicine section, and
- j. an organic infantry element of about platoon size

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humanitarian support on a collaborative basis. This may not be possible at CHK but preliminary discussions regarding King Faisal hospital are positive

34 In addition, suitable replacements need to be identified for the other five Australian staff officers on Headquarters UNAMIR currently employed in plans and logistic staff functions.

35 Should an appropriate donor country be identified I would recommend a reconnaissance as soon as possible with the advance party arriving in Rwanda no later than the first week in August



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File 222/13

JG ph 822/13

Strategy for the Southern IDP Camps-15 March 1995

1. The return of IDPs from the camps in Gikongoro to their home communes in Butare, Gitarama, Kibungo, and South Kigali has come to a virtual standstill. While it has been known from the beginning of this operation that the last camps remaining open would contain a high percentage of "hard core" - those who would refuse to return to their communes because of their participation in the genocide - it is generally accepted that there are still large numbers of innocent people in the camp. Because the principal influence on the decision to return home for this latter group has always been information they receive on conditions in their communes, it is assumed that their growing reluctance to return home is based on their perceptions of the security situation there.
2. Certain elements in the camps continue to spread stories of harrasment, arbitrary arrest, and murder, in the home communes. Unfortunately, this deliberate campaign of disinformation has recently been augmented by the reports of people returning to the camps from home communes, fearing for their personal safety. There have even been reports that some people are fleeing communes and entering camps for the first time.
3. The situation is further complicated by heightened concerns on the part of the Government over national security. The IDP camps are considered by the Government to represent a grave threat to internal security because they are perceived to contain members of the Interhamwe (who use the camps for recruitment and training) and others responsible for the genocide.
4. Any strategy which must address the current situation in the southern camps will fail if it does not fully take into account the complexity and magnitude of the IDP problem. The principal task facing the Government can be summarized as follows: it must arrest, prosecute and detain those guilty of genocide, or involved in efforts to destabilize the Government, while at the same time assure the voluntary and safe return of innocent IDPs to their home communes and their reintegration into normal society.
5. The full cooperation of the Government and international organizations at the highest levels is absolutely essential if the separation of the innocent from the guilty, and the proper treatment of the two, is to be carried out humanely and successfully. This will require full participation in planning and implementation by the Ministries of Defence, Interior, and Justice, and will necessitate the involvement of director level representation at essential Integrated Task Force meetings. This will assure that instructions and directives key to the successful implementation of the operation are delivered in a timely manner to both agency and government officials at the regional level.
6. The following strategy was developed in a series of meetings with representatives from the Ministries of Rehabilitation and Social Reintegration, Interior, and Defense, as well as UN agencies and multilateral organizations. It is intended to address both the concerns for national security and those of IDP return and reintegration. As soon as it is approved by the Government,

final plans will be drawn up and implementation should start within a week.

7. The operation will begin by assessing the present situation in eleven high priority communes (from where over eighty percent of the IDP population originates), and preparing these communes for the arrival of the IDPs. This will be accomplished by strengthening judicial and security structures in the commune, and ensuring that the increased material needs in the commune are met. At the same time, the information campaign in the camps will be strengthened, and security improved by increasing UNAMIR presence in the camps. Food distribution will be stopped in camps sequentially, starting with Kibeho. Within the camps final distributions will be staggered by commune (see attached schedule). Transportation will then be made available for those unable to walk home.

Operational Outline

8. **Action in the Home Communes**-Approximately eighty percent of the total camp population comes from eleven communes, nine³ in Butare Prefecture, and two in Kigali Prefecture. To maximise limited resources, the majority of operational efforts will be concentrated in these eleven communes. However, some information activities will be conducted in all affected communes. Prior to the commencement of the operation, activities in the home communes will be focused on explaining the operation to local officials and the local population, and strengthening security and judicial structures in the commune.

9. Preparing people in home communes for the arrival of IDPs is primarily the task of the Rwandan government, with support provided through the IOC. Discussions will take place between local authorities and relevant bodies, based on guidelines established by the Ministries of Interior, Justice, and Rehabilitation and Social Integration, on potential problems which might arise from a sudden influx of IDPs into the general population (including disorder and lawlessness, property disputes, intimidation of witnesses to genocide, revenge killings); and local authorities will be provided with methods and resources to deal with such issues.

10. The Rwandan government will ensure that local authorities and local populations are informed of the proper procedures for filing a complaint or conducting an arrest. It is necessary that the perpetrators of the genocide be caught and punished, but it is essential that the innocent feel safe from unwarranted persecution. Arrests, accusations of genocide, or property disputes, will be handled in a legal and transparent manner.

11. The international community will intensify its presence in the targeted home communes, and in these same communes there will be specifically identified "assistance zones", staffed by a committee of relevant local authorities and international representatives, including UN human rights monitors. This committee will be responsible to address the needs faced by bourgmestres in the reception of new arrivals, as well as the security concerns of the returnees.

12. UN Agencies and international organizations, working in cooperation with local authorities, will ensure that food and water supplies in the commune are adequate to handle the expected population increase, and that immediate shelter requirements are met. NGOs will also be encouraged to begin agricultural and development programs which will be of benefit to the entire commune population.

13. A program to strengthen the judicial system in targeted communes will be conducted by the United Nations High Commission for Human Rights to prepare for the increased number of arrests likely to take place in these communes. Temporary offices will be set up and fully equipped so that IPJs can conduct interrogations, and prepare the necessary files and documents on each detainee. With the assistance of UNAMIR civilian police, training programs will be conducted for commune police officers. Where existing detention facilities are expected to be inadequate UNAMIR, under the supervision of UNHCHR, will construct detention centres or camps, which will be staffed by the local authorities. UNHCHR monitors will also supervise the transport of detainees.

14. Roving information teams will visit all of the receiving communes not included in the primary eleven. These teams will be composed of representatives of the judiciary, the RPA, and UNHCHR, and will discuss roles and responsibilities with commune officials, security officers, and NGO and UNAMIR representatives.

15. Protection for the population, and the returning IDPs, will be enhanced by increasing the security presence in each of the primary target communes. This increased presence will consist of RPA and police, UNAMIR troops, CIVPOL, and human rights monitors. Mobil teams will be established to visit other receiving communes.

16. Action in the Camps-It is absolutely essential for the success of the proposed operation that security be improved in the camps, that sources of disinformation within the camps are neutralized, and that accurate and truthful information about Government policies and the situation in the home communes is readily available to the entire camp population.

17. In order to combat the concerted campaigns of disinformation and intimidation waged by certain elements in the camps, and to create an environment where people feel safe to return home, it will be necessary to increase the presence of security forces within the camps, especially during and immediately after final food distributions. The majority of the increased security presence will be in the form of UNAMIR troops.

18. Prior to the commencement of the operation, the Government will conduct an extensive information campaign in the camps. The campaign will explain the plan and rationale for the closure of the camps, and more importantly, will seek to reassure the camp population that the actions being taken are in their own interest.

19. To further improve the security situation in the camps, UNAMIR troops, in cooperation with local authorities, will conduct an operation to arrest known intimidators, and people accused of participation in genocide.

20. People will be informed that subsequent food distributions will take place in the home communes, and that there will be no further registration for food distributions of populations moving to other camps. Camp populations will be assured that the Government wants them to return home to begin the process of normalization and recovery. Government information teams should assure the IDPs that they will be welcomed in the home communes, that property disputes will be settled fairly, and that those who make false accusations for personal gain will be exposed and punished.

21. If any people still remain in a camp four weeks after the final food distribution, they will be registered to determine commune of origin, and will then be interviewed by local authorities (in the presence of international human rights monitors) to determine their reasons for not going home.

22. Transport and Registration-Due to time constraints and lack of resources, it will be impossible to transport all of the IDPs to their home communes. Fortunately, the vast majority of the IDPs come from the nearby prefecture of Butare, and can easily walk home. Transport will be provided for the sick and elderly, and those living in the most distant communes. Whether walking home, or riding trucks and buses, IDPs may be registered when leaving the camps.

23. Schedule for Final Food Distributions-The following is a proposed schedule for stopping food distribution in the camps. It may change slightly to accommodate new population information, and existing food distribution schedules. The eleven priority communes are marked with an asterisk.

WEEK	CAMP	COMMUNE	POP.	
=====				
1	Kibeho	Runyinya*	17,000	
		Ngenda*	12,500	29,500
2	Kibeho	Gishamvu*	10,000	
		Gashora*	5,000	
		Nyakizu*	9,000	
		Ntyazo*	6,200	30,200
3	Kibeho	Huye*	6,000	
		Muyira*	5,700	
		Mbazi	5,500	
		Mugusa	5,800	
		Ngoma*	3,500	
		Maraba*	700	
		Kigembe*	3,200	30,400
4	Kibeho	Rusatira	3,600	
		Shyanda	3,700	

		Muyaga	2,300	
		Sake	2,200	
		15 OTHERS	14,200	
	Buhoro	Ngenda*	400	
		Ntyazo*	350	
		35 OTHERS	3,250	30,000
5	Ndago	Nyakizu*	16,500	
		Gishamvu*	7,200	
		Ngoma*	6,400	30,100
6	Ndago	Kigembe*	5,000	
		Runyinya*	3,500	
		Gashora*	2,500	
		Ndora	2,200	
		19 OTHERS	10,000	
	Nyamigina	Huye*	300	
		34 OTHERS	2,000	
	Bivumu	Muyira*	400	
		32 OTHERS	3,500	29,400
7	Munini	Ngenda*	5,500	
		Nyakizu*	5,200	
		Gashora*	2,400	
		Kigembe*	1,000	
		Runyinya*	750	
		Kigali-ville	600	
		22 OTHERS	5,000	
	Rwamiko	Runyinya*	5,100	
		Huye*	650	
		Gishamvu*	650	
		49 OTHERS	3,600	30,400
8	Kamana	Nyakizu*	8,500	
		Ngenda*	5,100	
		Gashora*	2,600	
		Butare	1,000	
		Muyaga Sud	1,000	
		12 OTHERS	6,100	
	Ruramba	Runyinya*	3,100	
		Huye*	400	
		Maraba*	250	
		36 OTHERS	1,300	29,350

NOTE FROM THE UN HEADS OF AGENCIES

In reviewing the present situation regarding the return of internally displaced persons in camps in Rwanda to their home communes, the UN Heads of Agencies recommend the following actions for the consideration of the Government of Rwanda:

1. While recognizing the Government's concerns about the implications of internally displaced persons camps in the south-west of Rwanda, UN agencies are gratified that the Government remains determined to uphold the principles that underscored the IDP returnee operation to date.
2. The main principle as mentioned in several reports of the UN Secretary General which were endorsed by the UN Security Council, remains the principle of voluntary return in conditions of safety and dignity. This principle is also contained in the Plan of Action of the Bujumbura Conference on Refugees, Returnees and Internally Displaced Persons, in which the Rwandese Government took part.
3. The UN agencies fully recognize that the prolonged existence of camps inside Rwanda is not a humane option for the persons living in these camps, and can moreover generate serious problems of security. The UN agencies remain therefore committed to assist the Rwandese government in finding a solution to this situation. However, utmost care should be applied so as to avert further compelled population movements inside Rwanda, or across the border into Burundi and beyond.
4. The UN agencies believe that it is essential to intensify and extend the present information campaign in the IDP camps to encourage people to return to their home communes. This information campaign should be based, inter alia, upon extensive use of radio transmissions as well as visits by Government officials to the camps, preferably at Ministerial or senior level.
5. The principle of voluntary return in conditions of safety and dignity applies only to internally displaced persons who have not committed crimes in the past, and who do not resort to harassment and intimidation in the camps. Known suspects of participation in genocide should, as a first step, be isolated by
 - publishing and widely disseminating their names, as soon as possible
 - excluding them from any role whatsoever in the camps (food distribution etc.).

6. Furthermore, at short notice the possibility should be examined by UNAMIR, in consultation with the relevant Rwandese authorities, to undertake another law and order action to apprehend at least the known intimidators in the camps.
 7. At the same time, it is vital that the camp populations will be reassured, through the information campaign and especially through high level visits to the camps, that all those who are innocent will not have to fear to be arrested and will be welcomed by the authorities in their home communes.
 8. As part of the information campaign, the camp populations, are to be informed about the objective to close all camps, and to ensure security and assistance in the home communes. Instead of abrupt camp closures, there should be a gradual reduction in food assistance, on a commune by commune basis if possible. Populations from camps targeted will be informed (a) that subsequent distributions will take place in the respective home communes and (b) that there will be no registration for food distribution of populations moving to other camps.
 9. At the same time, the international community will intensify its presence in targeted home communes for a period still to be determined. In these same communes, there will be specifically identified "assistance zones", staffed by a committee of relevant local authorities and international representatives. This committee will be responsible for addressing the needs faced by bourgmestres in the reception of new arrivals, as well as the security concerns of returnees. These initiatives, which will have to be implemented with all due speed, will also be reflected in the intensified information campaign.
 10. In presenting this proposal, the UN Heads of Agencies would like to draw to the attention of the Government that since the next planting season is at least six months away, the continued arrival of returnees who have not sowed crops will lead to an increasingly significant food requirement in home communes. The disincentive of returning to communes with limited food stocks and the problems associated with new arrivals is of paramount importance. In light of the depleted food stocks of international organizations special initiatives, such as food for work programmes, will need to be developed in cooperation with government agencies.
-

11. The UN agencies look forward to their efforts with the Government to ensure the humane and expeditious return home of the internally displaced. They recognize the complexity of the operation and also its direct relationship with the return of refugees in neighboring countries. Steady progress to bring people home must be made, recognizing the need for careful planning and implementation. An essential element in this process will be clear cooperation between the international community, including UNAMIR, and the RPA to provide security in the home communes.
12. To facilitate the operation, the UN agencies amongst other things have committed themselves to strengthening the Justice and Security Cells of the Integrated Operations Centre, and to do all in their power to provide the material required to enhance services in targeted home communes.

MEDICAL INFO
Key 3
UNAMIR HEALTH
SUPPORT PLAN
✓
24/3/95
C



UNITED NATIONS

NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR MINUAR

File No: 696-7-1
MED BR 273/95

TO: CISS DATE: 21st March 1995

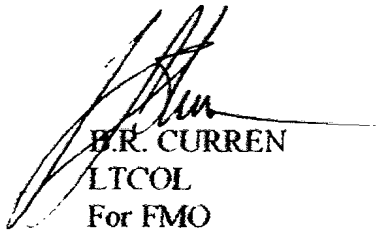
FROM: FORCE MEDICAL OFFICER

SUBJECT: THE UNAMIR HEALTH SUPPORT PLAN

Reference:

A. FALD/OPS/DPKO UNHQ Fax FIN/MIR-95-96 dated 20 Mar 95

In response to Reference A, please find enclosed the concept of operations for providing health support to UNAMIR II. Further detail can be provided on any aspect if required.


B.R. CURREN
LTCOL
For FMO

Enclosures:

1. Health Support Plan - UNAMIR II

THE UNAMIR HEALTH SUPPORT PLAN

1. All national contingents are expected to deploy to Rwanda with integral level one care and limited level two capability including 48 hour holding, dental section and road evacuation assets. The AS MSF provides a level two capability which could augment contingent level two when required and a level three facility based on two surgical teams and a 35 bed holding capability.
2. The battalions and companies deployed to Rwanda as national contingents, all have varying capabilities when compared with the requirements listed in the UN Guidelines for Contributing Nations. Many arrived without the equipment to maintain a holding capacity and few deployed with the required number of ambulances (five) to support their operations adequately. By the same token, many deployed with additional assets including limited surgical, pathology and Xray capabilities.
3. The health support plan revolves around the level three facility provided by the AS MSF which is located in Kigali. National contingents are deployed throughout Rwanda with their level one / two facilities and provide support from within bn/coy locations. Many of these contingents are capable of holding minor cases for 24 hours although this arrangement remains flexible.
4. The AS MSF has the capability to deploy a level two facility based on a Treatment Section to augment the level one facilities as required. This facility could be split to provide up to two Casualty Collecting Posts (CCP) each with a holding and resuscitation capability. These CCP also have evacuation assets added to them when required. To date, a CCP has been used to augment a bn RAP on only one occasion. On other occasions, the Treatment Section has been used to provide level two support to the Force from Butare in the south west and during independent operations. AS MSF also has the capability of deploying Preventive Medicine Teams to conduct health inspections, evaluate food and water supplies, inspect garbage disposal sites and assist with rodent and vector control on a force wide basis.
5. Evacuation assets within the contingents are used for tasks forward of unit Aid Posts and for routine evacuation back to Kigali. On other occasions, casualties are evacuated to Kigali utilising the AS MSF evac sect of six wheeled ambulances or by one Bell 212 RW acft available for forward AME tasks at priority call. Appropriately trained AME teams for in-flight care are provided by AS MSF on an as required basis. The AME aircraft capability is provided under civilian contract by Canadian Helicopters and is more than adequate for daytime operations. However by night, the helo is restricted by civilian air charter rules to flying in areas below 8 000 ft ASL which immediately rules out most of the west of the country. Fortunately, there has never been an urgent requirement to evacuate an injured person from the west of the country at night however this lack of capability remains a cause for concern.
6. Aircraft available for Strategic AME to Nairobi, Kenya include an L100 Ci30, an ANTIVOV 26 and a GULF STREAM (LEAR JET). These acft are not dedicated to AME tasks but all have the capacity to transport stretcher cases in a pressurised environment with a two hour flight time to Nairobi. Trained AME crews are also available from AS MSF for these flights. Due to a lack of accommodation and administrative support in Kigali, the acft remain in Nairobi when not used. This does not effect the evacuation plan adversely. All FW aircraft are available for Strategic AME on an opportunity basis. These opportunity assets are also used for transfer of patients to Nairobi for

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

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

CORRESPONDENCE DISTRIBUTION
COVER SHEET

file ph
8/21/13

File No. 696-2-1

Correspondence No. _____

To: FMO

* Med Ops

Med Log

FHO

X cell

Please initial and date when action complete then pass quickly.

ph photography
strategy for
re. Pa.
US 15/3

Remarks/Action: 1. I will be accompanying AS 16/26m

2. Ph attend

3. Generally strategy is OK

4. Probs remaining

- looking by those not being fed

- steps to prevent other

IDP feeding those to
be returned.

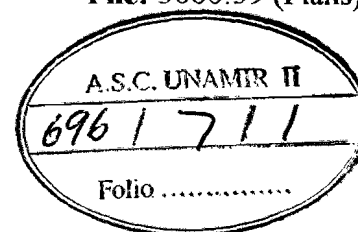
5. Possible need screening
task - will need FC
clearance



UNAMIR-MINUAR

File: 5000.59 (Plans)

To: COS
DCOS OPS
DCOS SP
FMO
MA to FC
G3 OPS



From: G3 PLANS

Date: 14 Mar 95

Subject: DISCUSSIONS ON A STRATEGY FOR THE SOUTHERN IDP CAMPS

Please find attached a Strategy for the Southern IDP Camps. It is requested that you review the document and be prepared to discuss your views at a conference to be held at 1400 hrs on Fri 17 Mar 95 in the Briefing Room. Would you confirm your attendance to G3 Plans by COB 15 Mar 95.

Strategy for the Southern IDP Camps.

1. The return of IDPs from the camps in Gikongoro to their home communes in Butare, Gitarama, Kibungo, and South Kigali has come to a virtual standstill. While it has been known from the beginning of this operation that the last camps remaining open would contain a high percentage of "hard core" - those who would refuse to return to their communes because of their participation in the genocide - it is generally accepted that there are still numbers of people in the camps not guilty of such crimes. As the principal motivation for people to return home has always been information on conditions in their communes, it is assumed that the growing reluctance of non-criminal IDPs to return home is based on serious concern over the security situation in their commune.
2. The group consists of mostly women and children, who are either closely associated with the hard core and those who fear arbitrary arrest and detention in their commune. These perceptions of arbitrary justice in home communes is further fueled by recent reports from the camps that people from communes are returning or entering camps for the first time, fearing for their personal safety.
3. This situation is further complicated by heightened concerns on the part of the government over national security. The death of the Prefet of Butare and increased reports of a possible destabilization campaign by the former government have put more pressure on national security forces to control their borders and the population within. In this regard the IDP camps are considered the greatest threat to national security inside the country.
4. Any strategy which must address the current situation in the southern camps will fail if it does not fully take into account the complexity and magnitude of the IDP problem. The principal task facing the government now can be summarized as follows: The arrest, prosecution and detention of those guilty of genocide or involved in efforts to destabilize the government, while at the same time assuring the voluntary and safe return of innocent IDPs to their home communes and their reintegration into normal society. Without the full cooperation of the government and organizations at the highest levels, the separation of the innocent and the guilty and the proper treatment of the two will be impossible.

5. The following strategy was developed in a series of meetings with representatives from the ministries of Rehabilitation and Social Reintegration, Interior, and Defense, as well as UNREO, UNHCR, UNHCHR, UNDP, WFP, UNICEF, FAO, and UNAMIR. It is intended to address both the concerns for national security and those of IDP return and reintegration. As soon as it is approved by the government final plans will be drawn up and implementation should start within a week.

6. The operation will begin by assessing the present situation in eleven high priority communes (where over eighty percent of the IDP population originates), and preparing these communes for the arrival of the IDPs. This will be accomplished by strengthening judicial and security structures in the commune, and ensuring that the immediate material needs of the returning IDPs can be met. At the same time, the information campaign in the camps will be strengthened, and security improved by increasing UNAMIR presence in the camps. Food distribution will be stopped in camps chronologically, starting with Kibeho. Within the camps final distributions will be staggered by commune (see attached schedule). Transportation will then be made available for those unable to walk home.

Operational Outline

7. **Preparation of the Home Communes**-Approximately eighty percent of the of the total camp population comes from only eleven different communes, nine in Butare, and two in Kigali. To maximise limited resources, it is suggested that the majority of our efforts be concentrated in these eleven communes, however, some information activities will be conducted in all affected communes. Prior to the commencement of the operation, activities in the home communes will be focused on increasing the information available to local officials and the local population, and strengthening security and judicial structures in the commune.

8. Preparing the people in the home communes for the arrival of the IDPs is primarily the task of the Rwandan government, with support provided by the IOC. Local authorities will be briefed on the potential problems which might arise from a sudden influx of IDPs into the general population (disorder and lawlessness, theft, property disputes, intimidation of witnesses to genocide, revenge killings), and provided with methods and resources to deal with them.

9. The Rwandan government will assure that local authorities and local populations are informed of the proper procedures for filing a complaint or conducting an arrest. In the past there have been incidents where returning IDPs were arbitrarily arrested and jailed, simply because they were IDPs. It is necessary that the perpetrators of the genocide be caught and punished, but it is essential for reconciliation and peace that the innocent feel safe from unwarranted persecution. Arrests, accusations of genocide, or property disputes, must be handled in a legal and transparent manner.

10. The international community will intensify its presence in the targeted home communes, and in these same communes there will be specifically identified "assistance zones", staffed by a committee of relevant local authorities and international representatives. This committee will be responsible to address the needs faced by bourgmestres in the reception of new arrivals, as well as the security concerns of the returnees.

11. Roving information teams will visit all of the receiving communes not included in the primary eleven. These teams will be composed of representatives of the judiciary, the RPA, and UNHCHR, and will brief commune officials, security officers, and NGO and UNAMIR representatives, about their roles and responsibilities.

12. Protection for the population, and the returning IDPs, will be enhanced by increasing the security presence in each of the primary target communes. This increased presence will consist of RPA and police, UNAMIR troops CIVPOL, and human rights monitors.

13. Preparation in the Camps-Absolutely essential to the success of the proposed operation is that security be improved in the camps, that sources of disinformation within the camps are neutralized, and that accurate and truthful information about government policies and the situation in the home communes is readily available to the entire camp population.

14. At present, representatives and sympathizers of the former government control much of the camp population through concerted campaigns of disinformation and intimidation. In order to create an environment in the camps where people can feel safe in making the decision to return home, it will be necessary to increase the presence of security forces within the camps, especially during and immediately after the final food distributions. The majority of this increased security presence will be in the form of UNAMIR troops.

15. To further improve the security situation UNAMIR troops, in cooperation with local authorities, will conduct an operation in the camps to arrest known intimidators, and people suspected of participation in genocide.

16. Prior to the commencement of the operation, the government will conduct an extensive information campaign in the camps. The campaign will explain the plan and rationale for the closure of the camps, and more importantly, will seek to reassure the camp population that the actions being taken are in their own interest.

17. People will be informed that subsequent food distributions will take place in the home communes, and that there will be no further registration for food distributions of populations moving to other camps. Camp populations will be assured that the government wants them to return home to begin the process of reconciliation, that they will be welcomed in the home communes, that they will be safe from arbitrary arrest, that property disputes will be settled fairly, and that those who make false accusations for personal gain will be discovered and punished.

18. Transport and Registration-Due to time constraints and lack of resources, it will be impossible to transport all of the IDPs to their home communes. Fortunately, the vast majority of the IDPs come from the nearby prefecture of Butare, and can easily walk home. Minimal transport will be provided for the sick and elderly, and those living in the most distant communes. Whether walking home, or riding the buses, all IDPs will be registered when leaving the camps.

19. **Schedule for Final Food Distributions**-The following is a proposed schedule for stopping food distribution in the camps. It may change slightly to accommodate new population information, and existing food distribution schedules.

WEEK	CAMP	COMMUNE	POP.	
1	Kibeho	Runyinya*	17,000	
		Ngenda*	12,500	29,500
2	Kibeho	Gishamvu*	10,000	
		Gashora*	5,000	
		Nyakizu*	9,000	
		Ntyazo*	6,200	30,200
3	Kibeho	Huye*	6,000	
		Muyira*	5,700	
		Mbazi	5,500	
		Mugusa	5,800	
		Ngoma*	3,500	
		Maraba*	700	
		Kigembe*	3,200	30,400
4	Kibeho	Rusatira	3,600	
		Shyanda	3,700	
		Muyaga	2,300	
		Sake	2,200	
		15 OTHERS	14,200	
	Buhoro	Ngenda*	400	
		Ntyazo*	350	
		35 OTHERS	3,250	30,000
5	Ndago	Nyakizu*	16,500	
		Gishamvu*	7,200	
		Ngoma*	6,400	30,100
6	Ndago	Kigembe*	5,000	
		Runyinya*	3,500	
		Gashora*	2,500	

		Ndora	2,200	
		19 OTHERS	10,000	
	Nyamigina	Huye*	300	
		34 OTHERS	2,000	
	Bivumu	Muyira*	400	
		32 OTHERS	3,500	29,400
7	Munini	Ngenda*	5,500	
		Nyakizu*	5,200	
		Gashora*	2,400	
		Kigembe*	1,000	
		Runyinya*	750	
		Kigali-ville	600	
		22 OTHERS	5,000	
	Rwamiko	Runyinya*	5,100	
		Huye*	650	
		Gishamvu*	650	
		49 OTHERS	3,600	30,400
8	Kamana	Nyakizu*	8,500	
		Ngenda*	5,100	
		Gashora*	2,600	
		Butare	1,000	
		Muyaga Sud	1,000	
		12 OTHERS	6,100	
	Ruramba	Runyinya*	3,100	
		Huye*	400	
		Maraba*	250	
		36 OTHERS	1,300	29,350

SECRET
100-1

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No.

68-1821

Correspondence No.

To: FMO

Remarks/Action:

28/✓

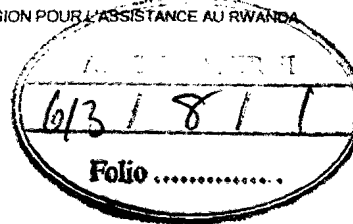
Med Ops

Med Log

FHO

I have replied to this (see 696-7-1)
FMO has agreed to a recce and your
involvement JH as Col

Please initial and date when action complete then pass quickly.



To: FMO
DCOS OPS
DCOS SP
FEO

File: 5000.46(Plans)

From: G3 PLANS

Date: 28 Feb 95

Subject: GOMA AREA VOLCANO ERUPTION CONTINGENCY PLANS

Reference: A. G3 PLANS 4 Minute 50000.46 (PLANS) dated 25 Feb 95

1. Reference A (attached) is a report from CAPT Ian Denny, G3 PLANS 4, on a meeting held in GISENYI on 25 Feb 95 to discuss contingency plans for a volcanic eruption in the GOMA area.

2. I would appreciate your views on the report, in particular the recommendations.

to Med Ops

1. *Possibly a huge task*
 - *no, time, C18,*
 - *would be our ability to react*
 - *to UNAMIR needs eg. Kibeho / Burundi*
 - *could last weeks / months*

2. *Need UNAMIR contingency plan*
to assist NGOs to support refugee
camps.

3. *Agree to Med/ involvement in recon*
FHO

28/2.



File No 5000.46 (PLANS)

To: G3 PLANS

From: G3 PLANS 4

Date: 25 Feb 95

Subject: GOMA AREA VOLCANO ERUPTION CONTINGENCY PLANS

1. The subj meeting took place with the aim of coordinating a contingency plan in the event of a volcanic eruption in the GOMA area. The minutes to the previous meeting, held 15 Feb 95 in GISENYI, are enclosed.

2. The following participants attended:

- a. TUNBATT Ops O;
- b. MILOB Sector 5 Comd;
- c. UNHCR GISENYI;
- d. ICRC;
- e. RPA LO;
- f. Human Rights representative;
- g. Italian volcanologist;
- h. British Direct Aid (BDA) rep; and
- g. HQ UNAMIR representatives.

GENERAL

2. The volcanoes in question are NYAMULGIRA and NYIRAGONGO, Annex A. NYAMULGIRA is of minor concern and was described as a "tourist attraction". NYIRAGONGO is the volcano causing the main concern and has erupted as recently as 1977. It should be stated at this point that the volcano is not expected to erupt in February or March. NYIRAGONGO volcano is a threat to the GOMA area camps and potentially to GISENYI should the eruption be greater than the 1977 eruption. The 1977 eruption approached GOMA airport and started toward GISENYI. However, there have only been 2 eruptions of the volcano in 1,000 yrs. NYIRAGONGO volcano has a main crater with an interior crater (or sputter cone).

3. To date the lava has been contained within the interior crater and has approached a volume of approx 20 million cubic metres between August and January (less than the 1977 eruption). The lava is very viscous and at 50 km/hr would take less than 10 minutes to reach the GOMA camps. At present the lava has been solidifying and no new lava has been seen. One concern is that the volcano is weaker since the 1977 eruption, however, in 1982 32 million cubic metres of lava was recorded in the crater in a very short time. There was no resulting eruption. It was at this point that the volcanologist stated that contingency plans were however always important and we must assume that it could happen.

4. The volcano will be monitored again on approx 15 March and every 15 days after if possible. Monitoring will then decrease to a monthly basis. It is expected that seismic activity will precede any eruption by several days since the lava must come from a point approx 15 km below the surface.

UNHCR

5. It was stated that UNHCR would be the coordinating agency and was represented by a GISENYI area UNHCR worker. UNHCR is currently capable of handling 2,000 people in GISENYI and is in the process of forming a planning group in KIGALI which was not represented.

6. UNHCR has a fleet of 100 vehicles at its disposal. They currently commit 8 vehicles to the area and could easily move another 30. They feel that they would not have sufficient transportation for a worst case scenario. Additional transportation should be all drive vehicles in order to handle the poor road conditions. Thirty UN vehicles were requested.

7. If an eruption was to occur, UNHCR expects 300,000 refugees made up of both Rwandans and Zairians. They are concerned that the Rwandan government would not let them into the country in a time of emergency. The RPA LO indicated that there were some security concerns associated with a large influx of people. UNHCR further expressed concerns that if refugees were to enter, the Rwandan government may not allow them to leave if they wished to return to Zaire. UNHCR requested that UNAMIR take the lead in securing an agreement with the Rwandan government to allow for the opening of the borders in a time of emergency. They also questioned whether the UN would provide safe haven areas for the refugees.

MILOBS

8. Although UNHCR is to be the coordinator of the contingency planning, the Sector 5 MILOBS seemed to steer the meeting. Annex B is a MILOB Op Order for two contingencies; the influx of an additional 300 - 400 pers/day and the worst case influx of 300,000 pers.

9. Refugees are expected to enter Rwanda by two points; GISENYI and the MUTURA area. The MUTURA area is approx 7 km x 5 km and can accommodate up to 300,000 persons but the road access must be improved. They also stated the need for pre-positioned food, supply of troops for security, repair and recovery assets to keep the roads clear and the need for AUSMED medical resources.

10. Sites for pre-positioned food have been identified in NYUNDO, GISENYI, MARERU and MUTURA. The sites would have to be prepared by the engineers and guarded.

11. The BDA rep said that they currently have recovery vehicles in KIGALI and CYANGUGU. BDA is responsible for the repair and recovery of all IOM and UNHCR vehicles. He felt that the CYANGUGU vehicle could be moved to GISENYI but was concerned about security. He was also prepared to assist in the recovery and minor repair of UNAMIR vehicles during an emergency. A second recovery vehicle (UN) would be required in the MUTURA area.

12. The MILOBs felt that the AUSMED medical response should be on 4 to 5 days notice to move.

13. Of great concern was the provision of water. It was requested that UNAMIR conduct a recce of water points and indicate the local capacity. The UNAMIR Engr rep indicated that we could not provide water carrying resources. UNHCR has a spare 18,000 ltr vehicle and the ICRC rep said that there are at least 20 UN water vehicles in the GOMA area that could follow the refugees.

14. The MILOBs concluded by requesting increased coordination by HQ UNAMIR.

ICRC

15. ICRC will look at prepositioned resources at its current locations to make them more attractive to the refugees.

HUMAN RIGHTS

16. Human Rights echoed the concerns of UNHCR about ability of refugees to return to ZAIRE if desired and the treatment or imprisonment that would occur.

TUNBATT

17. The TUNABTT Ops O indicated that he could handle the security situation if he had more patrol vehicles.

RECOMMENDATIONS

18. Engineering recces of the area should be conducted to identify required road improvements, water points and water supply capability, and preposition points and engineering requirements.

19. A medical recce should be conducted by AUSMED in the GISENYI and MUTURA areas to identify medical aid sites and requirements.

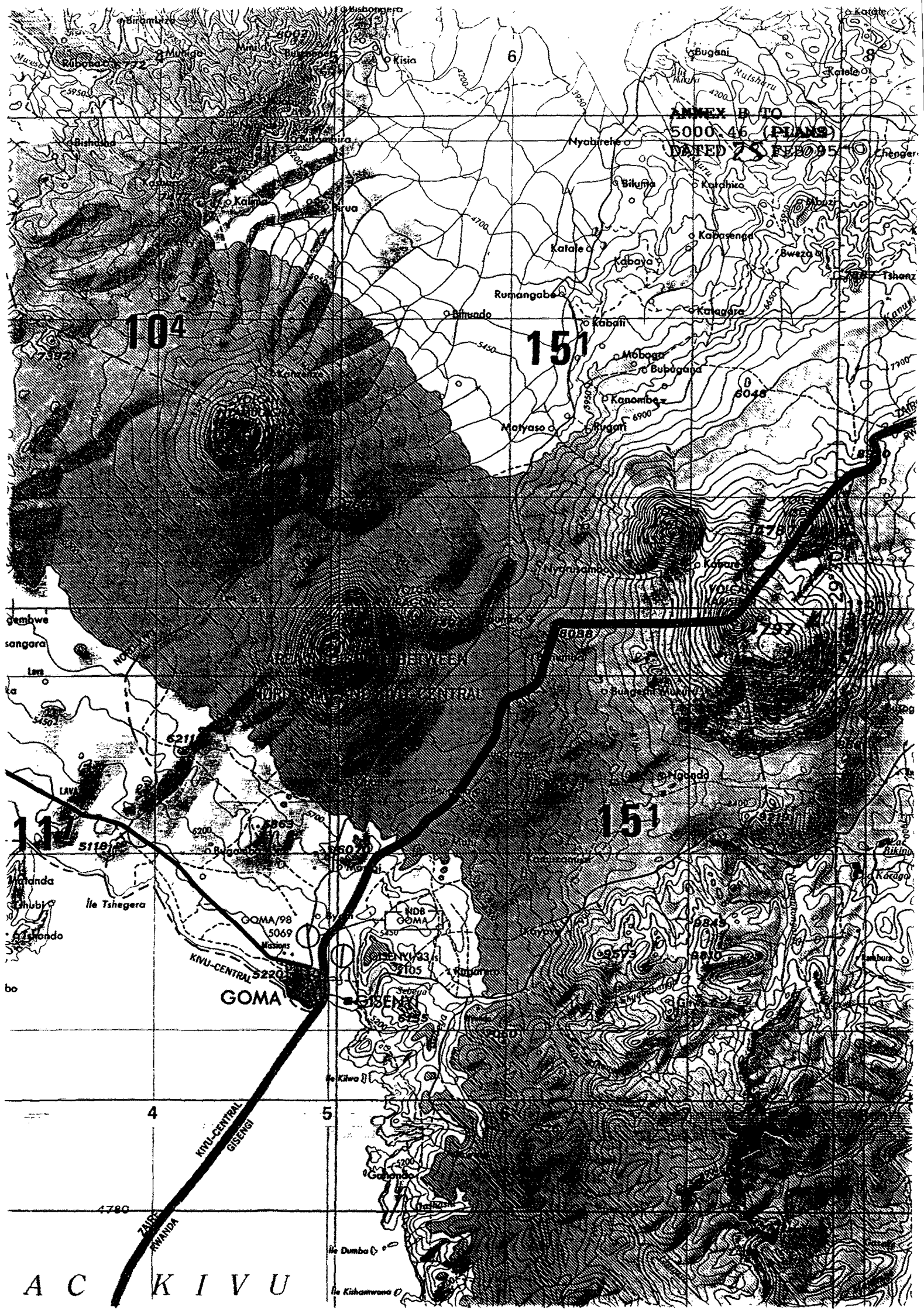
20. Required engineering work be conducted on roads and preposition points.

21. UNAMIR secure agreements with the Rwandan government covering the ability of refugees to enter and leave Rwanda in the event of an eruption.

22. An assessment of the security requirements be done.

Annexes: A. 1:250,000 map of the GOMA - GISENYI area.
B: Sector 5 MILOB Op Order

Enclosure: 1



SECTOR 5 MILOB OP ORDER

SIT

1. Option 1 - Increased rate of return (300 - 400/day).
Option 2 - Mass return (Volcano Plan).

MSN

2. Be ready to handle both Option A & B.

EXECUTION

3. General Outline: Two phase plan with three essential elements:

- a. Upgrade existing reception facilities at GISENYI;
- b. Preposition essential aid packs in Sector with UNAMIR security; and
- c. Identify required tpt and personnel resources.

4. Phase 1

Upgrading of facilities.

- a. RPA inspection point - lighting, shelter, water.
- b. Gisenyi transit camp (CERAI) - to support 1000 persons.
- c. RUBB-HALL (NYUNDO) - gravel floors and road improvements.

Preposition Aid Packs.

- a. Warehousing at NYUNDO and NKUMIRA sites.

5. Phase 2 Deployment of required transportation and personnel resources.

6. Timings

- a. Phase 1 - Immediate.
- b. Phase 2 - On call.

LOGISTICS

7. Following to be identified:

a. Phase 1

- (1) Actual upgrade requirements for sites.
- (2) Aid pack composition, number required/available (incl water bladders).
- (3) Identify IOM/UNAMIR tpt requirements.

b. Phase 2

- (1) Water supply plan (transit camp).
- (2) Fuel supply (UN vehicles).
- (3) identify personnel requirements (including vehicles).
- (4) Accn plan for increased staff (Options A & B).

COMMAND & CONTROL

8. HQ

- a. Phase 1 - UNHCR GISENYI.
- b. Phase 2 - NKUMIRA

MILOB 5 GP HQ

TO: MILOB GP HQ

FROM: COMD MILOB SECTOR 5

DATE: 15 FEB 95

SUBJ: REPORT OF MEETING TO COORDINATE CONTINGENCY PLAN FOR MASS RETURN OF RWANDESE REFUGEES FROM GOMA FOLLOWING A VOLCANIC ERUPTION

1. The meeting was held at Meridian Hotel Gisenyi at 0900 hrs on 15 Feb 95, as a follow up of the meeting held on 07 FEB 95.

Participants:

2. The following attended:
 - a. Comd Sector 5 (represented by TUNBAT Ops O)
 - b. Comd MILOB Sector 5 (represented by operations officer).
 - c. HAC, Kigali (Maj Mande).
 - d. HOD, UNHCR Gisenyi sub-office.
 - e. International Federation of Red Cross (Mr Andrei Kisselev, Mr Buch, Dr David Bracht).
 - f. Political officer Sector 5.
 - g. Humanitarian officer Sector 5.
 - h. Representative UNREO.
 - j. RPA LO.
 - k. Representative Human Rights.

Discussion:

3. Following a resume of the previous meeting, Mr Andrei Kisselev, the HOD IFRC gave an update on the volcano situation. The HOD highlighted the following, based on analysis carried out by various volcanologists:

- a. The consolidated report along with recommendations of IFRC will be available later after it has been reviewed in Nairobi.
- b. The volume of lava in the volcano Nyiragongo is about 5 times as was present during the eruption in 1977. However due to large volume of lava

c. Fissures in the southern walls of the volcano could serve as outlet to high pressured thin lava flowing out in a fast moving stream, which in turn would engulf Goma in as less as 25 minutes. Though weekly measurements of the lava is being carried out, it is not possible to have a suitable warning time for the eruption. It could erupt at any time and even be triggered off by the sister volcano Nyamulagira.

d. The volcano Nyamulagira is comparatively less potent. The flow from this volcano would be a more viscous flow mixed with ashes and would take anything upto a month to flow down and affect the surroundings.

e. The refugee camps of Kibumba and Mugunga are deemed to be outside the lava cone of the volcano Nyiragongo and hence safe. The population that would actually be affected would be 200,000 in Goma and another 200,000 in the surrounding area.

f. The volcano may erupt any time from now to 20 months in future.

4. Answering a query by the UNHCR and UNAMIR regarding the degree of preparation in Zaire in relation to this impending danger Mr. Andrei explained that:

a. The Zairian government has been contacted and they are aware of the situation, but there is no formal approval as yet on the recommendations made to the cabinet.

b. It has been recommended that a taskforce comprising all the concerned agencies should look into the aspects of evacuation, temporary resettlement and that further resettlement be set up at the earliest, but is yet to be fixed.

c. The Zairian government is unable to provide support in terms of food, water and shelter to the affected population. The lava after flowing out would take about 48 hours to gel and during this period people who would have left their homes would be on their own. Assistance in terms of crowd control would be provided by the Zairian authorities.

d. Measures like construction of stairs for high buildings has been suggested. This would help the people stay out of the reach of the lava till it solidifies.

e. In a discussion that followed the following emerged:

a. While threat to the refugee camps was considered to be minimal, it cannot be ruled out that, on eruption people in the Kibumba camp would panic and cross over to Rwanda through the NW border near IP 4. Thus there would be an influx of both Zaireans and Rwandese refugees across the border to Rwanda.

b. It is necessary that at the time of eruption, the NW border around BP 4 be opened by the RPA, to enable the masses to come into Rwanda. If this is not done then there could be unpleasant repercussions in terms of casualties, deaths and mauling of the old, women and children in the ensuing melee. Should the RPA feel that this incoming mass would be used by the trouble makers as a cover to enter Rwanda and hence the

c. Once the danger diminishes (after 48-72 hours), it is obvious that the Zaireans would like to go back to their country. It is highly possible that a large proportion of the Rwandaise refugees who have reasons to feel unsafe under the present rule would also like/try to go back to Zaire. The question that arises now is that, whether the RPA will permit the same. It is very likely that any such move would be opposed by them and may lead to arrests and killings. The same needs to be negotiated through UNAMIR and UNHCR channels with the government at top priority basis.

d. There would be a requirement for various NGOs based in Zaire to enter Rwanda during this period in connection with relief and resettlement work. Hence, an additional opening in the area of BP 4 would be necessary to enable them get into Rwanda speedily. This is in view of the likelihood of the main artery Goma- Gisenyi-Ruhengeri being clogged with refugees and relief trucks. Also the RPA should be impressed upon to allow unhindered entry to the NGOs to facilitate their work. The matter should be taken up with the government through UNAMIR and UNHCR channels.

6. Based on the inputs received, the UNHCR, Chief of Gisenyi and the humanitarian officer sector 5 presented the plan to deal with the impending eruption. The highlights are as follows:

a. The plan caters for both, i.e. a controlled influx along the road Gisenyi- Ruhengeri, and a mass exodus through the NW border in the region of BP 4.

b. The holding areas along the main artery at Gisenyi (1000-2000) and Nyundo 2411 (5000 heads) would cater for overnight or stay upto 48-72 hours for the refugees as they move along by foot/IOM trucks to their respective communes or move back to Zaire.

c. The storage areas at Gisenyi, Nyundo and Nkumira (3118) would cater for food and non food items for both contingencies.

d. Should the refugees come in through the NW border, it is expected that approximately 300,000 would come into the Mutura (2923)-Rwerere (2722) region. Once the exact areas are identified, aid could be pumped in from Nkumira. The facilities at the university at Mutura could be used to hold upto 10,000 and be used as a storage as well.

e. Road improvement in Mutura area to include the surrounding tracks has been requested.

f. TUNBAT was briefed to be prepared to provide security at the above places including possible deployment in the Mutura region. TUNBAT intimated that they were short of vehicles and this would hamper their task.

g. Additional formed troops would be required in case of a mass exodus into Mutura in order to monitor the situation in terms of arrests/excesses by the RPA, of which there is a distinct possibility as mentioned earlier.

h. Dedicated resources in terms of transport (IOM, UNAMIR), medical detachment (AUSMED), repair/recovery facilities (workshop), MF (Force HQ) would be required in Gisenyi and Nkumira, to cater for both contingencies. These are required to be earmarked in advance and put on 24 hours notice.

7. The Chief of UNHCR Gisenyi highlighted the following

a. Implementation of phase 1 is in progress. Upgrading of facilities at Gisenyi and Nyundo are being carried out.

b. Food supplies have /are being stocked at the affected warehouses. Additional supplies are in the pipeline.

c. Jaba (4421) has been identified as water source for the operation. It is on the main road and centrally located to support both axes.

d. Stockpiling of plastic sheeting and blankets are being carried out in the various warehouses.

e. Provision for pit latrines in the holding areas, in terms of tins have been catered for.

f. Once the refugees had come in, UNHCR would go all out to identify the the communes for the returnees who wished to stay and push them out to these communes at top priority. 100 IOM trucks have been identified for this purpose.

8. The operations officer asked Dr. David Bracht to elucidate the implications on health. He gave out the following points:

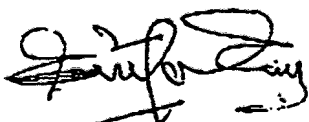
a. A low injury to death ratio was expected.

b. Death due to excess production of carbon-dioxide from the eruption is likely to occur.

c. Normal hazards arising out of poor sanitation and hygiene in congested areas could be expected.

Conclusion.

9. The meeting concluded at 1200 hrs. It was agreed to meet next on 25 Feb 95 at 0900 h at Gisenyi.



E Essien
LCol
Comd MILOB Sector 5

file.



UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

File No: 696-7-1
MED BR 249/95

TO: G3 PLANS DATE: 14th March 1995

FROM: FORCE MEDICAL OFFICER

SUBJECT: GOMA AREA VOLCANO ERUPTION CONTINGENCY PLANS


Reference:

A. G3 PLANS 4 Minute 50000.46 (PLANS) dated 25 Feb 95

B. G3 PLANS 4 Minute 5000.46(PLANS) dated 28 Feb 95

1. Thankyou for the opportunity to review Reference B. It is agreed that contingency plans need to be developed to cope with the number of refugees expected, the lack of reaction time due to the speed of lava flow and the expected demand on supplies including medical requirements. An appropriate UNAMIR contingency plan will assist NGO's in their support of refugee camps.

2. FMO agrees to the recommendations proposed, particularly the need for a medical reconnaissance of the GISENYI and MUTURA areas to identify aid sites and other health issues.


B.R. CURREN
LTCOL
For FMO

Cover Sheet Classification UNCLASSIFIED	Enclosure Classification UNCLASSIFIED
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UNITED NATIONS

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ASSISTANCE MISSION FOR RWANDA

MISSION POUR L'ASSISTANCE AU RWANDA

693-7-1

225

Out Going Fax No. 202/95

Page 1 of 2

TO: TUNBATT	FROM: COL P.G. WARFE FMO MED BR HQ UNAMIR, KIGALI, RWANDA
ATTN: MEDICAL OFFICER	DATE: 11 Mar 95
FAX NO.	PHONE: INT + 250 84270 Ext 11116
INFO.	FAX NO: INT + 250 86877
Internal dist:	DRAFTED BY: MAJ R.P. Wiltshire G4 Med Log
<u>REQUEST FOR HUMANITARIAN MEDICAL STORES</u>	
REFERENCE:	

REF: A. TUNBATT PSF SUPPLY REQUEST DATED 5 MAR 95
B. TUNBATT HQ/MEDICAL STAFF MESSAGE NO. 1209 OF 10 MAR 95

- THE TUNBATT REQUEST FOR PSF HUMANITARIAN MEDICAL STORES (REFERENCE A) WAS RECEIVED BY MED BR 8 MAR 95. THERE WAS NO REPORT ON THE NUMBER OF HUMANITARIAN PATIENTS TREATED BY TUNBATT ATTACHED TO THE PSF REQUEST AS REQUIRED BY THE PSF ORGANISATION. IT IS UNDERSTOOD THAT TUNBATT WAS PROVIDING HUMANITARIAN ASSISTANCE TO THE FACILITIES AT KABALI, BOSOGU AND THE NYUNDO ORPHANAGE.
- PSF HAS PREVIOUSLY SUPPLIED STORES BUT THE TUNBATT PSF ORDERS SUBMITTED IN EARLY FEBRUARY WERE DELAYED DUE TO SUPPLIES NOT REACHING PSF
- REFERENCE B STATED THAT TUNBATT DID NOT TREAT ANY RWANDAN PATIENTS DURING THE PERIOD 17 FEB TO 3 MAR 95.
- PLEASE EXPLAIN THE REQUIREMENT FOR THE LARGE PSF ORDER. IF TUNBATT INTENDS TO AGAIN TREAT MANY RWANDAN PATIENTS: EITHER IN THE CIVILIAN HOSPITALS OR IN THE UNIT AID POSTS, PSF NEEDS TO RECEIVE A COMPLETED INFORMATION SHEET
- IF TUNBATT IS ALREADY PROVIDING HUMANITARIAN ASSISTANCE BY ASSISTING IN THE CIVILIAN HOSPITALS, THE STATISTICS ARE TO BE REPORTED TO MED BRANCH.
- MED BR CANNOT APPROVE THIS PSF ORDER UNTIL THE INFORMATION IS RECEIVED. AN INFORMATION SHEET IS ATTACHED. IF THE SHEET IS RETURNED TO MED BR BY MON 13 MAR, THE ORDER SHOULD BE AVAILABLE FOR COLLECTION THUR 16 MAR.

Releasing Officer's Name WILTSHIRE	Signature 	Rank/Appointment MAJ G4 MED	Date 11 MAR 95
Cover Sheet Classification UNCLASSIFIED	Enclosure Classification UNCLASSIFIED		

INFORMATION SHEET FOR HUMANITARIAN MEDICAL RESUPPLY

FOR PSF

1. Country of Origin

2. Part of the UNITED NATIONS Mission. YES/ NO

3. Area of Operations within Rwanda.

4. Supported Organisations.

a. Population covered.

b. Displaced persons.

c. Normal population.

d. Number of outpatient consultations per day.

5. In - Patient Facilities.

a. Number of beds.

b. Number of in patients a week.

c. Type of medical / surgical activities.

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.....

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6. Medical/Drug supply source other than PSF

7. Why do you need PSF assistance ?

8. Numbers of Doctors..... Nurses.

Additional Medical Staff.....

9. Number of locally employed Doctors. Medical Staff.....

10. Additional Information.....

.....

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Name. Signed.....

Appointment..... Date.....

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 696-7-1

Correspondence No. _____

To: FMO

Remarks/Action:

Med Ops 20/12

~~Med Log~~

~~FHO~~

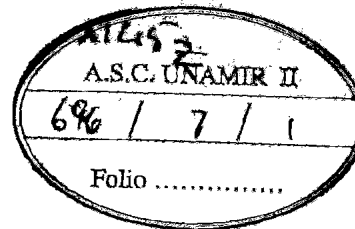
WR
I will advise in daily strip.

Please initial and date when action complete then pass quickly.

VZCZCFRA340
PAAUZHSH RAYJBA 1751 3532143-UUUU--RAYRNNM.
ZNR UUUUU
P 192138Z DEC 94
ASC UNAMIR II (RWANDA)
TO LHQOPS
BT
UNCLAS
SIC E3L/I40
OPS 1119
OP TAMAR
SUBJ: HANDOVER OF RRF TO INDBATT
A. TELECON DO ASC UNAMIR II/DO LHQ OPS
1. CONFIRMED THAT HANDOVER OF FORCE RRF TO INDBATT WILL BE CONDUCTED
20 DEC 94.
2. HQ UNAMIR WILL BE ADVISED OF DETAILED TIMINGS BY 201200B DEC 94.
3. DETAIL OF TIMINGS WILL BE ADVISED TO LHQ BY DAILY SITREP 20 DEC.
BT
#1751

OUT 1609/D

10T



NNNN

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 696 - 7-1

Correspondence No. _____

To: FMO 16/12 Remarks/Action: _____

Med Ops _____

Med Log _____

FHO _____

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Internationaler Hilfsfonds e.V.

International-Liaison-Office Prof. Dr. Karl H. Koch
Rue Valder 67 1050 Brussels (Belgium) Phone: 32-2-5394037 Telefax: 32-2-5384948 Telex: 63495

FAX MEMO

TO: COLONEL RAMSEY

2 pages.

FAX: 86877

15/12/94

FORCE MEDICAL OFFICE

Dear Mr Ramsey,

Hi. Just to let you know that I met with Major Peter Nasveld on the evening of the 7th of December regarding a medical check for the children of Kaganza primary school. We drew up a basic proforma, a copy of which I have sent to him.

I will be arriving in Kigali on the evening of the 16th of January. Major Nasveld thought that somewhere around the 19-20th would be good (Thursday/Friday).

Infinite thank-yous again, and I look forward to seeing you in January for yet some more. I Hope the new year is good to you.

Sincerely Your's

**Petra Campbell
Field Director.**

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Directors: Prof. Dr. Karl H. Koch (Chairman) Peter H. Birch Bruno J. von Felten

MEDICAL REPORT FORM

NAME: <name>

CSP NO: 24.0<csp_no>

LOCATION: RW-1

HEIGHT: _____

WEIGHT: _____

HEARING: _____ Good _____ Average _____ Poor

VISION: Right _____

Left _____

SKIN: _____

COMMENTS:

DATE: _____

CHECK UP DONE BY: _____

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 696-7-1 Correspondence No. _____

To: FMO	Remarks/Action: <u>Wt</u>
Med Ops <u>1/11</u>	<u>[Signature]</u>
Med Log	<u>[Signature]</u>
FHO	_____
_____	_____
_____	_____

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Cover Sheet Classification
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Enclosure Classification
UNCLAS

**Department of Defence
Land Headquarters**

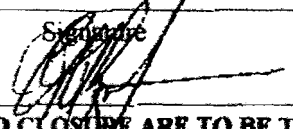
FACSIMILE COVER SHEET

Page 1 of 1

File Number: 0877/94	Senders Name: LTCOL A H. BRABAN
Precedence: ROUTINE	DTG Sent: 300145Z 05T 94
Facsimile Destination	Facsimile Originator
SO2 LEGAL HQ ASC UNAMIR II	COMMAND LEGAL OFFICE LAND HEADQUARTERS VICTORIA BARRACKS PADDINGTON 2021
Unclas Fax No:	Unclas Fax No: (02) 339 3073
Discon Fax No:	Discon Fax No:
Telephone No:	Telephone No: (02) 339 3346
Subject Title: STATUS OF FORCES	

Instructions/Comments

1. Legal Services Branch (Directorate of Agreements) has received advice from the UN regarding the matters raised by Australia with the UN in Diplomatic Note 362/94 dated 8 Aug 94 forwarded to the UN on 9 Aug 94. A copy of that Note was sent by facsimile to you in Townsville on 18 Aug 94
2. DAGTS has been advised that the Note has been studied in detail and that there are some issues that need to be resolved. The UN has not specified what those issues are
3. It was further advised that the UN proposes to sign similar Agreements with other troop contributing countries and as such identified a need to ensure uniformity in the basic Agreement. It is envisaged that any specific issues pertaining to the mechanism by which this Agreement is to be executed could be resolved by means of regular correspondence with the field operations division, and, if necessary, with other departments.
4. Advice is that an Agreement, based essentially on the Model Agreement, is being forwarded to Australia shortly. I will keep you informed.

Releasing Officer's Name	Signature	Rank / Appointment	Date
A H. BRABAN		LTCOL/CLO	28 Oct 94

THIS FAX COVER SHEET AND CLOSURE ARE TO BE TRANSMITTED IAW THE REQUIREMENTS OF THE HIGHEST ENCLOSURE SECURITY CLASSIFICATION CONTAINED HEREIN

Cover Sheet Classification
UNCLAS
Enclosure Classification
UNCLAS

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 696-7-1 Correspondence No. _____

To: fmo Remarks/Action: WR

Med Cpt 24/10

Med Coy

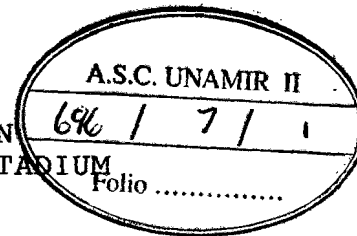
Note para 5-Medical. It seems Briton believe we
are going to take over responsibility of KIBETHO.
Suggest to from 23 PFA briefs Briton on our posn.
HAVE ALREADY DONE SO

Please initial and date when action complete then pass quickly.

MEDICAL CASE BEFORE
PRESIDENT
page 2

1390/5/1

HQ BRITCON
AMAHORO STADIUM
KIGALI



See Distribution:

21 Oct 94

BRITCON DISENGAGEMENT PLAN

GENERAL

1. At UN request, the UK dispatched a 600 man contingent to provide UNAMIR with medical, engineering, vehicle repair/recovery, second line transport and bulk fuel capabilities. The role of the contingent was two fold:

a. There was a short term requirement to underpin UNAMIR's engineering and logistic structure, while arrangements were made to develop UNAMIR's logistic support and civilian contract.

b. To support UNAMIR in its humanitarian programme along with other UN agencies and NGOs. The deployment of the contingent is limited to a period of 3 calendar months and will end on 17 Nov 94.

2. As the additional engineering and logistic support is introduced to UNAMIR and civilian contracts are let, so there is a need for a formal hand over of responsibility. BRITCON will be non-operational from 17 Nov 94, but it is suggested that 7 Nov 94 is the optimum time by which the handover be completed. This will then allow for a transitional period during which any problems can be resolved before BRITCON becomes non-operational.

AIM

3. The aim of this paper is to review the functions which BRITCON currently perform, both directly for UNAMIR and as part of the RWANDAN Emergency Normalisation Plan (RENP). It will also outline the timescale for the proposed handover of these functions and highlight perceived shortfalls in the capabilities of the agencies identified to take over from BRITCON.

4. The wide scale activities performed by BRITCON will be discussed by geography.

MEDICAL SUPPORT.

5. The main medical effort is now within Sector 4 as follows:

a. Humanitarian Medical Support. 23 PFA currently provide substantial medical assistance to DP camps within

sectors 4A and 4B. Much of the plan to hand over these functions has already been agreed with a variety of NGOs and with other medical units within UNAMIR. Listed below is the proposed hand over of 23 PFA commitments.

(1) Musange Camp 4A/21. TROCAIRE have conducted a recce and have declared that they will take on all medical responsibility for this camp by 21 Oct 94.

(2) Busanze Camp 4A/02. MERLIN will take over the responsibility of running the clinic within the camp by 22 Oct 94.

(3) Kamana Camp 4A/08. MERLIN are due to take over this camp between 7-12 Nov 94.

(4) Kibeho Camp 4A/11. This is the largest camp in which 23 PFA are currently involved. In addition to the medical treatment facilities, BRITCON has also assumed responsibility for the organisation and distribution of water within the camp. (see para 4d)

(a) Central Treatment Facility. The section from AUSMED based in BUTARE will take on this commitment, once their responsibility for the satellite facility has been handed on. As yet, there is no firm date for this to happen. MSF have already assumed responsibility for the treatment of cholera and dysentery.

(b) Satellite Clinics. CARE AUSTRALIA will take over the 3 satellite clinics as soon as they have the necessary staff and supplies. No firm date can be set at the moment but it is expected that all will be handed over by 10 Nov 94.

b. Support to Rural Communities. As a consequence of the war, the majority of the primary medical care for the indigenous population outside the DP camps has been lost. 23 PFA have provided an invaluable service to the villages within sectors 4A and 4B in the form of mobile clinics, dispensing primary medical treatment. With the extraction of 23 PFA, there is currently no group able to take on this function and the indigenous medical facilities are not yet re-established.

c. Kigeme. General medical facilities provided by 23 PFA include the surgical team at the Kigeme maternity hospital which will not be taken over by any agency once 23 PFA leave. In addition to this, the patient transport facility currently provided by BRITCON ambulances will not be taken over by anyone as there are no NGOs that possess ambulances.

d. Clean Water Supply. The provision of water to DPs Within Sector 4 is grouped as a medical task because of the significance that clean, drinkable water has on the health of the DPs in the camps; this then has a knock on effect to

the amount of medical care required within the camps.

(1) Kibeho Camp 4A/11. The NGOs MSF and PWSS are in the process of installing a short term water system which is presently dependant upon BRITCON drivers for the distribution of the water using MSF and UNHCR vehicles. This is due to be replaced by a longer term production and distribution system currently being installed by OXFAM which is expected to be in place by 1 Nov 94. The water transportation function will be taken over by MSF. Quality control of this water will be provided by AUSMED in the short term.

(2) Gikongoro Pumping Station. UNICEF are due to take over the supervision of the environmental health aspects at the Gikongoro pumping station by 20 Oct 94.

ENGINEER SUPPORT

6. With the exception of the bridge at KANZENZE grid 0173, BRITCON are currently not undertaking any significant construction or maintenance work in support of UNAMIR. Now that the Building Maintenance Services (BMS) has been fully established, there is greater scope to use Brown and Root (B&R) as well as local contractors. With the transfer of expertise from UNISOM, B&R will have the capability of filling the gap left by 9 PARA Sqn after 17 Nov 94.

7. There is considerable work to be done to the roads within RWANDA as well as the runway at CYANGUGU. Although B&R do not yet have the capability to perform major reconstruction tasks, this is not a function that 9 PARA Sqn currently perform. Therefore, although there is a significant capability gap within the present structure of UNAMIR, the departure of BRITCON will not add to the problem.

8. The arrival of an engineer company as part of INDBATT will greatly assist UNAMIR to cover the tasks that 9 PARA Sqn currently perform in support of the RENP, if that support is still required. Even if the deployment of INDBATT is delayed, all the tasks being carried out by BRITCON can be easily handed over through the engineer cell within HQ UNAMIR. The majority of this work is financed by NGOs who have a clear understanding of the requirement and the handover will consist of an exchange of contacts.

9. Although the overall quality of the dirt roads leading to the DP camps within sector 4A and 4B is acceptable, the effect of the heavy rain season on them in April is an unknown quantity. Currently, all the work maintaining the roads is at the request of 23 PFA for routes critical to their mission. The work mainly involves replacement and maintenance of culverts to assist with the drainage; the work to grade the roads was stopped when the grader broke and the lease for it became untenable. B&R are not contracted to maintain these roads but the number of NGO vehicles which travel along them daily means that they will soon require

attention once BRITCON become non-operational.

10. Within KIGALI, BRITCON have provided significant engineering assistance within the scope of the RENP by providing technical expertise. This assistance has focused on the establishment of mains water and electricity supply to KIGALI city and has involved 9 PARA Sqn officers and NCOs working directly with their civilian counterparts in ELECTROGAZ and MINITRAPE. Additional specialist tasks have included the provision of a draughtsman who has been involved with the design of the UNAMIR 500 man camp outside the AMAHORO stadium. It is not known whether or not the engineer company which forms part of INDBATT will have these specialist tradesmen.

11. The restrictions associated with the use of the BRITCON EOD team are widely known. However, the team does provide UNAMIR with the ability to clear mines that directly affect the UNAMIR mission. In addition, the team also mans the EOD tasking and information cell within HQ UNAMIR. Beyond this, the team has lectured to and advised NGOs and other civilian organisations on the procedures for cordon and evacuation around unexploded ordnance (UXO). Although AUSMED have a limited EOD capability, unless INDBATT have a similar capability to that of BRITCON then UNAMIR will be limited in its EOD capability.

SECOND LINE B VEHICLE REPAIR/RECOVERY

12. Currently, the CTO organisation has only 3 mechanics working on civilian pattern service vehicles (CPSVs) who are supplemented by 3-6 mechanics from 10 AB Wksp to assist with the servicing and repair of them. B&R will take on the repair of all B vehicles between 1-7 Nov 94 and continue to operate from their current location in the IVECO factory; B&R currently have the responsibility for the recovery and repair of all A vehicles.

13. It is planned that the hand over of responsibility for B vehicle repair to B&R be completed by 7 Nov 94 but that prior to the 17 Nov 94, BRITCON will continue to provide assistance to the CTO organisation as necessary. In addition, BRITCON will also provide technical advisory teams to visit contingents and report back to HQ UNAMIR on how well they are adhering to UNAMIR directed ES procedures and to offer advice as directed by FEME.

14. The repair and recovery of all BRITCON vehicles will remain the responsibility of 10 AB Wksp until the final withdrawal from theatre.

15. Although this plan has been generally agreed by both the CTO organisation and B&R, it is believed that both organisations currently lack sufficient manpower and equipment to deal with the task. The CTO organisation only has 3 skilled mechanics currently working and B&R have only 6. The CTO has sufficient B10 4x4 recovery vehicles to cover the recovery of the CPSVs and B&R are capable of recovering all A vehicles using the M578s. There is however, a significant capability gap in the recovery of B vehicles and the ability to off load ISO containers.

Although the ex-BELGIAN Berliet 6x6 recovery vehicle will remain, it is old and unreliable. B&R have a Volvo LT10 recovery vehicle which has a suspend tow capability of up to 4 tons. Thus, there will be a capability gap in the provision of wheeled recovery assets for vehicles over 4 ton once BRITCON leave; this will also affect the recovery of NGO vehicles which BRITCON currently assist with.

SECOND LINE TRANSPORT SUPPORT TO UNAMIR

16. Of the original 50 Bedford trucks sold to UNAMIR, 15 have already been handed over to B&R for second line transport duties and 11 have been issued to TUNBATT to form part of their own first line fleet. All these vehicles were handed over on direction from HQ UNAMIR and the remaining 24 have been retained for BRITCON first line details as well as continuing to form part of the Force second line task fleet.

17. On 1 Nov 94, a further 17 trucks will be signed across to B&R and MALICOY for UNAMIR second line tasks and MALICOY first line tasks; the remaining 7 being kept by BRITCON to assist with first line support and will be signed across to B&R on 20 Nov 94.

18. Although BRITCON will require the retention of the 7 trucks up to 20 Nov 94, there are no routine second line tasks that B&R cannot take on themselves. It is believed therefore that UNAMIR will not lose any significant transport capability when BRITCON leave.

PROVISION OF BULK FUEL INSTALLATION/DELIVERY

19. The provision of fuel through the indigenous supply system is slowly becoming re-established and more effective. Therefore the task of supply to non UNAMIR agencies has reduced which, coupled with the capability of 3 CSG has negated the need for BRITCON to provide a second line bulk fuel capability for the Force. Currently, BRITCON provides a daily resupply to UN interests within KIGALI and to the water pumping station at GIKONGORO.

20. These tasks are to be taken over by B&R but it is believed that they do not yet have the vehicles to take them on. The type of vehicle required for this task is ideally a small manoeuvrable tanker capable of holding approximately 4000L such as the unit bulk refuelling equipment (UBRE) held by BRITCON, CANCON and AUSMED.

SUMMARY

21. When BRITCON become non-operational on 17 Nov 94, UNAMIR should not lose any significant capability as there will be sufficient agencies with the right capabilities both within the

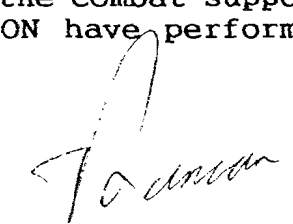
UN and through civilian contracts. It is recognised however that the departure of BRITCON will leave gaps in the following areas unless some form of remedial action is taken.

a. Workshop repair and recovery facilities to cover second line support for the UNAMIR contingents. B&R is not yet capable of taking on this task and the CTO organisation does not have resources to maintain CPSVs at the level currently experienced.

b. Any recovery task involving a vehicle weighing more than 4 tons will be beyond the capability of the remaining recovery assets.

c. With the exception of the CANCON and AUSMED UBREs, there will be no suitable vehicles available with which to resupply fuel to UNAMIR interests around KIGALI.

22. All other facilities provided by BRITCON are either not being tasked by UNAMIR or they are to be taken over by the UN agencies or by NGOs. The quick fix service which has been provided by BRITCON has given sufficient breathing space for other, longer term organisations to take over the combat support and combat service support tasks which BRITCON have performed since 17 Aug 94.


A J DUNCAN
Capt
for COMBRITCON

Distribution:

External:

Action:

HQ UNAMIR for DCOS OPS
DCOS SP
HAC
FMO

Information:

JHQ

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Information:

COMBRITCON
DEPCOMBRITCON
23 PFA
9 Para Sqn RE
63 AB CS Sqn RLC
10 AB Wksp REME
Log Ops
