

MEMORANDA - OUTGOING
(FLOATS)

18 DEC 1995 - 1 APR 1996

[~~3~~ STRICTLY CONFIDENTIAL] ^{HL}
[CONFIDENTIAL]
RH/WG MAY 2009

6 Strictly Confidential
M.B. 19 Dec. 2011

SEARCHED
SERIES S-1002
BOX 32
FILE 6
ACC. 1998/0284



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/34/FMO

MED: 103/96

To: All military and Civilian Personnel

From: MAJ R KAK
FMO

A handwritten signature in dark ink, appearing to read "Ramdes", with a long horizontal line extending to the right.

Date: 01 April 96

Subject: MOVEMENT OF INDBATT RAP FROM SOALTEE

1. Please be informed that INDBATT RAP has moved from SOALTEE to UNAMIR Transit Camp.
2. Effective date all medical problems are to be channeled through either INDBATT or MALAWICOY RAP at UNAMIR Transit Camp.
3. All are please requested to take note of the new change.



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/27/FMO
MED 102/96

To: SO FOOD


From: FMO

Date: 01 Apr 96

Subject: PREVENTIVE INSPECTION BOTTLED WATER

Reference:

- A. Your 4000.1 LOG-50 dated 28 Mar 96.
1. The subject water was tested on Sat 30 Mar 96.
 2. The results indicated that the water is considered potable and therefore fit for human consumption.


YD GUNAT
Lt Cdr
for Force Medical Officer

Front

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

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

**To: RMO INDBATT
RMO MALAWICOY**

**From: MAJ R KAK
FMO**

Date: 28 Mar 96

A handwritten signature in black ink, appearing to read 'R. Kak'.

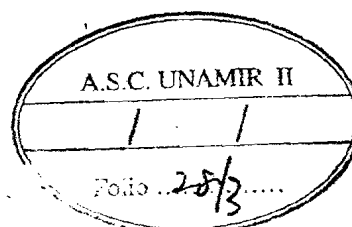
Subject: MEDICAL SUPPORT DURING LIQUIDATION

References:

- A. Air Ops 1047 dated 26 Mar 96.
- B. CAO letter dated 27 Mar 96.

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

C



INTEROFFICE MEMORANDUM

DATE: 26 Mar 1996

REF: AIR OPS 1047

TO: Maj R. Kak
FMO

FROM: Neil Gray *Neil Gray*
Air Operations Officer

SUBJECT: STANDBY AIRCRAFT FOR MEDIVAC DURING PHASE 3 LIQUIDATION

Reference: MED BR 4000.4.34 dated 15 Mar 96.

1. Due to the heavy tasking of both UNAMIR contracted fixed wing aircraft during the withdrawal it is not possible to pre-position an aircraft in Kigali for immediate aeromedical evacuation (AME).
2. Should there be a requirement for AME during the Phase 3 Liquidation the following procedures are to be followed:

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

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

Kel Gleeson - Chief Movcon
CS DM1 CH 11
Tel 11719

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

CAO
• office tel. 11005
• home tel. 11167 (Rm 419 Umubano Hotel)
• call sign 'Victor one'
• Channel 11
In absence of CAO, contact
Olcf Admin.

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

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

Personal Particulars of Patient

**Passport will be required to avoid Immigration problems

Medical Condition of Patient

Any Specialized Equipment required

Any other relevant details.

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

African Air Rescue
Wilson Airport
Nairobi

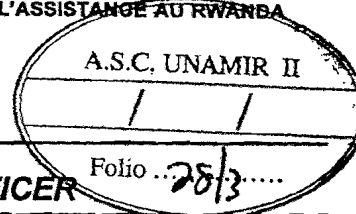
Tel 77374/5/6

Medivac
Wilson Airport
Nairobi

Tel 564487/564412/561643

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

cc. CAO
CISS
CMOVCON
AIROPS NAIROBI
FC
COS



OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER

DATE: 27 March 1996

TO: Maj. R. Kak, FMO
FROM: Susan Matthew, CAO *[Signature]*
SUBJECT: Medical support during liquidation

1. Reference is made to your memorandum (MED 098/96) dated 22 March 1996 and to our discussion on 25 March in connection with the captioned subject.
2. In regard to para 7 of your memorandum, I should like to confirm that there is no dedicated standby aeromedevac aircraft with dedicated AME team at 60 mins notice to move. UNAMIR has never had such a facility and none was ever agreed to by the Administration.
3. As I explained during our discussion, if the FMO considers an emergency situation has developed which requires air ambulance medevac to Nairobi, he should request CAO to authorize and to arrange for the air ambulance.
4. The CAO may be contacted during working hours on Tel Ext 11005 and out of working hours at Tel Ext 11167 (Room 419 Umubano Hotel). CAO is also contactable via radio - Channel 11 callsign "Victor One". In the absence of the CAO, the nominated OIC/Administration will authorize and arrange air ambulance services.

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

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: Floris for 22, 25 & 27 Mar 96.

To: FMO

Remarks/Action:

W 28/3

Med Ops

Med Log

FHO

SO Med

Please initial and date when action complete then pass quickly

float file

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/25
MED: 101/95

To: CHIEF: VENDORS UNIT

From: G 3 MED OPS

Date: 27 March 1996

Subject: REIMBURSEMENT FOR PHARMACEUTICAL PURCHASE BY
M 8308 LtCol B S NDIAYE


References:

- A. Two receipts from KIPHARMA dated 13 Mar 96 and 26 Mar 96 respectively.
- B. Receipt from PHARCHIMIE Kigali No 38 dated 4 Mar 96

1. Receipts in references A and B above are forwarded by LtCol B S Ndiaye for reimbursement. He had operations carried out in both eyes by the Eye Specialist, Dr S Masinde, in Nairobi Hospital in March this year. He was given prescriptions for essential drugs which were neither available in the Hospital nor UNAMIR medical facilities. These drugs were therefore purchased here in Kigali.

2. I wish to confirm that his referral and the subsequent management were deemed nec and was authorised by the appropriate authority. Therefore you are requested to reimburse him a total sum of 5110 FRW. The receipts and the prescriptions are attached for your perusal and nec action.

3. Warmest regards.


Y D GUNAT
LT CDR
for FMO

DR. M. SAJABI MASINDE
MB CHB, M. MED. (NEB) DCEH (LON) CPO (MUNICH)
CONSULTANT EYE SPECIALIST/SURGEON

Room 1
Jodhek Road
P.O. Box 20815
Nairobi, Kenya
Tel: Off: 567525
Fax: 564710

P.O. Box 20815
Nairobi, Kenya
Tel: Off: 567525
Fax: 564710

LT Col B.S. NDIAYE

Guttae maxider qds
in right eyes 4/52

[Signature]
16/2/96

DR. M. SAJABI MASINDE
MB CHB, M. MED. (NEB) DCEH (LON) CPO (MUNICH)
CONSULTANT EYE SPECIALIST/SURGEON

SURGERY
3rd Floor, Room 1
Yaya Centre
Argwings Kodhek Road
Post Office P.O. Box 20815
Nairobi, Kenya
Tel: Off: 567525
Fax: 564710

P.O. Box 20815
Nairobi, Kenya
Tel: Off: 567525
Fax: 564710

LT Col B.S. NDIAYE

Guttae timoptel 0.5%
in both eyes 4/12

[Signature]
19/3/96

KIPHARMA
Pharmacie de Kigali
B.P. 263 - Tél. 75234

FACTURE

Date: 26/08/96

M

Beloptic Collyre 3%	
	3%

KIPHARMA
Pharmacie de Kigali
B.P. 263 - Tél. 75234

FACTURE

Date: 13 Mars 96

M Ndiaye

doit

Maxider Collyre 710	
	710

PHARMACIE S. Kigali
B.P. 1399 KIGALI
R.C. A 408 / R.D. 2
M Tél. 73190 - 73123

FACTURE N°

Maxider 1	
	1470

Les marchandises vendues ne peuvent pas être reprises.
Les garanties et/ou autres ne sont pas applicables.



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/37
MED 099/96

To: CAO

Info: CISS
PSB
SUMMO

From: FMO

Date: 25 Mar 95

Subject: DISPOSAL OF MEDICAL SUPPLIES HELD IN NORMED PHARMACY

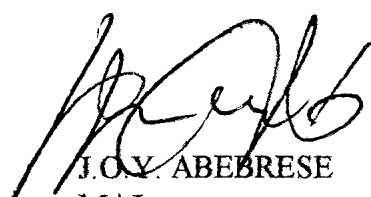
Reference:

A CAO Memo dated 12 Mar 96

1 Inventory of medical supplies held in NORMED Pharmacy has been completed with regards to quantity, expiry date and price. As shown in the attached list the supplies expire on or before June 1996, except serial 21.

2 The quantity expiring beyond Jun 96 is negligible and it is therefore suggested that all should be donated to the UN Dispensary without having to forward the list to FALD for disposal instructions.

3 Submitted for your action please.


J.O.V. ABEBRESE
MAJ.
for Force Medical Officer

DISPOSAL OF MEDICAL SUPPLIES

NO	STOCK CLASS	NOMENCLATURE	U/I	QTY	LOCATION	EXP. DATE	U/P	T/P
01		FERROUS SULFATE 270mg FOLIC ACID 300mg 30'S	PK	2	NORMED	Apr-96		\$0.30
02		PREPULSID 10mg 500'S	CN	1/7	NORMED	Feb-96		\$3.00
03		DIOCTYL SODIUM 120mg 100'S	BT	1	NORMED	Jun-96		\$3.00
04		SUCRALFATE 1g 100'S	BT	1	NORMED	Mar-95		\$12.00
05		IMODIUM (LOPERMIDE) 2mg 20'S	PK	1	NORMED			\$0.14
06		BISACODYL 5mg 100'S	BT	1/2	NORMED	Aug-95		\$3.00
07		FUNGILIN (AMPHOTERICIN) 10mg 60'S	BT	3	NORMED	Mar-96		\$18.00
08		CLOTRIMAZOLE CREAM 10mg	TU	1	NORMED	May-96		\$4.00
09		MICONAZOL 20mg	TU	1	NORMED	Mar-96		\$2.00
10		GRISCOFULVIN 330mg 100'S	BT	1	NORMED	Mar-96		\$9.00
11		PRAZQUANTEL 600mg 100'S	BT	1 1/4	NORMED	Mar-96		\$6.20
12		PRIMAQUINE PHOSPHATE 100'S	BT	2	NORMED	Mar-96		\$16.00
13		DIETHYLCARBAMAZINE 50mg 100'S	BT	2	NORMED	Feb-96		\$12.00
14		FERROUS SULPHATE 200mg 100'S	BT	1	NORMED	Jun-96		\$0.70
15		BENZENE HEXACHE 1% CREAM	TU	1	NORMED	Aug-95		\$5.00
16		CALAMINE LOTION	BT	3	NORMED	Feb-96		\$6.00
17		AZATADINE MALEATE 1mg 56'S	BT	8	NORMED	Mar-96		\$32.00
18		ACTIFED 500'S	CN	1	NORMED	Sep-95		\$7.50
19		DEMORAL 20'S	CN	1	NORMED	Mar-96		\$1.00
20		HYDROXYZINE HCL 25mg 100'S	BT	1/2	NORMED	Mar-96		\$4.00
21		ASTEMIZOLE 10mg	TB	14	NORMED	Sep-96		\$1.00
22		POTASSIUM CHL EST. RELEASE 500'S	CN	1/2	NORMED	Jan-95		\$15.00
23		SODIUM BICABONATE I.V. 8.4%	BT	3	NORMED	Oct-95		\$3.00
24		CLOMIDINE 0.1mg 300'S	BT	1	NORMED	Mar-96		\$6.00
25		NITROGLYCERIN 0.3mg 100'S	BT	11	NORMED	Feb-96		\$66.00
26		GLYCERINE TRINITRATE 600mcg. 100'S	BT	2	NORMED	Jun-96		\$12.00
27		XYLOCAINE SPRAY 10mg	BT	1	NORMED	Dec-95		\$6.00
28		ATROPINE SULFATE INJ.	AMP	3	NORMED	May-96		\$1.50
29		ERYTHROMYCINE 1000mg		1	NORMED	Jan-95		\$56.00
30		CO-FLUAMPICIL 250/250 500'S	BT	1 1/5	NORMED	Feb-96		\$7.50
31		TETRACYLIN 250mg 25'S	PK	1	NORMED	Mar-96		\$5.00
32		AMOXICLLIN 500mg 20'S	PK	1/2	NORMED	Mar-96		\$6.00
33		SULPHAMELOX/TRIMETHOP 800/160 500'S	TN	1	NORMED	Apr-96		\$11.00
34		PENICILLIN G. 1,200,000 I.U.	AMP	2	NORMED	Feb-96		\$12.00
35		AMPICILLIN 250mg I.V.	BT	2	NORMED	Apr-96		\$2.00
36		CEPHALOTHIN INJ. 30mg	AMP	2	NORMED	Jun-96		\$2.50
37		FLUCLOXACILLIN 1g	TU	3	NORMED	Jan-96		\$9.00
38		TROPICAMIDE 1% EYE SOLN.	BT	11	NORMED	May-96		\$22.00

DISPOSAL OF MEDICAL SUPPLIES

NO	STOCK CLASS	NOMENCLATURE	U/I	QTY	LOCATION	EXP DATE	U/P	T/P
39		ALCAINE (PROCAINE) EYE SOLN.	BT	9	NORMED	Jun-95		\$18.00
40		FANSIDAR INJ. 2X2ml	PK	9	NORMED	Jun-95		\$45.00
41		QUININE INJ. 250mg/ml 10X1ml	PK	5 3/10	NORMED	Jun-96		\$13.00
42		QUININE 600mg IN 10ml	PK	3	NORMED	Jun-96		\$27.00
43		DALACIN 150mg/ml INJ. 5X2ml	PK	4	NORMED	May-96		\$160.00
44		CLINDOMYCIN 150mg/ml 5X2ml	PK	1	NORMED	Mar-96		\$40.00
45		CHARCOAL (ACTIVATED) ORAL SUSP.	BT	2	NORMED	Feb-96		\$1.00
46		CICATRIN POWDER	BT	8	NORMED	Feb-96		\$23.00
47		GENTAMYCIN CREAM 0.1%	TU	3	NORMED	Mar-96		\$15.00
48		SAVLON	TU	1	NORMED	May-96		\$2.00
49		CEFORITIN INJ. 10X1g	AMP	1	NORMED	Feb-95		\$6.00
50		AMOXICILLIN 250mg INJ. 10X250mg	PK	7	NORMED	Apr-96		\$49.00
51		FLUCLOXACILLIN 1g INJ. 5X1g	PK	13	NORMED	Mar-96		\$195.00
52		LIDOCAINE ENDOTRACHEAL 10mg	AMP	1	NORMED	Apr-96		\$6.00
53		ISOPROTERENOL 0.2mg/ml	AMP	1	NORMED	Feb-96		\$5.00
54		POTASSIUM CHL. 15% INJ. 10X10ml	PK	7	NORMED	Mar-96		\$49.00
55		CEFACLOX 250mg 100'S	BT	2	NORMED	May-96		\$12.00
56		CEFAZOLIN 1g INJ.	AMP	2	NORMED	Mar-96		\$11.00
57		CEFOLETAN INJ. 1g	AMP	5	NORMED	Sep-95		\$20.00
58		ERGOMETRINE 0.5mg	PK	2	NORMED	Jun-96		\$22.00
59		DOXYCYCLINE 100mg 7'S	PK	28	NORMED	Jan-96		\$84.00
60		MEDROL SOLN. 500mg 5'S	PK	2	NORMED	Jun-96		\$40.00
61		MEDROL SOLN. 500mg 5'S	PK	1	NORMED	May-96		\$8.00
62		PARACETAMOL 500mg 100'S	BT	10	NORMED	Mar-96		\$12.00
63		ACETYLSALICYLIC ACID 650mg 1000'S	TN	8/10	NORMED	Apr-96		\$3.00
64		ACETHAMENOPHEN 325mg 200'S	BT	1	NORMED	Jun-96		\$8.00
65		ACETHAMENOPHEN 325mg/CODEINE 15mg/CAFFEINE 30mg 500'S	B	1	NORMED	Jan-96		\$80.00
66		DEXAMETHASONE INJ. 8mg/2ml 10'S	PK	1	NORMED	Mar-96		\$32.00
67		KETOROLAC INJ. 30mg/ml 10'S	PK	7	NORMED	Mar-96		\$7.00
68		DIAZEPAM 2mg 250'S	BT	1	NORMED	Jun-96		\$200.00
69		LORAZEPAM 1mg 60'S	BT	1	NORMED	Oct-95		\$69.00
70		MIDAZOLAM 5mg/ml	AMP	5	NORMED	Feb-96		\$250.00
71		NALOXONE 400mg/ml 5'S	AMP	1	NORMED	May-96		\$10.00
72		NALOXONE 400mg/ml 10'S	PK	2	NORMED	May-96		\$40.00
73		LIGNOCAINE 2% INJ. 400mg/20ml	AMP	8	NORMED	Mar-96		\$16.00
74		HYDROCORTISONE INJ. 125mg/ml	AMP	3	NORMED	Apr-96		\$18.00
75		LIDOCAINE 1%	AMP	1	NORMED	Jan-96		\$2.00
76		KETAMINE INJ. 50mg/ml	AMP	1	NORMED	Jan-96		\$4.00

DISPOSAL OF MEDICAL SUPPLIES

NO	STOCK CLASS	NOMENCLATURE	U/I	QTY	LOCATION	EXP. DATE	U/P	T/P
77		NEOSTIGMINE 2.5mg/ml	AMP	7	NORMED	Dec-95		\$28.00
78		TYLENOL W/ CODEINE NO.2 500'S	CN	2½	NORMED	Apr-96		\$25.00
79		TYLENOL W/ CODEINE NO.3 500'S	CN	4	NORMED	Jan-96		\$40.00
80		SOLUCOFTEF 100mg INJ.	BT	4	NORMED	Mar-96		\$12.00
81		FENTANYL CITRATE INJ. USP 5X2ml	PK	348	NORMED	May-96		\$1,338.00
82		FENTANYL CITRATE INJ. USP 10ml	AMP	7	NORMED	Feb-96		\$35.00
83		FENTANYL CITRATE INJ 5X5ml	PK	97	NORMED	Mar-96		\$388.00

GRAND TOTAL

\$3,856.34



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/34/FMO
MED 098/96

To: See Distribution

From: MAJ R KAK
FMO

Date: 22 Mar 96

Subject: MEDICAL SUPPORT DURING LIQUIDATION - AMENDMENT

Reference:

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

1. Further to instruction contained in ref A, please find an update on instructions pertaining to medical support during liquidation process.
2. NORMED will continue providing only second line and limited third line medical support till it ceases operations on 25 Mar 96 midnight (2400 hrs).
3. INDBATT and MALAWICOY will provide first level medical support to their respective contingents, HQ UNAMIR staff and remaining UNAMIR elements until their departure on 14 Apr 96.
4. INDBATT and MALAWICOY are authorized level one holding policy for two days. Both RAP's will ensure a holding capacity of two beds.
5. INDBATT RAP will hold 10 pints of O Negative blood for use in case of emergencies only.
6. All cases requiring second or third level medical treatment are to be evacuated to NAIROBI by first available aircraft.
7. Dedicated standby aeromedevac aircraft with dedicated AME team to be provided by the TMG at 60 mins notice to move from 26 Mar 96 onwards.
8. Two expanded first aid kits with a variety of medications and instructions will be issued by NORMED to Force Medical Branch on 30 Mar 96 for use by Core Group after departure of INDBATT/MALAWICOY.

Distribution:

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

Post

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ASSISTANCE MISSION FOR RWANDA



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UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/28/FMO

MED: 095/96

To: SMO NORMED
RMO INDBATT

From: FMO

Date: 19 Mar 96

Subject: MONTHLY TREATMENT REPORT - 05 FEB 96-03 MAR 96

1. Please find attached UNAMIR II Monthly Treatment Report for the period 05 Feb 96 to 03 Mar 96.
2. Kindly acknowledge.

YD/GUNAT
YD/GUNAT
Lt Cdr
for FMO



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/5/FMO
MED: 096/96

To: **MEDICAL BRANCH DPKO**
UNHQ-NEW YORK

Attn: **DR ADLER/DR DECKNER**

From: **SUSAN MATTHEW**
CHIEF ADMINISTRATIVE OFFICER

Date: 19 Mar 96

Subject: **NORMED MONTHLY REPORT FEBRUARY 1996**

1. I am forwarding a copy of NORMED monthly Report for the month of February 1996 for your information.
2. The following are the comments of FMO
3. I agree with most of what has been brought out. However a few comments are forwarded in order to make the issues more clear.
 - a. Para 1.1.1. It is quite laudable that NORMED is making efforts to secure continuity in humanitarian work after their departure as it has been seen that most of humanitarian medical assistance ceased once the various contingents withdrew from their AOR.
 - b. Para 1.1.2. There has been a distinct improvement in the casevac and medivac procedure after completion of training of staff especially helicopter training.
 - c. Para 1.1.3. Agree Non-availability of visa to NORMED staff has serious implication to the medical security of UNAMIR
 - d. Para 1.1.4. It is recommended that in future missions the terms and conditions applicable to non-military medical personnel should be clearly defined to avoid ambiguity and controversy at a later stage.
 - e. Para 1.1.6. It is suggested that all administrative and operational directives be routed through Force Medical Branch to avoid confusion and conflicts
 - f. Para 1.2.1. I agree that medical security for international staff in Rwanda after NORMED/UNAMIR pull out is a matter of concern. All out efforts will have to be made by UN and other agencies to have a minimum level 1-2 medical support and adequate medivac facilities to cater for emergencies.

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: _____

To:	FMO	Remarks/Action.	<u>RC 1313</u>
	Med Ops		<u>note 19/0/56</u>
	Med Log		<u>OP 19/7</u>
	FHO		_____
	SO Med		_____

Please initial and date when action complete then pass quickly



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/41

MED 093/96

To: MR MICHAEL HANER
OCISS

From: G 4 MED

Date: 18 MAR 96

Subject: UNAMIR WEEKLY LOGREP

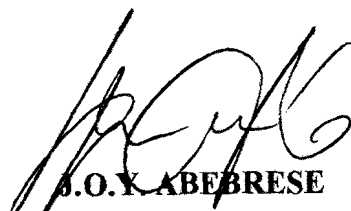
Reference:

A. FOD LCS INSTR OZ/94 DATED 9 APR 94

5. MEDICAL

500. GENERAL

500.1 FAX # MIR 74 DATED 7 MARCH 1996 DISPOSAL INSTRUCTIONS, FOR THE DISPOSAL OF MEDICAL SUPPLIES AND EQUIPMENT OF UNAMIR WAREHOUSE AND LIQUIDATION PLANNING - DISPOSAL OF ASSETS, HAS BEEN RECEIVED FROM FALD/DPKO AND BEING COMPLIED WITH.


J.O.Y. ABEBRESE
MAJ.
G 4 MED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/21
MED: 008/96

To: G3 MED OPS

From: FMO

Date: 18 March 1996

Subject: PAYMENT FOR TELEPHONE BILL(FEB 96)

Reference:

A. COMMS/TEL 140/96 dated 14 Mar 96

1. You are to pay the sum of U\$ 17.07 for the call you made to Nigeria on the 10 Feb 96 as reflected in reference A. above.

2. Regards.

[Signature]
Y D GUNAT
LT CDR
for FMO

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/21
MED: 009/96

To: G4 MED LOG

From: FMO

Date: 18 March 1996

Subject: PAYMENT FOR TELEPHONE BILL(FEB 96)

Reference:

A. COMMS/TEL 140/96 dated 14 Mar 96

1. You are to pay the total sum of US\$ 22.8 for the 2 calls you made to Ghana on 09 Feb 96 and 13 Feb 96 respectively as reflected in reference A. above.

2. Best regards.

Y D GUNAT
Y D GUNAT
LT CDR
for FMO

\\(Untitled)

03/18/96



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/21
MED: 010/96

To: CHIEF COMMUNICATION OFFICER

From: FMO

Date: 18 March 1996

Subject: PAYMENT FOR TELEPHONE BILL EXT/ACC CODE 11105(FEB 96)

Reference:

A. COMMS/TEL 140/96 dated 14 Mar 96

1. Forwarded herewith are Log. Sheet in respect of telephone bill (US\$ 39.87) for the external calls made by Tel Ext/ Acc Code 11105 in the month of February as seen in reference A. above.
2. The officers who made these external private calls have been directed to pay the amount ASAP. No business/official call was made that month.
3. Best regards.

[Signature]
Y D GUNAT
LT CDR
for FMO

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UNAMIR - MINUAR

HQ UNAMIR MED BR**FILE:** 4000.4/25**MED:** 092/96**To:** CHIEF VENDOR'S UNIT**From:** G3 MED OPS**Date:** 16 Mar 96**Subject:** PAYMENT OF UNAMIR MILITARY STAFF'S MEDICAL INVOICES
TO NAIROBI HOSPITAL

1. Forwarded herewith are invoices for the cost of medical services rendered to the respective UNAMIR military staff at Nairobi Hospital for payment.

<u>SRL NO.</u>	<u>NVOICE NO.</u>	<u>DATE</u>	<u>NAME</u>	<u>COST</u>
1.	Dr MA Sheikh	6/3/96	Spr Boote Singh	185,000.00 Ksh
2.	Dr MA Sheikh	23/2/96	Maj S Dare	58,000.00 Ksh
3.	019469	31/01/96	Cpl B Hojani	270,473.35 Ksh
4.	020179	31/01/96	Sgt H Kasondo	11,815.80 Ksh
5.	Dr S Masinde	03/02/96	Lt Col BS Ndiaye	149,000.00 Ksh
6.	47115	7/02/96	Col CA Nelson	14,760.00 Ksh
7.	019468	03/01/96	Cpl P Ntega	301,228.40 Ksh
8.	1915	21/12/95	Cpl P Ntega	26,500.00 Ksh
9.	3315	08/01/96	Cpl P Ntega	61,000.00 Ksh
TOTAL				1,078,277.50 Ksh

2. Therefore a total sum of 1,078,277.50 Ksh is to be paid to Nairobi Hospital for the medical services in reespect of the above invoices. Attached are original copies of the invoices and the necessary correspondence for your action.

3. Kindly keep this office informed when the amount is settled since the mission has ended.

4. Best regards.

YD GUNAT
YD GUNAT
Lt Cdr
for Force Medical Officer

01 APR 1996 09:00:00

03/16/96



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/8
MED: 093 /95

To: DCOS/SP

Info: JOSE S AGUIRRE
CHIEF-IN-CHARGE, CIVILIAN PERSONNEL

From: FMO

Date: 16 March 1996

Subject: LOCAL STAFF WITH MEDICAL BRANCH
FATINA A.

1. The above named local clerical staff will continue to assist in serving the medical branch until the end of the mandate by 14 Apr 96.
2. The medical branch continues to be busy with operational matters including settlement of bills for the medical services rendered to UNAMIR personnel and the compilation of the data/files.
3. Warmest regards.

Y D GUNAT
Y D GUNAT
LT CDR
for FMO

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: FRONTS EPR 113 15 Mar 96.

To FMO

Remarks/Action.

16/3

Med Ops

Yale 16/03/96.

Med Log

[Signature]

FHO

SO Med

Please initial and date when action complete then pass quickly



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4.34

MED 091/96

To: MR NEIL RICHARD GRAY
Air Ops Trafipro**Info: Ag FC**
COS
CAO**From: MAJ R KAK**
FMO**Date: 15 Mar 96****Subject: STANDBY AIRCRAFT FOR MEDIVAC DURING**
PHASE 3 LIQUIDATION

1. Further to our discussion today 15 Mar 96 on the above subject it is clarified that there will be no aeromedical evacuation assets available in the mission area when NORMED ceases operations on 25 Mar 96.
2. In view of the above you are requested to provide a memo confirming the availability of aircraft with a dedicated aeromedical evacuation (AME) team wef 26 Mar 96.
3. Ref A and B are attached as reminder for your convenience.
4. Please treat as urgent.

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UNAMIR-MINUAR

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

TO: CHIEF MCC

From: MAJ R KAK
FMO

Date: 24 Feb 96

Subject: STANDBY AIRCRAFT FOR MEDIVAC DURING
PHASE 3 LIQUIDATION

Reference:

A. Medical Support During Liquidation dated 17 Jan 96.

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

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

3. Please ack receipt.

26F 'B'

B2/4

MEDICAL SUPPORT DURING LIQUIDATION

GENERAL INSTRUCTIONS

- 1 The overall concept for medical operations for liquidation will be to maintain second and limited third line capability until 25 Mar 96. To ensure an orderly and smooth transition of responsibilities, while at all times maintaining the aim of continuous medical support, the following are issues and timings which will ensure completion of medical operations, logistics and administration. The FMO will visit all RAPs prior to departures for staff and equip checks and formal Med Branch presentations. This instruction should be read in concert with UNAMIR HQ Med Br File 4000 4/34 issued 09 Jan 96.
- 2 Malicoy (8 Jan 96), Malawicoy (17 Jan 96) and a portion of Ghancoy (28 Jan 96) will be departing the mission area in January 1996 as per Liquidation Instruction 1/95. These companies will provide limited level one care and in-transit med support for their move to Kigali. Sectors to turn in all medical consumables in excess of their 30 day requirement. Unit level emergency medical equipment will be turned over to Movcon on arrival at the transit camp for inclusion on the return flight. Interim support prior to their departure will be provided by NORMED.
- 3 The level one holding policy is to be downgraded to zero except for Nicoy and Indbatt RAPs who are authorized a two day holding policy. Level two, three holding policy will remain at five days until 15 Mar 96 at which time the holding policy will be determined by the FMO.
- 4 Casevac / medevac capability will continue until heli support ceases approx 22 Mar 96.
- 5 UNAMIR dental support will continue to be provided by NORMED augmented by Indbatt.
- 6 Warehouse inventory to be ongoing with inventory finalized by 15 Mar 96. Surplus to requirement medical consumables to be transferred to WHO for reimbursement and appropriate distribution NLT 22 Mar 96. Local destruction of all medical consumables with an expiratory date of 8 Apr 96 or earlier is to be effected as coordinated by AMG.
- 7 Discontinuation of humanitarian activities and the care of non-entitled personnel to decrease and eventually cease as determined by NORMED and the FMO but no later than 15 Mar 96.
- 8 The final disposition of bio-hazardous waste through Kigali Central Hospital to continue until end mission.

P2/4

- 9 Dedicated standby aeromedevac aircraft to be provided with a 60 min notice to move from 28 Mar 96 by the TMG.
- 10 The contract to supply safe blood with the Netherland Red Cross is to continue until 25 Mar 96. Indbatt RAP to hold 10 Units of O Neg blood from closure of NORMED till Indbatt departure. Unused Units to Kigali Central Hospital.
- 11 Expanded first aid kits with a variety of medications and instructions for use by the Core Group to be issued by NORMED prior to their departure
- 12 Following departure of Indbatt 20 Apr 96 remaining UNAMIR elements to utilize existing local facilities for all emergency care and arrangements to transfer them to the Nairobi University Hospital as soon as feasible to be coord by the PAX Team of the TMG.

CRITICAL DATES

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

P4/4

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



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/37
MED 090/96

To: CAO

Attn: Mr Michael Haner
OCISS

Mr Abdi Farah
SUMMO

Mr Parkes E
PSB

Info: NORMED

UNAMIR Warehouse

From: G 4 Med

Date: 11 Mar 96

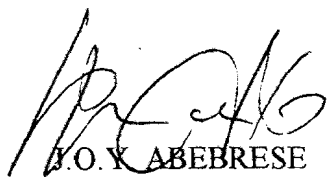
Subject: DISPOSAL OF MEDICAL SUPPLIES AND EQUIPMENT OF UNAMIR
WAREHOUSE AND LIQUIDATION PLANNING - DISPOSAL OF ASSETS

Reference:

A FAX MIR - 74 dated 7 Mar 96

1 I am directed to say that the class 8 A - E medical supplies expiring in March 1996 at Annex 'A' at reference 'A' should be destroyed and certificates of destruction issued accordingly by a competent authority and the rest donated for humanitarian use.

2 Grateful accept for your prompt action.


J.O. X. ABBE RESE
MAJ.
G 4 MED

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: Frack for 08/03 96.

To: FMO

Remarks/Action.

W 11/3

Med Ops

jale 11/03/96

Med Log

AP 12/3

FHO

SO Med

Please initial and date when action complete then pass quickly

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UNAMIR-MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/22/FMO
MED: 088/96

**To: NORMED
ALL RAP's**

Info: MA to A/FC
COS
CAO
CHIEF VENDOR'S UNIT

From: FMO

Date: 08 Mar 96

Subject: MEDIVAC TO NAIROBI

1. In view of the fact that the mandate terminates to-day 08 mar 96, all MEDIVAC to Nairobi should be limited to emergency cases only. All chronic cold cases must wait until they go back to their respective home countries.
2. The reason for this is to enable this branch to process medical bills from Nairobi Hosp within the remaining six (6) weeks winding out period.
3. Please comply and best regards.

YD Gunat
YD GUNAT
Lt Cdr
for **FMO**

Fut

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/37/FMO
MED: 087/96

To: MR JOSE A NAVEDO-CRESPO
Warehouse Manager

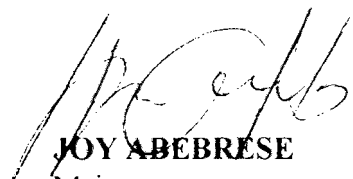
Info: COS
DCOS/SP
CAO
SUMMO
ALL CONTINGENTS

From: FMO

Date: 08 Mar 96

Subject: RETURN OF MEDICAL CONSUMABLES/EQUIPMENT BY RAP'S

1. On liquidation and disengagement from the mission area, all contingents are expected to return the medical consumables and equipment to the UNAMIR Warehouse at TRAFIPRO.
2. You are kindly requested to confirm that all contingents have returned the medical consumables/equipment. You may kindly send a certificate along with a list of items returned to stock. This is necessary for maintenance of record and proper documentation.
3. Please comply and best regards.


JOY ABEBRESE
Major
for Force Medical Officer

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. _____

To FMO Remarks/Action. PC 08/2

Med Ops _____

Med Log _____

FHO _____

SO Med _____

LC See corrections and suggest conclusion should
proceed recommendations

Please initial and date when action complete then pass quickly

Jale
07/03/56

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UNAMIR-MINUAR

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

To : DCOS SP
From: MAJ R KAK
FMO

Date: 07 Mar 96

Subject: END OF MISSION REPORT - MEDICAL BRANCH

Reference:

A. DFC/COS dated 27 Nov 95.

GENERAL

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

ROLE

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

INTRODUCTION

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

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

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

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

SCOPE

4. The report will cover the following:

- a. Medical support to UNAMIR I.
- b. Medical support to UNAMIR II (AUSMED Phase).
- c. Medical Support to UNAMIR II (NORMED Phase).
- d. Humanitarian Activities.
- e. Limitations.
- f. Lessons Learnt.
- g. Recommendations.

AIM

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

MEDICAL SUPPORT TO UNAMIR I

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

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

- a. Central Treatment Facility was taken over by a section of AUSMED based at Butare whereas MSF continued to provide treatment for cholera and dysentery cases.
- b. 3 of the satellite clinics were taken over by CARE AUSTRALIA.
- c. Musange camp was taken over by TROCAIRE.
- d. Kamana and Busange camps were taken over by MERLIN.
- e. KIBEHO Camp, the largest DP camp in Rwanda where health support was coming from BRITCON did not have any reliable agency to take care of responsibilities of medical support to refugees.

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

MEDICAL SUPPORT TO UNAMIR II - AUSMED PHASE

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

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

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

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

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

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

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

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

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

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

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

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

HUMANITARIAN ACTIVITIES

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

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

- b. Provision of primary health care and hospitalization. Approx 3000 Rwandese have been treated as inpatients.
- c. Limited provision of medicines and ORS - medicines and ORS packets received from various agencies were disbursed all over Rwanda.
- d. Teaching of local staff in hospitals/health centres UNAMIR medical staff is involved in educating medical and nursing staff in various fields like dressings, sterilization procedures, resuscitation and surgical techniques.
- e. Assistance in immunization programme.
- f. Provision of specialised medical care - by staff of AUSMED/NORMED at CHK on request.
- g. Evacuation and emergency medical care - following motor vehicle accidents, mine blast incidents and serious illnesses.

LIMITATIONS

19. a. The road evacuation assets were inadequate as most of the contingents arrived without requisite resuscitation eqpt and with limited or no ambulances.
- b. Although the air evacuation and medivac assets were satisfactory in terms of helicopters and other aircraft availability, there was lack of resources as far as required medical stores and trained manpower for carrying out casevac and medivac procedures with highest level of proficiency was concerned.
- c. There was lack of proper liaison between Force Medical Branch and FCT at Nairobi. The follow up reports on patients being sent to Nairobi for medical treatment were sketchy at the best. This sometimes created avoidable problems at both ends.
- d. There was a frequent turnover of specialist staff both during AUSMED as well as NORMED phase. This resulted in lack of proper follow up of patients requiring long term treatment. During NORMED phase there was only one surgeon available which put a lot of strain on him/her as he/she could not proceed on leave/R&R/CTO. Other specialised trades also had only one trained person available leading to similar problems.
- e. Supply of medical consumable and non consumables including immediate operational medical requirements suffers a lot of delay before delivery is made resulting in shortages

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

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

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

LESSONS LEARNT/CONCLUSION

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

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

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

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

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

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

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

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

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

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

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

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

RECOMMENDATIONS

21. It is recommended that:

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

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

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

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

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

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

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

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

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

CONCLUSION

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

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

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

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

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

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

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



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/25/FMO
MED: 086/96

To: **Chief Medical Director**
Nairobi Hospital, Kenya.


Info: **COS**
CAO
CHIEF VENDOR's UNIT

From: **FMO**

Date: 07 Mar 96

Subject: **MEDICAL BILLS CLEARANCE**

1. Please be informed that this mission (UNAMIR) is in the liquidation phase, and all operations cease by 08 Mar 96. After this date, the mission has only six (6) weeks for packing and clearance.
2. You are therefore advised to forward to this office the last pending bills so that our account will be brought up-to-date.
3. Please treat as urgent. Warm regards to you and staff.


YD GUNAT
Lt Cdr
for FMO

10 1000000

07/07/96



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/34/FMO
MED: 084/96

To: COS

**From: MAJ R KAK
FMO**

A handwritten signature in dark ink, appearing to read 'R. Kak', with a long horizontal stroke extending to the right.

Date: 06 Mar 96

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

Reference:

A. COS directives on Tue 05 Mar 96.

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

LESSONS LEARNT DURING THE MISSION

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

- a. Most of the contingents RAP's arrived in the mission area without adequate resuscitation and evacuation capabilities and limited number of ambulance vehicles. Even the NORMED was lacking in adequate medical stores and had to borrow some from 95 CMSG.
- b. There were no prior concrete arrangements for a regular adequate medical support system to the mission for entire duration resulting in establishment of a civilian field hospital with consequent problems.
- c. There was no clear cut understanding on the status of NORMED staff resulting in delay in issue of visas, confusion regarding entitlement of R&R/CTO and other benefits/restrictions applicable to UN staff.
- d. There was frequent turnover of specialist officers resulting in discontinuity of proper medical care and proper follow up.
- e. Some of the contingents did not carry out proper medical examination as per UN norm of troops being inducted in mission area. A few personnel had to be repatriated on medical grounds.
- f. The Force Medical Branch also saw frequent change over of staff with the last phase of mission seeing officers from various contingents or from among Milobs being picked up to man this important branch. This resulted in additional workload for remaining medical officers of contingents.
- g. Medical resupplies are inordinately delayed due to elaborate procedures and bureaucratic delays.
- h. Huge quantities of non-essential medical consumables were received which were found outdated and damaged.
- i. There was a lack of communication between FCT at Nairobi and Force Medical Branch. The presence of a medical person at Nairobi could have resulted in avoiding such situation.
- j. There is no direct link between Force Medical Branch and Medical Branch at UNHQ New York resulting in inordinate delays in getting decisions on important matters.
- k. The staff at Force HQ Medical Branch was not sufficiently conversant with operation of computers and also with clerical profession for proper documentation.

RECOMMENDATIONS

2. It is recommended that:
 - a. All personnel being inducted into the mission area should have undergone a thorough medical examination as per UN norm before being inducted.
 - b. The contingent RAP's should be fully equipped with essential medical equipment for resuscitation and evacuation and also provided with adequate number of well equipped ambulances at the time of induction.
 - c. The medical staff should be fully familiar with casevac/meDEVAC procedures and safety measures.
 - d. Frequent turn over of specialist staff at Field Hospital and of Medical Branch staff at mission HQ should be avoided as it leads to break in continuity in providing appropriate medical support to the mission.
 - e. The FCT at Nairobi should have a member with medical background to give correct feed-back on patients being evacuated to Nairobi.
 - f. The procurement section should have a separate medical supply system staffed by personnel with a medical background to hasten the delivery of medical consumables and non-consumables to mission area.
 - g. Transfer of huge quantities of medical consumables to other missions should be avoided. The consumables should be either sold to local medical agencies or disbursed as humanitarian aid to avoid wastage of such large quantities of medicines.
 - h. There should be a direct link between Force Medical Branch and Medical Branch at UNHQ New York to facilitate immediate decisions on important matters.
 - i. In future the mission medical branch should be provided with experienced clerical staff to ensure proper documentation and maintenance of records.

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: Floris For 4 & 5 Mar 96

To: FMO

Remarks/Action.

PL 06/3

Med Ops

Yale 06/03/96

Med Log

CH 7/3

FHO

SO Med

Please initial and date when action complete then pass quickly



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/37
MED 079/95

To: SUMMO

Info: PROCUREMENT SECTION

From: G 4 Med

Date: 5 Mar 96

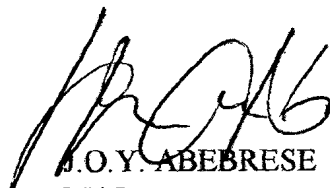
Subject: REQUISITION LOG 20490 - P.O. MIR 6 - 2160
CHARGER / DISCHARGER UNIT FOR DEFIBRILATOR

Reference:

A. MED 26/96 dated 17 Jan 96.

1 With the imminent closure of the mission on 8 March 96, and the undue delay in the delivery of the said item, it is please advised that a requisition be raised to cancel mentioned subject.

2 Please accept for further action.


J.O.Y. ABBEBRESE
MAJ.
G 4 MED



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/16/FMO
MED: 080/96

To: DCOS/OPS

**Info: HAC
STO**


From: FMO

Date: 05 Mar 96

Subject: NORMED HUMANITARIAN ACTIVITIES - 26 FEB-03 MAR 96

1 Humanitarian activities rendered by NORMED staff for the period 26 Feb to 03 Mar 96 is forwarded under cover of this letter for your information and appropriate action.

2. Please acknowledge receipt.


YD GUNAT
Lt Cdr
G3 Med Ops

UNITED NATIONS



NATIONS UNIES

ASSISTANT'S MISSION FOR RWANDA

MISSION FOR ASSISTANT'S AU RWANDA

UNAMIR - KIGALI

*Pule over
S. Indira*

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

ATT. : MED. BRANCH, UNAMIR HQ
FAX : No. 11278
FROM: HEAD NURSE, NORMED
DATE : 4th March 1996

WEEKLY REPORT HUMANITARIAN WORK 26.2. - 3.3.96 NORMED HOSPITAL

Centre des Jeunes, Gatenga

1 MD and 1 nurse did medical consultations.

Mother Theresa Orphanage, Kigali

1 MD and 2 nurses did medical consultations.

Yatima Orphanage, Kigali

1 MD, 2 nurses and one paramedic visited the orphanage. They measured for mosquitonet for windows, bought mothermilk replacement and mosquito repellent spray. In their spare time next day they put up mosquitonet on windows and doors.

Jesus Alive Orphanage, Gitarama

3 nurses went there to assess the condition of the children.

Kigali Central Hospital

1 surgeon assisted in OT two days.

2 nurses went two days to do wound dressings and participate in doctors visit.

Amidor Orphanage, Kigali

1 MD and 2 nurses did medical consultations of 5 children. The "Mama" also got some treatment. Refrigerator was fixed, milk powder bought and delivered.

St. Xypéry Orphanage, Kigali

1 MD and 2 nurses did medical consultations of 10 orphans.



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/42

MED 076/96

To: MR MICHAEL HANER
OCISS

From: G 4 MED

Date: 4 MAR 96

Subject: UNAMIR WEEKLY LOGREP

Reference:

A. FOD LCS INSTR OZ/94 DATED 9 APR 94.

5. MEDICAL

500. GENERAL

500.1 AWAITING DISPOSAL INSTRUCTIONS ON LIST OF DRUGS AND OTHER
MEDICAL CONSUMABLES IN UNAMIR WAREHOUSE SENT TO MEDICAL
ADVISER DPKO UNHQ - NEW YORK.

A handwritten signature in black ink, appearing to read 'J.O.Y. ABEFRESE', written over the typed name.

J.O.Y. ABEFRESE
MAJ.
G 4 MED

IN 212-9633082 Hmmb/

UNITED NATIONS



NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/25/FMO

MED: 075/96

To: MR PAUL MCNEILL
CHIEF FINANCE OFFICER

From: MAJ R KAK
FMO

Date: 01 Mar 96

Subject: MISCELLANEOUS MEDICAL OBLIGATIONS - 5TH MANDATE

References:

- A. MED 11/96 dated 12 January 1996.
- B. Conversation FMO/Budget Assistant dated 01 Mar 96.

1. With respect to the above references, and in view of the fact that medical budget is unpredictable, the following are given as approximate estimates of allotment to medical for the fifth mandate:

a.	01 Jan-08 Mar 96	-	\$ 50,000.00
b.	09 Mar -19 Apr 96	- - -	25,000.00
c.	MEDIVAC to Nairobi	- - -	25,000.00
	Total	- - - - -	<u>\$100,000.00</u>

2. Para 1.c above is necessary because NORMED will cease operation on 25 Mar 96 and all medical emergencies requiring level 3 and above medical care will have to be evacuated to Nairobi Hospital.

3. Best regards

01/03/96

02/01/96

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No *Free435 For 27-28 Dec 55*

To I MO Remarks/Action *MMJ 29/12/95*

Med Ops *YHU 29/12/95*

Med Log *Call 29/12*

HIO

SO Med



UNAMIR - MINUAR


HQ UNAMIR MED BR
FILE: 4000.4/1/FMO
MED: 2059/95

To: UNAMIR HQ (OPS)

From: FMO

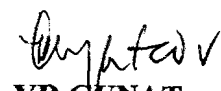

Date: 28 Dec 95

Subject: WARNING ORDER

 Reference:

A. 3000.15(OPS) dtd 28 Dec 95.

Receipt is acknowledged of reference A and its attachments.


 **YD GUNAT**
Lt Cdr
for FMO



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.0/16/FMO

MED: 2058/95

To: DCOS/OPS

From: FMO

Date: 28 Dec 95

Subject: **NORMED HUMANITARIAN ACTIVITIES - 18-24 DEC 95**

Reference:

C A. Your 3000.15(Ops) dtd 12 Oct 95.

1. Please find attached subject Returns carried out by Normed Medical Staff for the period 18-24 December, 1995.
2. Submitted for your necessary action.

A handwritten signature in black ink, appearing to read 'P Von Bulow', written over a horizontal line.

P Von Bulow
Major
for FMO

UNITED NATIONS



NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - NORTAL

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

TO: MEDICAL BRANCH
ATTN: MAJ. VON BULOW.
FROM: MAJ. RN. MAMZA. NORMED FORCE MED UNIT.
DATE: 26. DEC. 1995.

SUBJECT: WEEKLY RETURNS ON HUMANITARIAN SERVICES.

Listed below are the humanitarian services carried on by Normed Medical Staff from 18-24 Dec.95.

- (a) 18 Dec 95. - Two nurses and one doctor were at Mother Thresa orphanage for consultation and treatment. 30 patien is were treated.
- (b) 19 Dec 95. - One nurse went to Mother Theresa to deliver medicaments to them.
 - Four nurses were at CHK and dressed the wounds of 15 patients.
 - The anaesthetic nurse and one ICU nurses were at CHK operating theatre and in the ICU ward for the whole day. Four patients were operated upon.
- (c) 20 Dec 95. - The anaesthetic nurse was at CHK operating theatre and anaesthetized 2 patients for operation.
 - Four nurses were at Jesus Alive orphanage and did the dressings of 15 children and after sang and danced for the children.
- (d) 21 Dec 95. - Three nurses were at CHK wards for dressing of wounds of 13 patients.
 - The anaesthetic nurse was at CHK to anaesthetize one patients for operation.
- (e) 23 Dec 95. - One doc. and one nurses in the anaesthetic were at CHL anaestheti sepv. disenssing the Norwegian anaesthesia training programme with the Rwandase nurse. The detail of the Nowegian nurse anaesthesia programme would be for warded to then soon from Norway.

Thanks.


RN MAMZA
MAJOR
NORMED



UNAMIR- MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/42
MED 2057/95

To: MR MICHAEL HANER
OCISS

From: FMO

Date: 27 DEC 95

Subject: UNAMIR WEEKLY LOGREP

Reference:

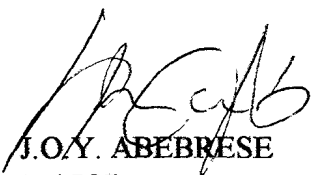
A FOD LCS INSTR OZ/94 DATED 9 APR 94.

5. MEDICAL

500. GENERAL

500.1 REQUISITION # LOGHQ-20483 HAS BEEN RAISED ON IOR BASIS FOR THE SUPPLY OF CRITICAL MEDICAL COSUMABLES AS A MATTER OF URGENCY

500.2 A REQUEST FOR APPROVAL OF PROCUREMENT OF CLASS VIII MEDICAL SUPPLIES FOR HUMANITARIAN MEDICAL SUPPORT HAS BEEN SUBMITTED TO CAO.


J.O.Y. ABBEBRESE
MAJOR
FOR FMO

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. *Route Form 31-33 Dec 55*

To	IMO	Remarks/Action
Med Ops		<i>MM 23/12/95</i>
Med Log		<i>File 23/12/95</i>
IMO		<i>Call 26/12</i>
SO Med		<i>MM 26 Dec 95</i>

Please initial and date when action complete then pass quickly



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/41
MED 2056/95

To: CAO
CISS

Info: Mr Joe Lombardo
Special Task Officer

From: FMO


Date: 22 DEC 95

Subject: PROCUREMENT OF CLASS VIII MEDICAL SUPPLIES FOR
HUMANITARIAN MEDICAL SUPPORT

1 Urgent approval is requested to authorise expenditure of about USD 50,000.00 for humanitarian medical supplies as detailed at the enclosure. These Class VIII consumables are required for level one medical support under the 5th Mandate. It is proposed that the supplies be procured from PSF to cut down cost if feasible.

2 Please note that the level one medical facilities will assume new responsibilities of providing assistance to returnees and displaced persons in the event of mass voluntary repatriation as well as continuing present humanitarian activities.

3 Submitted for your consideration and prompt action please.


J.O.Y. ABEBRESE
Major
for FMO

Enclosure:

1 List of Humanitarian medical supplies.

ITEMS FOR PURCHASE FOR
HUMANITARIAN USE

To be issued to Named Hospital

ITEM NO	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT	REMARKS
1	ACETYL SALICYLIC ACID 300MG.1000'S	5	TIN	
2	ACETYL SALICYLIC ACID 80MG.1000'S	5	TIN	
4	ASCORBIC ACID 250MG 1000'S	21	TIN	
	FOLIC ACID 5 MG. 1000'S	12	TIN	
6	NALIDIXIC ACID 500 MG.1000'S	10	TIN	
7	ALUMINIUM HYDROXYDE 500 MG.1000'S	40	TIN	
9	AMPICILLINE 250 MG. 1000 CAPS	20	TIN	
10	AMPICILLINE SYRUP 125 MG/5ML 100 ML	400	BT	
13	AMOXILLINE SYRUP 125 MG.100ML	400	BT	
14	HYOSCINE SYRUP 10 MG. 1000'S	17	TIN	
15	CHLORAMPHENICOL 250 MG. 1000 CAPS	12	TIN	
16	CHLORIQUNE BASE 100 MG. 1000'S	11	TIN	
17	CHLORIQUNE BASE 150 MG. 1000'S	16	TIN	
18	CHLORIQUNE BASE 50 MG/ML 5L SYRUP	2	BT	
19	COTRIMOXAZOLE 400MG+80MG.1000'S	2	TIN	
20	COTRIMOXAZOLE 100MG+20MG.1000'S	15	TIN	
21	COTRIMOXAZOLE 240MG/5ML 1000'S	40	TIN	
22	FEROUS SULFATE+ACID FOLIC 200+25MG.1000'S	15	TIN	
23	FUROSEMIDE 40MG.1000'S	3	TIN	
24	INDOMETACINE 25MG.1000'S	12	TIN	
26	MEBENDAZOLE 100MG.1000'S	24	TIN	
27	METRONIDAZOLE 250MG.1000'S	24	TIN	
28	METHYDOPA 250MG.1000'S	2	TIN	
29	MULTIVITAMINES.1000'S	11	TIN	
32	PARACETAMOL 100MG.1000'S	16	TIN	
33	PARACETAMOL 120MG/5ML 60ML SYRUP	300	BT	
34	PENECILLINE V 250MG.1000'S	4	TIN	
36	PREDNISOLONE 5MG.1000'S	6	TIN	
37	PROBENICIDE 500MG.500'S	6	TIN	
38	PROMETHAZINE 25MG.1000'S	6	TIN	
39	QUININE 300MG. 1000'S	24	TIN	
40	RETINOL 200.000 UI.1000'S	10	TIN	
41	SULFADOXINE+PYRIMETHAMINE 500+25MG.1000'S	14	TIN	
42	TETRACYCLINE 250MG.1000 CAPS	15	TIN	
43	VITAMIN B1 250MG.1000'S	4	TIN	
44	VITAMIN B6 50MG.100'S	40	TIN	
48	AMPICILLINE INJ.500MG/1ML	400	AMP	
49	ATROPINE SULFATE 1MG/1ML	300	AMP	



UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 749 Kigali, Rwanda
Tel: 212-963-3090 Fax: 212-963-3090
TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 22 DECEMBER, 1995
TO: HOCINE MEDILI DPKO DIRECTOR, FALD/DPKO ATTN: DR DECKNER	FROM: WILLIAM CLIVE A/CAO, UNAMIR KIGALI, RWANDA <i>[Signature]</i>
FAX : 212-963-2116	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: ABSENCE OF SURGEON FROM NORMED HOSPITAL	

1. It has been brought to my attention by Maj ME Fensom, UNAMIR Force Medical Officer, that the only Surgeon Doctor Kristiansen is scheduled to depart RWANDA on 30 Dec 95.
2. It is also learned that there will be no replacement for about two weeks. This means that the hospital will function for two weeks without the services of a surgeon.
3. You are no doubt aware of the risks patients needing emergency surgery will be exposed to in the interim.
4. I should draw your attention to the fact that the Letter of Assistance (LOA) between the UN and the Norwegian Government provides for one (1) general surgeon at all times. This is definite in the final manpower establishment for NORMED. The absence of a surgeon at the hospital at anytime is therefore in violation of this understanding between the UN and NORMED. I should further point out to you that NORMED will be held liable for any incident that may occur as a result of the absence of a surgeon in the hospital.
5. I request your assistance in emphasizing to the Norwegian Refugee Council the seriousness of this breach of contract and their obligation to take suitable steps to provide this essential service.

DRAFTED BY: MAJ ME FENSOM (FMO)	CLEARED BY: <i>[Signature]</i> ^{hfcdr} <i>[Signature]</i> ^{for imo}
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 1	



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/5/1/FMO
MED: 2053/95

To: A/DCOS SP

From: MAJ ME FENSOM
FMO

M Fensom

Date: 21 Dec 95

Subject: VEHICLE REQUIREMENT - NORMED

References:

- A. Conv FMO/DCOS Sp 20 Dec 95.
- B. Memo CISS/FMO (attached).
- C. Telecon CISS/FMO 19 Dec 95.

1. As per Ref A, allocation of vehicles to NORMED as a contingent should be the responsibility of DCOS Sp.
2. As per Ref B, CISS is willing to consider allocating vehicles available through the civilian pool.
3. DCOS Sp has indicated he supports the requirement as stated in Ref B.
4. Your assistance in obtaining these vehicles for NORMED through whichever channel is appropriate would be appreciated.



UNAMIR - MINUAR


HQ UNAMIR MED BR
FILE. 4000 4/5/1
MED 2050/95


To: CISS
Thru: FMO
From: NORMED
Date: 19 Dec 95
Subject: VEHICLE REQUIREMENT - NORMED

Reference:

A Telecon CISS / FMO on 19 Dec 95.

- 1 As discussed at reference, initial allocation of 2 vehicles to NORMED envisioned humanitarian work largely confined to a single hospital location.
- 2 In fact, humanitarian medical work is now spread out amongst several orphanage locations as well as 3 hospitals. Present lack of vehicle availability is a continuing problem.
- 3 Staff have been managing by borrowing vehicles on a regular basis but this is less than satisfactory, particularly considering difficulties in scheduling time available for medical staff.
- 4 I recommend the addition of two vehicles to the NORMED allocation.
- 5 Thank you for your anticipated co-operation in this matter.


M E FENSOM
Major
Force Medical Officer



UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/10/FMO

MED: 2055/95

To: G3 OPS

From: MAJ ME FENSOM
FMO

A handwritten signature in cursive script, appearing to read 'ME Fensom', written over the typed name.

Date: 21 Dec 95

Subject: FMO POINTS FOR FC CONFERENCE

Medical support for extended mandate. LOA with Norway has been recommended for approval until end March 96 for 26 pers (present strength 27). Coverage from end March to final closure will be via RAP resources, medical evacuation team and standby aircraft as outlined in closure plan.



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/36
MED 2054/95

To: CISS

From: FMO

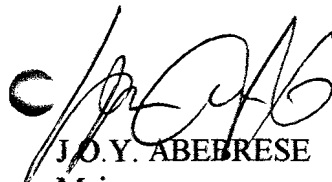
Date: 21 Dec 95

Subject: AMENDMENT TO REQUISITION # LOGHQ-20315 AMD 3

1 The amount obligated to mentioned Requisition to cover the extension of the open ended contract for the provision of ophthalmic services to UNAMIR Personnel up to 8 Dec 95 has been exhausted.

2 It is therefore advised that a requisition be raised to obligate an amount of 1,500,000 RWF to amend the said requisition to cover the current mandate.

3 Submitted for your action please.


J.O.Y. ABEBRESE
Major.
for FMO

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. *24145 101 20 230 58*

To	1 MO	Remarks/Action
Med Ops		<i>MM 21/12/95.</i>
Med Log		<i>File 21/12/95.</i>
HHO		<i>Chd 22/12</i>
NO Med		

Please initial and date when action complete then pass quickly



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/16/FMO
MED: 2052/95


To: DCOS/OPS

From: FMO

Date: 20 Dec 95

Subject: NORMED HUMANITARIAN ACTIVITIES - 11-17 DEC 95

1. Attached for your information and action as appropriate is a copy on above from NORMED.
2. Kindly acknowledge.


YD GUNAT
Lt Cdr
for FMO

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

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

TO: MEDICAL BRANCH.
ATTN: MAJ. VON BULOW.
FROM: MAJ. RN. MAMZA. NORMED FORCE MED UNIT.
DATE: 18. DEC. 1995.

SUBJECT: WEEKLY RETURNS ON HUMANITARIAN SERVICES.

Listed below are the humanitarian services carried on by Normed Medical Staff from 11-17 Dec. 95.

- (a) 11 Dec 95. - Two nurses were at Kibungo Mother Theresa to deliver (donate) medicines to the orphanage.
- (b) 12 Dec 95. - One doctor was at Kigali Mother Theresa for consultation and treated 30 patients.
- Four nurses were at CHK and dressed the wounds of 13 patients.
- The anaesthetic nurse and 2 ICU nurses were at CHK. Four pts. were anaesthetised for operation and also cared for by the ICU nurses.
- One doctor and 2 nurses were at Gitanga Youth Centre and treated about 45 patients.
- (c) 13 Dec 95. - One doctor and one nurses were at Owiza Returnee Camp for consultation and treatment of 15 patients.
- Three nurses were at Jesus Alive orphanage dressing the wounds of 12 patients. And there after sang and danced for the children.
- Two ICU nurses and one anaesthetic nurse were at CHK operating theatre and recovery room. Four patients were operated on.
- One doctor and one nurses were at Renesero health Centre for consultation and treatment of about 50 patients.
- (d) 14 Dec 95. - Three nurses were at CHK wards for dressing of wounds of 16 patients.
- The anaesthetic nurse and the 2 ICU nurses were at CHK. Three patients were operated on and cared for by the ICU nurses.

- One doctor and one nurse were at Yatima orphanage for the first time to assess their health needs, and a report would soon be ready on that.
- One doctor and 2 nurses were at Jesus Alive orphanage for consultations and treatment of patients.

(e)16 Dec 95. -One doctor went to Yiatanga orphanage to supply them with drugs and bandages.

Thanks.


RN MAMEA
MAJOR
NORMED

I



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/37
MED 2051/95

To: CISS

From: FMO


Date: 20 Dec 95

Subject: REQUEST FOR URGENT SUPPLY OF CRITICAL MEDICAL
CONSUMABLES

1 The listed items attached are all critical level 2 / 3 medical and lab reagents requirements the purchase of which has been held up pending a mandate decision.

2 They are all needed immediately and must be obtained by local purchase in order to expedite timings

3 Your urgent attention to this matter would be greatly appreciated.


J.O.Y. ABEBRESE
Major
For FMO.

SRL	ITEM	UOI	QTY
1	Pregnancy test kit (20 tests) for urine (CLEAR VIEW or similar)	BX	1
2	SUDS HIV 1/2 test kit (30 tests) MUREX	BX	2
3	GGT for REFLOTRON (30 tests) stick-tests	BX	1
4	Hydrogen peroxide solution 30% 5 ml	ML	5000
5	RAPIFEN (alfentanilhydrochloride) 0.5mg/ml (2 ml x5)	BT	20
6	FURAMIDE tablets (Diloxanide furoate 500mg)	EA	1000
7	METRONIDAZOLE tablets 400mg	EA	3000
8	Medicine containers w/cap or screw cap approx. 50ml	EA	2500
9	Zovirax eye ointment (Aciclovir) 3% 4.5g	TU	10
10	Zovirax tablets 800mg	EA	175
11	Diprivan 10mg / ml (20ml x 5)	BT	40
12	Microscope slides washed and polished - frosted end 26 x76mm/ca 1mm	PCS	1000
13	Fentanyl 50mcg 1ml (LEPTANAL) 10ml amp	BT	80
14	Isoptin tabs 40mg	EA	100
15	Canesten cream (Clotrimazole 10mg)	TU	100
16	Multivitamin tablets	EA	5000
17	Aluminium hydroxide tabs 500mg	EA	2000
18	Ceftriaxone 0,25g (Rocephin) for 1ml injection	VI	20
19	Ibuprofen 400mg tabs	EA	5000
20	Tube gauze size 00	EA	5
21	Tube gauze size 01	BX	5
22	Ranitidin tablets 150mg	EA	1000
23	Cimetidine tablets 400mg	EA	1000
24	Sudafed expectorant 100ml (cough syrup)	BT	100
25	Sulphacetamide sodium eye drop 10%	BT	25
26	Sulphacetamide sodium ointment 2,5%	TU	25
27	Polymyxin B sulphate eye drop	BT	25
28	Wooden tongue-depressor	EA	5000
29	Cotton tip applicator , sterile	EA	200
30	Stretch bandage (Kling woven, white) 7,5cm x 3,7m	EA	80
31	Penicillin tablets 500mg	EA	5000
32	Captopril 25mg tablets	EA	500
33	Atenolol 50mg tablets	EA	400
34	Quinine D. hydrochloride injection 600mg in 2ml	VI	1000
35	Quinine tablets 250mg	EA	2000
36	Naproxane tablets 250mg	EA	1000

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/1
MED: 1075/95

To: MILOBS DUTY ROOM
From: FMO
Date: 20 Dec 95
Subject: RADIO CALL SIGN DURING CASEVAC

1. It has been observed that on several occasions the Duty Officer at MILOBS HQ calls M 9 when there is need for CASEVAC.
2. It has earlier been communicated to Charley Zero that in case of any CASEVAC request during and after working hours M 93 is to be called.
3. Attached again is the UNAMIR CASEVAC procedure which was once forwarded to the MILOBS Duty Room. Please pace this information for your appropriate referral.
4. Best regards.

Y D GUNAT
Y D GUNAT
LTCDR
for FMO

Copy:

DCMO
CMPO
OPS ROOM
File

12/20/95

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UNAMIR.

ANNEX D

YDG/MILOB3

DATED DEC 95

UNAMIR CASEVAC PROCEDURES.

Reference:

A SOP 640/1/4 dated 6 Apr 95 (Part 7, Section 5).

C The following steps are to be taken in case of request for casualty evacuati

SER.	ORDER OF ACTIONS	REMARKS
1	All requests for cas. evacuation to through UNAMIR Ops Duty Officer (DO).	DO to get relevant details about cas as per CASEVAC Request Form.
2	Medical branch to be informed immediately via call sign M93 chanel 4 or LL Ext 11116 or 11115	Based on priority of the cas state Med branch: a. Determines the suitable route of evacuation. b. Gets medical facilities and AME ready. c. Advises on the treatment of cas. while at LZ or on route d. Decides and inform the appropriate Receiving Medical Unit (Hosp.).
3	Air Ops is informed when AME is considered suitable.	This is done immediately by the DO or Med. Branch.
4	DO is to inform casualty's unit (or location) when the Heli. is airborne from Kigali Airport.	Unit to provide security and visible mark(s) at LZ.
5	Casualty's unit tasked to inform DO when Heli. arrives LZ and when the Heli. is airborne fom the LZ.	
6	Medical branch is to inform the appropriate Receiving Medical Unit(Hosp.) about ETA of the Heli.	
7	Receiving Medical Unit is to inform the Medical branch about the patient's prognosis and general management.	

LEADER
CS MEDICAL

12/07/95

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No *Boats for 19 Dec 95*

To IMO

Remarks/Action

ML 20/12/95

Med Ops

Med Log

IMO

SO Med

July 20/12/95
Feb 22/12

Please initial and date when action complete then pass quickly

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UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 4000.4/8/FMO

MED: 2049/95

To: **RMO MALICOY**
RMO MALAWICOY

From: **FMO**

Date: **19 Dec 95**

Subject: **MEDICAL CERTIFICATES**

1. The lastname, first name and initials, rank, UNID Number, position held and date of arrival and departure is required for all Malicoy medical staff as soon as possible.
2. The only information still required for Malawicoy medical staff is the arrival and departure date.
3. The above informaton is required so that UNAMIR MED BR can prepare Medical Service Diplomas for your medical personnel.

A handwritten signature in black ink, appearing to read 'R Rankin', written in a cursive style.

R RANKIN

MWO

for FMO

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UNAMIR - MINUAR

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A handwritten signature in cursive script, appearing to read "R Rankin".

R RANKIN

MWO
for FMO



UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1
MED 2050/95

To: CISS

Thru: FMO

From: NORMED

Date: 19 Dec 95

Subject: VEHICLE REQUIREMENT - NORMED

Reference:

A Telecon CISS / FMO on 19 Dec 95.

- 1 As discussed at reference, initial allocation of 2 vehicles to NORMED envisioned humanitarian work largely confined to a single hospital location.
- 2 In fact, humanitarian medical work is now spread out amongst several orphanage locations as well as 3 hospitals. Present lack of vehicle availability is a continuing problem.
- 3 Staff have been managing by borrowing vehicles on a regular basis but this is less than satisfactory, particularly considering difficulties in scheduling time available for medical staff.
- 4 I recommend the addition of two vehicles to the NORMED allocation.
- 5 Thank you for your anticipated co-operation in this matter.

M E Fensom
M E FENSOM
Major
Force Medical Officer

COMMUNICATIONS SECTION

12/1995