

EXECUTIVE SUMMARY

COMBINED CIVILIAN CASUALTY (CIVCAS) ASSESSMENT OF AN AIRSTRIKE ON A MEDICAL FACILITY IN KUNDUZ CITY ON 03 OCTOBER 2015

DATE: November 2015

1. Pursuant to GIRoA Presidential Decree and Commander Resolute Support Letter of Appointment, the NATO and Afghan Combined Civilian Casualty Assessment Team (CCAT), comprising representatives of NATO and GIRoA, undertook an assessment of the circumstances surrounding an airstrike on a medical facility operated by Médecins Sans Frontières (MSF) in Kunduz City on 3 October 2015.
2. The purpose of the CCAT assessment was to establish the facts of the incident and determine whether the allegations of civilian casualties can be substantiated. The CCAT focused on operational matters and was authorised to make recommendations on NATO and GIRoA reviews of relevant directives or procedures and on the need for investigations into issues that fall within national jurisdiction. The CCAT was not authorised to determine accountability.

KEY FINDINGS

3. Key findings of the CCAT include:
 - a. The CIVCAS allegation is substantiated. The CCAT found evidence of the deaths of at least 31 civilians and injuries to 26 civilians as a direct result of the airstrike at the MSF medical facility in Kunduz City on 3 October 2015, and determined that it was likely other civilians were killed or injured.
 - b. The CCAT found no evidence that the US Special Forces unit commander (USSF Commander) or the USAF AC-130 aircrew knew the compound targeted was a medical facility when the attack was authorised and undertaken.
 - c. The CCAT found no evidence that the Kunduz City MSF medical facility (MSF medical facility) was deliberately targeted as a hospital by Resolute Support or ANDSF forces.
 - d. The CCAT has found no evidence that key commanders involved in the operation, including the KKA company commanders and the AC-130 aircrew, had access to a No Strike List identifying the location of the MSF medical facility. It is unclear whether the USSF Commander had the grid coordinates for the MSF medical facility available to him at the time he authorised the airstrike. The maps used by the USSF Commander did not label the MSF compound as a medical facility.
 - e. On the evidence available to the CCAT, the misidentification of the MSF compound and its subsequent engagement resulted from a series of human errors, compounded by failures of process and procedure, and malfunctions of technical equipment which restricted the situational awareness of those Resolute Support forces supporting ASSF operations.

BACKGROUND

4. On 29 September 2015 as security in Kunduz City deteriorated, MSF sent GPS coordinates for its medical facilities in Kunduz City to Resolute Support Headquarters and the GIRoA, through multiple channels. Notwithstanding widespread distribution among relevant subordinate commands and higher ANDSF headquarters, this mission critical information was not received by the AC-130 aircrew, or ASSF commanders. It is unclear whether the USSF Commander had the grid coordinates of the MSF medical facility available to him at the time he authorised the airstrike.
5. On 2 October 2015, members of ASSF advised the USSF Commander that an ASSF ground assault force from Camp Pamir would raid a National Directorate of Security (NDS) compound in Kunduz City that night. The NDS compound was identified by the ASSF as an insurgent command and control node.

6. In the lead up to the raid, a USAF AC-130 on station over Kunduz City made concerted efforts to locate the NDS compound, in order to provide close air support for the ASSF ground assault force. In mistakenly identifying the MSF medical facility, the aircrew relied on a physical description of the target compound provided by the ASSF which more closely matched the MSF medical facility than the intended target – the NDS compound.

7. Other contributing factors to the misidentification of the MSF compound include that the maps used by the USSF Commander did not label the MSF compound as containing a medical facility; and that the MSF medical facility was not marked so as to distinguish it as a protected medical establishment.

8. Having located what they believed to be the correct target, the AC-130 aircrew received authorisation from the USSF Commander to engage the compound now known to be the MSF medical facility. The timing of and rationale for the authorisation for the airstrike is a matter that the CCAT has recommended be referred to USFOR-A for further investigation. The AC-130 engaged the target compound with 105mm, 40mm, and 25mm rounds.

9. During the engagement, the MSF Country Director contacted key Resolute Support personnel to advise that the Kunduz City MSF medical facility was being 'bombed' from the air. Approximately 25 minutes into the engagement, the USSF Commander was informed by his higher headquarters that a MSF medical facility in Kunduz City was under fire. He immediately instructed the AC-130 (via the Joint Terminal Attack Controller) to cease firing on the compound.

KEY RECOMMENDATIONS

10. Key recommendations of the CCAT include:

- a. That further investigations are undertaken by USFOR-A to clarify the events of 3 October 2015 and to determine the full extent to which US forces and ASSF forces caused or contributed to the airstrike. This investigation should also be directed at the potential accountability of individuals for their actions.
- b. In the immediate term, COM RS direct the review of Resolute Support mission systems, practices and procedures for the acknowledgement and distribution throughout the chain of command of objects included on any No Strike List.
- c. GIRoA direct the review of systems, practices and procedures for the acknowledgement and distribution throughout the ANDSF of protected objects including the management of any No Strike List.
- d. COM RS direct the review of existing Resolute Support operational authorities to confirm they meet the strategic intent and provide clear and unambiguous guidance to tactical commanders on their authority to engage targets in support of ANDSF.
- e. GIRoA direct the review of ANDSF targeting and engagement authorities to confirm they reflect GIRoA intent and provide clear and unambiguous guidance to tactical commanders on their authority to undertake targeted security operations.
- f. USFOR-A, in consultation with GIRoA and MSF, develop and implement a framework for the identification and compensation of persons affected by the airstrike, including wounded civilians and the families of deceased civilians.



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