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**STATEMENT ON THE KUNDUZ MSF HOSPITAL INVESTIGATION**

*The following is a statement by General John F. Campbell, Commander, Resolute Support and U.S. Forces - Afghanistan given on November 25<sup>th</sup>, 2015, at Resolute Support headquarters, Kabul, Afghanistan.*

I received the report of the US national investigation into the strike on the Doctors Without Borders (MSF) Trauma Center in Kunduz City, Afghanistan, on October 3, 2015. Let me start by offering my sincere condolences to the victims of this devastating event. No nation does more to prevent civilian casualties than the United States, but we failed to meet our own high standards on October 3rd. This was a tragic, but avoidable accident caused primarily by human error.

It was important that the officers investigating the incident have the requisite seniority and independence to conduct a thorough and unbiased inquiry. For that reason, I requested an outside investigative team. USCENTCOM supported my request, and sent an Army major general independent of U.S. Forces-Afghanistan to lead the investigation, assisted by two brigadier generals – one from the Army and one from the Air Force – also from outside my command. The report included specific findings relating to systems, processes and personnel and I have already approved some of the findings and recommendations. Based on the recommendations, I have already directed some immediate changes to ensure we learn and apply the right lessons from this incident.

In addition to the US national investigation, the NATO and Afghan-partnered Combined Civilian Casualty Assessment Team (CCAT) also conducted an investigation. The findings of both reports were generally consistent. I have personally briefed the NATO Secretary General, Gen Breedlove (SACEUR), President Ghani and Dr. Abdullah on the results of the CCAT. NATO will release the CCAT report in the coming days. Also, earlier today, I briefed MSF on the results of the US national and CCAT investigations.

Recommendations dealing with systems and processes will be managed within this command and adopted consistent with current operations. Matters regarding individual accountability will be managed in accordance with standard military justice and administrative practices for joint commands. I have decided to refer some of the recommendations to the commander, US SOCOM for his review and action as appropriate. I won't discuss individual cases because our system requires fairness and

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the discretion of individual decision makers. I can tell you that those individuals most closely associated with the incident have been suspended from their duties, pending consideration and disposition of administrative and disciplinary matters. Because I am still in the process of reviewing the investigating officer's report, I will defer any questions today to my spokesman, Brigadier General Shoffner.

That said, I am able to provide an accounting of the events on October 3, 2015.

The report determined that the U.S. strike upon the MSF Trauma Center in Kunduz City, Afghanistan, was the direct result of human error, compounded by systems and procedural failures. **The U.S. forces directly involved in this incident did not know the targeted compound was the MSF Trauma Center.** The medical facility was misidentified as a target by U.S personnel who believed they were striking a different building several hundred meters away where there were reports of combatants. The report also determined that the personnel who requested the strike, and those who executed it from the air, did not undertake appropriate measures to verify that the facility was a legitimate military target.

It's important to place the events leading up to this tragic incident in context. On the evening of September 27, 2015, Kunduz City was suddenly attacked by a significant force of Taliban and associated insurgents. By the evening of September 28, local Afghan forces quickly withdrew leaving the Taliban in control of most of the city. On September 29, MSF sent the coordinates of their Trauma Center in Kunduz to multiple recipients within the U.S. and NATO chains of command. Those coordinates were received and distributed by this headquarters to subordinate headquarters.

United States Special Operations Forces (SOF) and their Afghan counterparts were rapidly deployed to a camp adjacent to the Kunduz Airfield, in the early morning on September 29. By that evening they were forced to defend the Kunduz Airfield from a Taliban attack. U.S. SOF maintained defensive positions at the airfield throughout the night until the early morning on September 30. Later that day, U.S. SOF and their Afghan counterparts moved from the airfield into the city and established themselves in the Provincial Chief of Police (PCOP) compound.

Between the time that the team was established in the PCOP compound and the time of the incident on October 3, U.S. and their Afghan SOF partners repelled heavy and sustained enemy attacks and conducted multiple defensive strikes in Kunduz. By October 3, U.S. SOF had remained at the PCOP compound longer than intended in continued support of Afghan forces. As a result, by the early morning hours of October 3, U.S. SOF at the PCOP Compound had been engaged in heavy fighting for nearly five consecutive days and nights.

During the evening of October 2, the Afghan SOF advised the U.S. SOF commander that they intended to conduct a clearing operation that night. This included a former National Directorate of Security (NDS) headquarters they believed was occupied by insurgents. The Afghans requested U.S. close air support as they conducted their



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clearing operation. The U.S. SOF commander agreed to have support on stand-by. He remained at the PCOP compound during the operation and was beyond the visual range of either the NDS headquarters or the MSF Trauma Center, as he monitored the progress of his Afghan counterparts.

The report found that from this point forward, multiple errors occurred that ultimately resulted in the misidentification of, and strike on, the MSF Trauma Center.

First, the AC-130 aircraft designated to provide close air support in Kunduz City launched 69 minutes early in response to a "troops-in-contact" situation. This type of emergency requires an immediate response. But the result was that the aircraft launched without conducting a normal mission brief or securing crucial mission related materials, including the no-strike designations which would have identified the location of the MSF Trauma Center. Because this AC-130 aircraft and crew were ultimately not needed for the initial "troops in contact" mission, they were diverted while in-flight to provide close air support to the U.S. SOF commander in Kunduz.

During the flight, the electronic systems onboard the aircraft malfunctioned, preventing the operation of an essential command and control capability and eliminating the ability of the aircraft to transmit video, send/receive email, or send/receive electronic messages. This is an example of technical failure.

In addition, as the aircraft arrived in the vicinity of Kunduz, the aircrew believed it was targeted by a missile, forcing the aircraft to move away from its normal orbit to an orbit approximately eight miles from the mission area. This degraded the accuracy of certain targeting systems which later contributed to the misidentification of the MSF Trauma Center.

The U.S. SOF commander on the ground, through his Joint Terminal Attack Controller (JTAC), provided the aircraft with the correct coordinates to the NDS headquarters building -- the intended target of the Afghan SOF. But when the aircrew entered the coordinates into their fire control systems, the coordinates correlated to an open field over 300 meters from the NDS headquarters. This happened because the aircraft was several miles beyond its normal orbit and its sensors were degraded at that distance. The Investigating Officer found that the aircrew visually located the closest large building near the open field, which we now know was the MSF Trauma Center. The physical description of the NDS headquarters building provided by the Afghan SOF to the U.S. SOF Commander roughly matched the description of the MSF Trauma Center, as seen by the aircrew. At night, the aircrew was unable to identify any signs of the hospital's protected status.

According to the report, the aircrew concluded, based on the JTAC's description of a large building near the field, that the MSF Trauma Center was the NDS headquarters. Tragically, this misidentification continued throughout the remainder of the operation, even though there were some contradictory indicators. For example, once the aircraft returned to its original orbit, the aircraft's grid location system correctly aligned with the



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NDS facility instead of the open field. However, the crew remained fixated on the physical description of the facility and at that point did not rely on the grid coordinate. Also, the investigators found that the aircrew did not observe hostile activity at the MSF Trauma Center. These are examples of human and procedural errors.

The report determined that as the operation proceeded, the U.S. SOF commander, through the JTAC, requested the aircraft to engage the building that the aircrew mistakenly believed was the NDS headquarters. The report found that, under the circumstances, the U.S. SOF commander lacked the authority to direct the aircrew to engage the facility. The investigation also found that the U.S. SOF commander relied primarily upon information provided by Afghan partners and was unable to adequately distinguish between the NDS Headquarters building and the MSF Trauma Center.

According to the report, one minute prior to firing, the aircrew transmitted to their operational headquarters at Bagram Airfield that they were about to engage the building. They provided the coordinates for the MSF Trauma Center as their target. The headquarters was aware of the coordinates for the MSF Trauma Center and had access to the no-strike list, but did not realize that the grid coordinates for the target matched a location on the no-strike list or that the aircrew was preparing to fire on a hospital. This confusion was exacerbated by the lack of video and electronic communications between the headquarters and the aircraft, caused by the earlier malfunction, and a belief at the headquarters that the force on the ground required air support as a matter of immediate force protection.

The strike began at 2:08 a.m. At 2:20 a.m., a SOF officer at Bagram received a call from MSF advising that their facility was under attack. It took the headquarters and the U.S. Special Operations commander until 2:37 a.m. to realize the fatal mistake. At that time, the AC-130 had already ceased firing. The strike lasted for approximately 29 minutes. This is an example of human and process error.

The investigation found that the strike resulted in the death of 30 staff, patients and assistants, and the injury of 37 others. USFOR-A is currently working hand-in-hand with MSF to identify the injured and the families of those who lost loved ones in order that we may offer appropriate condolences.

Based upon the information learned during the investigation, the report determined that **the proximate cause of this tragedy was the direct result of avoidable human error, compounded by process and equipment failures.**

In addition, the report found that fatigue and a high operational tempo contributed to this tragedy. It also identified failures in systems and processes that, while not the cause of the strike on the MSF Trauma Center, contributed to the incident. These included the loss of electronic communications systems on the aircraft, the nature of the planning and approval process employed during operations in Kunduz City, and the lack of a single system to vet proposed targets against the no-strike list. We have reviewed each of these failures and implemented corrections as appropriate.

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We have learned from this terrible incident. We will also take appropriate administrative and disciplinary action through a process that is fair and thoroughly considers the available evidence. The cornerstone of our military justice system is the independence of decision makers following a thorough investigation such as this one. We will study what went wrong, and take the right steps to prevent it in the future.

As I said in an earlier statement, this was a tragic mistake. U.S. forces would never intentionally strike a hospital or other protected facility. Our deepest condolences go to all of the individuals and families that were affected by this tragic incident.

We will offer our assistance to Doctors Without Borders in rebuilding their hospital in Kunduz. Doctors Without Borders is a respected humanitarian organization that does important life-saving work, not only within Afghanistan, but around the world. Alongside our Afghan partners, we will work to assist and support them in the critical role they play in this country.

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