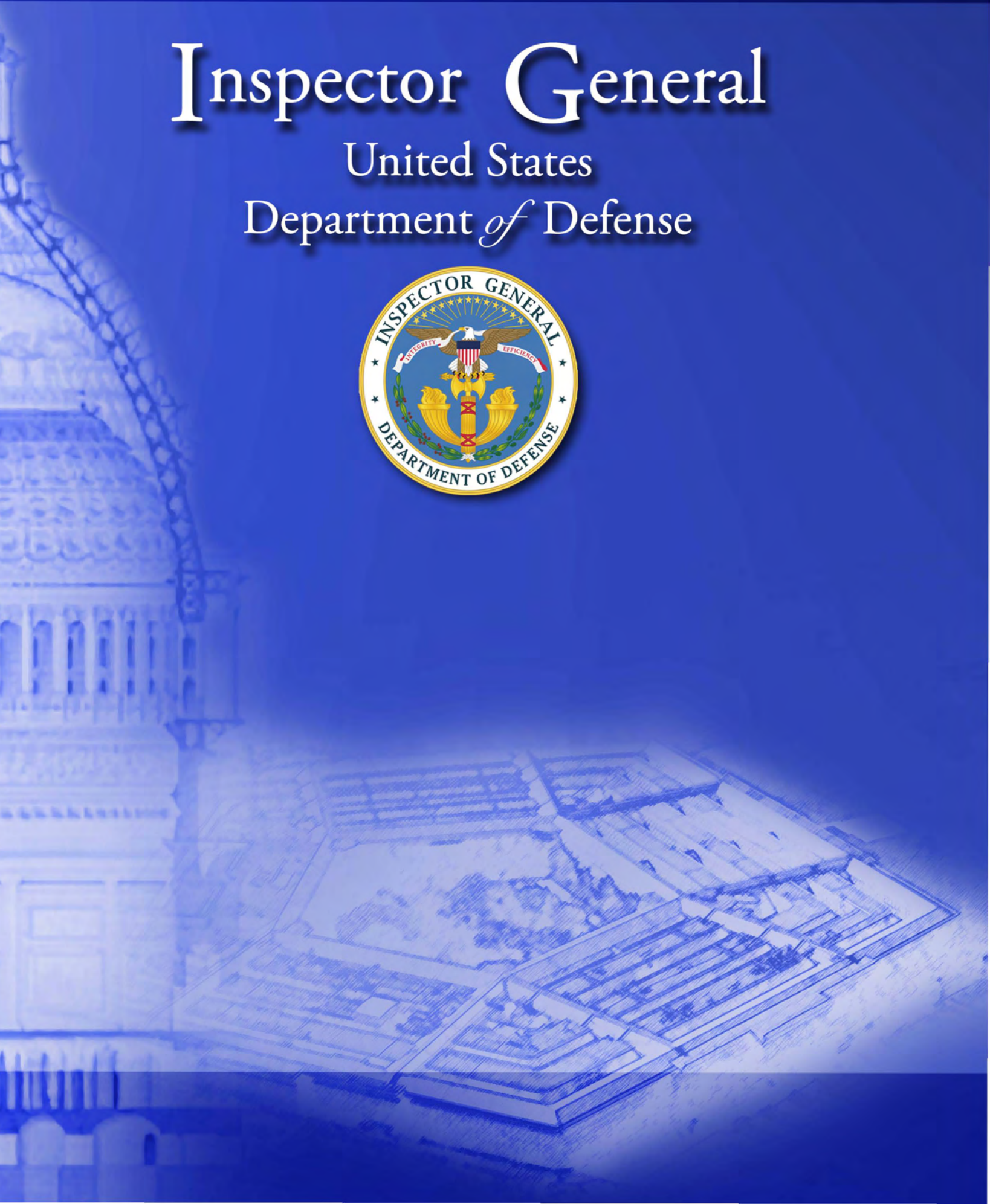


# Inspector General

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October 24, 2008

MEMORANDUM FOR DISTRIBUTION

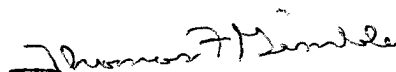
SUBJECT: Report on the Assessment of Arms, Ammunition, and Explosives  
Accountability and Control; Security Assistance; and Sustainment for the  
Afghan National Security Forces (Report No. SPO-2009-001)

We are providing this final report for your information and use. We performed this assessment in response to requests from the Secretary of Defense and the Chairman, Joint Chiefs of Staff.

For purposes of this report, we request the following additional comments and information within 30 days of the report publication date.

- From the Deputy Secretary of Defense, comments on new recommendation W.4.
- From the Under Secretary of Defense for Policy management comments on recommendation H.
- From the Defense Security Cooperation Agency, management comments on recommendations G.3 and G.4.
- From the Joint Staff, comments on new recommendation W.5.
- From USCENTCOM, comments on new recommendation W.1.b and re-directed recommendation W.1.e.
- From the U.S. Air Force, a re-evaluation of their non-concur to recommendation S.2, based on the Assessment Response.
- From the Combined Security Transition Command-Afghanistan, a re-evaluation of their non-concur to recommendations E.1, J.1, P, and U based on the Assessment Response.

We appreciate the courtesies extended to the staff. Questions should be directed to Mr. Kenneth P. Moorefield at (703) 604-8742 (DSN 664-8742) or Mr. Robert M. Murrell (703) 604-9074 (DSN 664-9074). We will provide a formal briefing on the results, if management requests. See Appendix H for the report distribution.

  
Thomas F. Gimble  
Principal Deputy

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ACTIVITY

## Department of Defense Office of Inspector General

Report No. SPO-2009-001

Project No. D2008-D000IG-0141.001

October 24, 2008

### Assessment of Arms, Ammunition, and Explosives Accountability and Control; Security Assistance; and Sustainment for the Afghan National Security Forces

#### Executive Summary

**Who Should Read This Report?** Personnel within the Office of the Secretary of Defense, the Joint Staff, the U.S. Central Command and its subordinate commands in Afghanistan, the Military Departments, and the North Atlantic Treaty Organization-International Security Assistance Force (NATO-ISAF) who are responsible for property accountability and control, the Foreign Military Sales (FMS) program supporting Afghanistan, and the development of the logistics and medical sustainment bases within the Afghan National Security Forces (ANSF) should read this report.

**Background.** The DoD Office of Inspector General performed an assessment of the control and accountability of Arms, Ammunition, and Explosives (we did not include an evaluation of explosives in our assessment) in Iraq in September and October 2007. The results of that assessment and recommendations for corrective actions were published in DoD IG (DoD Inspector General) Report No. SPO-2008-001, "Assessment of the Accountability of Arms and Ammunition Provided to the Security Forces of Iraq," July 3, 2008.

The Inspector General assembled an assessment team in February 2008 to determine the status of the corrective actions being implemented for the accountability and control of arms, ammunition, and explosives being transferred to the Iraq Security Forces.

Before returning to Iraq, the assessment team visited Afghanistan in April, 2008 to assess issues involving the accountability and control of Arms, Ammunition, and Explosives, the responsiveness of U.S. FMS processes supporting ANSF, and the development of logistics sustainment capability for ANSF, to include a related issue on building the Afghan military health care system and its sustainment base.

**Results.** The report's results are separated into four parts: Arms, Ammunition, and Explosives; FMS; Logistics Sustainability; and Medical Sustainability.

**Arms, Ammunition, and Explosives.** The mission of the Arms, Ammunition, and Explosives logistics supply chain is to provide an effective end-to-end system that delivers materiel to the warfighter, while maintaining the security and safety of the materiel and the public. Inherent in this mission is the requirement to implement procedures and mechanisms throughout the supply chain that ensure accountability and control of Arms, Ammunition, and Explosives while enabling mission execution.

However, the assessment team found that the Combined Security Transition Command-Afghanistan (CSTC-A) had not issued implementing instructions or procedures governing the accountability, control, and physical security of Arms, Ammunition, and Explosives the U.S. is supplying to ANSF. Further, CSTC-A had not clearly defined the missions, roles, and responsibilities of U.S. training teams and senior mentors involved in advising ANSF and the Afghan Ministries of Defense and Interior on the accountability, control, and physical security of U.S.-supplied Arms, Ammunition, and Explosives. Moreover, the CSTC-A had not accurately recorded the serial numbers of weapons that were to be issued to ANSF and did not report these serial numbers to the DoD Small Arms Serialization Program.

While the CSTC-A continued to make progress on weapons accountability, they need to issue command policy guidance and implementing instructions or procedures for the accountability, control, and physical security of Arms, Ammunition, and Explosives. Further, it is critical that the CSTC-A develop a formal mentoring strategy with detailed implementing guidance for mentoring ANSF and the Afghan Ministries of Defense and Interior on the accountability, control, and physical security of U.S.-supplied Arms, Ammunition, and Explosives. In addition, the CSTC-A needs to ensure that serial numbers and associated information in its data systems used to track the weapons are accurate, and report the serial number information to the DoD Small Arms Serialization Program.

**Foreign Military Sales.** The FMS program has historically functioned primarily as a peacetime security assistance program. However, the U.S. is using the FMS program as the principal means to equip, expand, and modernize ANSF during wartime conditions. To be successful in executing this strategic decision, the \$7.4 billion FMS program in Afghanistan needs to be fully supportive of the wartime equipping requirements of the CSTC-A and ANSF. Responsive support beyond the norm is essential for rapid ANSF force generation, replacement of combat losses, and force modernization.

Commanders noted that progress has been made in improving the FMS program responsiveness. However, FMS case processing time standards were developed in peacetime and were still inadequate for meeting the wartime train and equip requirements of the CSTC-A and ANSF. Further, the CSTC-A security assistance office was not adequately staffed with sufficient numbers of personnel and those personnel that were assigned did not possess the requisite rank, security assistance skills, and experience required to successfully execute the mission. As a result, the ability of the FMS program and the CSTC-A security assistance office to responsively and effectively accomplish the mission may have been impaired.

A wartime standard for FMS case processing times should be established to support U.S. strategic objectives in Afghanistan. In addition, the number of personnel in the CSTC-A security assistance office and the rank level of its leadership should be increased to be commensurate with the mission, size, and scope of the FMS program in Afghanistan.

**Logistics Sustainability.** The ability of ANSF to operate independently relies on developing adequate logistical support for fielded military and police units. This support includes standardized logistics policies and processes; a logistics organization that is able to procure, receive, store, distribute, maintain, and re-supply its forces; maintenance of a sufficient logistical infrastructure; and support of professional logistics training and

mentoring activities. The CSTC-A has responsibility for helping ANSF build these capabilities and develop logistics sustainability.

However, the various U.S. plans for development of ANSF logistics sustainment were not clearly linked in a single integrated plan, did not provide a time-phased, conditions-based approach for accomplishing end state objectives, and generally did not identify a specific person or office responsible for the execution of specific tasks. Moreover, it was not clear the extent to which the Afghan Ministries of Defense and Interior and ANSF were directly engaged in the process of planning the establishment of their own logistics sustainment base.

There were insufficient numbers of logistics mentors assigned to ANSF. The CSTC-A had not prepared or issued a strategy to its mentors advising the Ministry of Defense, General Staff, and Ministry of Interior logistics organizations for achieving a sustainable logistics capability.

A single, integrated logistics sustainment plan should be developed in coordination with the Afghan Ministries of Defense and Interior and ANSF that links tasks, milestones, and metrics, and identifies specific accountable offices of primary responsibility for each action. Further, it is critical that a formal mentoring strategy with detailed implementing guidance for achieving ANSF logistics sustainability also be developed. Moreover, logistics mentors need to receive the requisite training to successfully execute their mission.

**Medical Sustainability.** Independent, effective ANSF operations depended on an ANSF health care delivery system that provides acceptable field-level combat casualty care, evacuation of casualties, restorative surgery and rehabilitation, and long-term care for disabled ANSF personnel. A sustainable ANSF health care system depended on an integrated Afghan civil-military-police health care system, where civilian clinical services, medical education, and medical logistics supported ANSF needs. The complexity of medical stabilization and reconstruction challenges in Afghanistan called for a robust U.S. interagency and international effort to assist deployed medical personnel in developing and implementing a detailed, multi-year strategy and reconstruction plan.

However, lack of coordinated long-term planning and engagement by the U.S. Central Command, the CSTC-A, the NATO-ISAF, and the U.S. Mission-Afghanistan limited the development of key Afghan civilian health care system capabilities needed to support ANSF. Further, there was confusion among the ANSF medical leadership as to the policy and strategy on integration of Afghan military and police medical functions into a common ANSF medical corps, or even whether this was a desirable goal.

Moreover, many U.S. and NATO-ISAF medical mentoring teams were not fully manned, particularly those assigned to work with the Afghan police, and the development of ANSF medical personnel was seriously hampered by the mentors' inadequate training. Comprehensive pre-deployment training and in-country orientation programs would significantly boost the effectiveness of medical mentoring personnel. Moreover, restrictive personnel practices for U.S. Navy and U.S. Air Force medical personnel assigned to the CSTC-A reduced its ability to relocate them to meet changing work requirements in Afghanistan. In addition, specific, prioritized medical objectives that had been synchronized with the appropriate levels of ANSF medical leadership had not been developed for providing mentoring support to ANSF.

An integrated Afghan civil-military-police health care system may not develop upon which a sustainable ANSF health care system must depend. The lack of an effective



ANSF health care system would require prolonged combat casualty care assistance by the U.S. and other NATO-ISAF member countries to ANSF, as well as delay its ability to operate independently.

The U.S. Central Command, in coordination with U.S. Mission-Afghanistan, Afghan medical leadership, NATO-ISAF, and multiple interagency and international partners, needs to develop a comprehensive, integrated, multi-year plan to build a sustainable ANSF health care system. DoD and NATO-ISAF medical mentoring teams need to be fully resourced with adequately trained personnel, and supported by an interagency reach back capability that coordinates all U.S. government health sector reconstruction activities in Afghanistan.

See the four parts of the report for detailed discussions of the observations and recommendations.

### **Recommendations Table**

<b>Office of Primary Responsibility</b>	<b>Recommendations</b>
Deputy Secretary of Defense	W.4
Under Secretary of Defense for Policy	H.1, H.2, H.3
Assistant Secretary of Defense for Health Affairs	W.2.a, W.2.b
Assistant Secretary of the Army (Manpower and Reserve Affairs)	G.4
Assistant Secretary of the Navy (Manpower and Reserve Affairs)	G.4
Surgeon General, Navy	S.1
Assistant Secretary of the Air Force (Manpower and Reserve Affairs)	G.4



## Recommendations Table (continued)

Office of Primary Responsibility	Recommendations
Surgeon General, Air Force	S.2
U.S. Central Command	A.1, A.2, E.2, G.1.a, G.1.b, G.2, K.1, L, R.1, W.1.a, W.1.b, W.1.c, W.1.d, W.1.e
Joint Staff	G.2, G.4, L, R.1, W.5
Combined Security Transition Command-Afghanistan	B.1, B.2, B.3, C.1.a, C.1.b, C.1.c, D.1.a, D.1.b, E.1, F, I.1, I.2, J.1, J.2, K.2.a, K.2.b, M.1, M.2, M.3, M.4, N.1, N.2, N.3, O, P, Q, R.2, S.3.a, S.3.b, T.1, T.2, T.3, T.4, U, V.1, V.2, V.3, W.3.a, W.3.b
Army Materiel Command, Logistics Support Activity	C.2, D.2
Defense Security Cooperation Agency	G.3, G.4

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## Background

The DoD Office of the Inspector General performed an assessment of the accountability and control of Arms, Ammunition, and Explosives (AA&E)<sup>1</sup> in Iraq in September and October 2007. The results of that assessment and recommendations for corrective actions were published in DoD IG Report No. SPO<sup>2</sup>-2008-001, "Assessment of the Accountability of Arms and Ammunition Provided to the Security Forces of Iraq," July 3, 2008.

The scope of the initial assessment in 2007 was expanded to assess issues involving the accountability and control of AA&E in Afghanistan, the responsiveness of U.S. Foreign Military Sales (FMS) processes supporting the Afghan National Security Forces (ANSF) and the Iraqi Security Forces (ISF), and the development of logistics sustainment capability for ANSF and ISF, to include a related issue on building the Afghan and Iraqi military health care system and its sustainment base. The results of the September 2007 Afghanistan visit was not included in the July 3, 2008 report, which dealt solely with Iraq. Rather, that work has been incorporated into this report, documenting the results of both the 2007 and 2008 Afghanistan assessments.

**Initiation of the 2007 Iraq Assessment.** DoD Office of Inspector General efforts regarding the accountability and control of U.S.-purchased AA&E provided to ISF was triggered by a December 2005 DoD Hotline complaint and other information that a senior U.S. Army officer received illegal gratuities from a DoD contractor. This had evolved into extensive and ongoing DoD criminal investigations involving millions of dollars in bribes and a number of U.S. military officers, noncommissioned officers, civilian officials, and DoD contractors.

While investigating these complaints, investigators from the Defense Criminal Investigative Service and the U.S. Army Criminal Investigative Division raised further concerns about the accountability, control, and loss of weapons provided to ISF by the U.S. Government. These concerns were reinforced by a Special Inspector General for Iraq Reconstruction audit report, followed by a Government Accountability Office audit report, which indicated accountability and control problems with particular weapons provided to ISF in Iraq.

In December 2006 and January 2007, the DoD Office of Inspector General received allegations from the Turkish National Police and the Turkish Ministry of Defense that weapons and explosives the U.S. supplied to ISF were finding their way into the hands of insurgents, terrorists, and criminals in Turkey.

After being briefed on that situation, the Secretary of Defense, the Chairman of the Joint Chiefs of Staff, and congressional leadership requested that the DoD Inspector General send a team to Iraq. The team was to review the accountability and controls over AA&E provided to ISF that were currently in place at the time of our assessment. The DoD Inspector General organized and deployed an assessment team to address the issue and review AA&E accountability.

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<sup>1</sup> We did not include an evaluation of explosives in our assessment.

<sup>2</sup> DoD IG, Office of Special Plans and Operations.

**Public Laws.** Congress also provided approximately \$15.4 billion to the Iraq Security Forces Fund and approximately \$11.7 billion to the Afghanistan Security Forces Fund through Public Laws 109-13, 109-234, 109-289, 110-28, and 110-161. These Public Laws define the train and equip mission performed in Iraq and Afghanistan. The laws specified that the Iraq Security Forces Fund and the Afghanistan Security Forces Fund funds be used to provide funding; equipment; supplies; services; training; facility and infrastructure repair, renovation, and construction for the security forces of Iraq and Afghanistan.

**Initiation of the 2008 Afghanistan Assessment.** At the request of the Secretary of Defense and the Chairman of the Joint Chiefs of Staff, the Inspector General assembled a second assessment team in February 2008 to determine the status of the corrective actions being implemented for the accountability and control of AA&E in Iraq as a result of the recommendations in the July 3, 2008, report. A decision was made to include Afghanistan in this assessment in order to build on the work done during the September 2007 visit to Afghanistan.

## Objectives

The announced overall objective of the Afghanistan assessment announced on April 4, 2008, was to determine whether the controls over the distribution of conventional military arms, ammunition, and explosives provided to the security forces of Afghanistan were adequate.

Subsequently, we revised the objectives for this phase of the assessment to:

- Determine whether security assistance processes were responsive to Afghanistan Security Forces equipment requirements. Specifically, we examined the organizational structure and processes used to execute security assistance programs during wartime operations using pseudo Foreign Military Sales cases for Afghanistan.
- Assess whether the Afghanistan Security Forces logistics sustainment base was being effectively developed. Specifically, we examined the status and effectiveness of planning to develop a sustainable Afghan logistics base.

After the announcement of this phase of the assessment, a decision was made to examine an additional but related issue concerning mentoring and building the Afghan military health care system and its sustainment base.

Appendix A discusses the scope and methodology related to the assessment objectives and a list of acronyms used in this report. Appendix B provides a summary of prior coverage related to the assessment objectives. Appendix C provides the definitions of terms used in this report. Appendix D provides a list of the organizations contacted and visited during the assessment. Appendix E discusses the organizations involved in the train and equip mission that supports Afghanistan.

**Part I**  
**Arms, Ammunition, and Explosives**



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# Introduction

The “Department of Defense Strategic Plan for the Distribution of Arms, Ammunition, and Explosives,” (AA&E Strategic Plan) May 2004, was developed to improve the oversight, management, control, safety, and security of AA&E across the entire DoD logistics chain.<sup>3</sup>

**The Challenge.** The AA&E Strategic Plan states:

The Department of Defense faces a significant challenge as it seeks to protect and safely test, acquire, produce, store, transport, maintain, and dispose of its arms, ammunition and explosives (AA&E) while it effectively meets the requirements of warfighters for timely supplies of AA&E worldwide. Meeting these demands must be effective and efficient in the face of an ever-changing and growing threat environment. Terrorists, or other individuals or entities pursuing their own agenda, seek to exploit the vulnerabilities of the United States and use our nation's AA&E and conveyances in ways never conceived before.

**The Scope.** The scope includes selected activities in the testing, acquisition, production, storage, issue, transportation, receipt, and disposal of AA&E—from origin to final destination. It focuses on the distribution process and the interaction, integration, and interoperability of these logistics chain activities. The AA&E Strategic Plan encompasses the requisite safety, security, and accountability provisions dictated by national, international, state, and local laws and regulations, host nation agreements, and DoD policies.

**The Mission.** The mission of the AA&E logistics chain<sup>4</sup> is to provide an effective end-to-end system that consistently and quickly delivers AA&E materiel to the warfighter, while maintaining the security and safety of the materiel and the public. Inherent in this mission is the requirement to implement mechanisms to rapidly and properly act and respond to threats or incidents that could compromise the mission, safety, or security of AA&E during the distribution segment of the overall logistics chain.

**The Strategic Vision.** The strategic vision is an effective and efficient worldwide logistics chain that meets warfighters’ demands for AA&E where and when needed while protecting against security threats, limiting exposure to the public, and minimizing the potential for safety mishaps.

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<sup>3</sup> The DoD AA&E logistics chain comprises a partnership of commercial and internal DoD (organic) capabilities, assets and infrastructure, business processes, and technologies. While this [AA&E Strategic] plan does not specifically address actions involving tactical in-theater movement of AA&E, it is the responsibility of the theater combatant commander to implement AA&E safety and security measures commensurate with his mission and the threats and risks within his assigned geographic area of responsibility (see DoD 5100.76-M, Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives,” August 12, 2000).

<sup>4</sup> In the context of the AA&E Strategic Plan, the logistics chain encompasses traditional distribution functions involving the issue, storage, packaging, transportation, and receipt of materiel. It also encompasses those functions that potentially affect the distribution process to include testing, procurement, and production of materiel and subsequent processes, such as demilitarization and disposal. It also encompasses the separate logistics and transportation sectors within the DoD portion of the Federal Government Critical Infrastructure Protection structure.

## Observation A.

### **U.S. Central Command – Guidance for the Accountability, Control, and Physical Security of Arms, Ammunition, and Explosives**

The U.S. Central Command (USCENTCOM) had not clearly defined the procedures for the accountability, control, and physical security of U.S.-supplied AA&E to ANSF.

This occurred because USCENTCOM had not issued written procedures for its area of responsibility fully addressing the accountability, control, and physical security of U.S.-supplied AA&E delivered to or transported through Afghanistan and subsequently provided to ANSF.

Further, USCENTCOM had not issued written procedures to coordinate the efforts of the Combined Security Transition Command-Afghanistan (CSTC-A) and the rotating Combined Joint Task Forces operating in Afghanistan addressing the accountability, control, and physical security of U.S.-supplied AA&E to the ANSF.

As a result, the accountability, control, and physical security of AA&E may not be properly managed; the misplacement, loss, or theft of AA&E may not be prevented; and the efficient delivery of AA&E to ANSF may not occur.

## Applicable Criteria

U.S. Government and DoD policies and procedures that apply to the accountability, control, and physical security of property are outlined below. Specific requirements cited in these guidance documents are discussed in Appendix F.

**Accountability and Control for U.S. Government Property.** Title 40 United States Code (U.S.C.), section 524 requires accountability and control over U.S. Government property.

**Accountability and Control for DoD Property.** DoD Instruction (DoDI) 5000.64, “Accountability and Management of DoD-Owned Equipment and Other Accountable Property,” November 2, 2006, provides policy and procedures for DoD-owned equipment and other accountable property and establishes policy and procedures to comply with 40 U.S.C. section 524.

**Department of Defense Strategic Plan for the Distribution of Arms, Ammunition, and Explosives, (AA&E Strategic Plan) May 2004.** The DoD has four overarching strategic AA&E distribution goals as outlined in the AA&E Strategic Plan.

- *Security*: Seamless integration of AA&E security business rules across the entire logistics chain based on current assessments of the threat, risk, and vulnerability. This goal focuses on policies, responsibilities, procedures, business rules, required actions, and information awareness to keep AA&E in the custody of only those with specific authorization and quickly identify and respond to situations or incidents of actual or potential compromise.
- *Safety*: An AA&E distribution system that minimizes public exposure and advances safety awareness within DoD and its industry partners. This goal focuses on policies, responsibilities, procedures, business rules, required actions, and information awareness to keep the public and those who use or handle AA&E as safe as possible from the inherent dangers associated with exposure to explosive materiel.
- *Accountability and Visibility*: Complete accountability and visibility for AA&E throughout its life cycle. This goal focuses on policies, responsibilities, procedures, business rules, required actions, and information awareness to ensure AA&E can be located, identified, and tracked throughout the logistics chain, with clear responsibility for ownership, handoffs, and performance.
- *Effectiveness and Efficiency*: An effective and efficient distribution system that meets warfighter time-definite AA&E materiel requirements. This goal focuses on policies, responsibilities, procedures, business rules, required actions, and information awareness to accomplish the AA&E distribution mission with the fewest resources (dollars, inventory, people, and infrastructure) possible while meeting the warfighters' requirements for materiel when and where it is needed.

**Sensitive Equipment Items.** DoD 4100.39-M, "Federal Logistics Information System," Volume 10, Table 61, November 2007, defines sensitive items.

**Physical Security of Arms, Ammunition, and Explosives.** DoDI 5100.76, "Safeguarding Conventional Arms, Ammunition, and Explosives (AA&E) and the AA&E Physical Security Review Board," October 8, 2005, outlines the authorities, responsibilities, and functions relative to the formulation of worldwide uniform policy, standards, and guidance for the physical security of conventional AA&E in the possession or custody of the DoD Components.

DoD 5100.76-M, "Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives," August 12, 2000, prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E and prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E, including non-nuclear missiles and rockets.

DoD 5200.08-R, "Physical Security Program," April 9, 2007, implements DoD policies and minimum standards for the physical protection of DoD personnel, installations, operations, and related resources, to include the security of weapons systems and platforms.

Memorandum, Under Secretary of Defense for Intelligence, "Department of Defense Inspector General (DoD IG) Assessment of the Accountability of Arms and Ammunition Provided to the Security Force of Iraq (Report SPO-2008-001/Project D2007-D000IG-0239.000)," August 27, 2008, issues clarification on

the physical security of AA&E while under U.S. control until formal transfer to a foreign nation.

## **U.S. Central Command Guidance**

USCENTCOM issued a memorandum, “[US]CENTCOM Weapons and Munitions Accountability Awareness,” July 3, 2008, to address issues cited in a draft of DoD IG Report No. SPO-2008-001, “Assessment of the Accountability of Arms and Ammunition Provided to the Security Forces of Iraq,” that had been issued March 18, 2008. The purpose of the USCENTCOM memorandum was to reiterate existing guidance related to weapons and munitions control within its area of responsibility. We commend USCENTCOM in issuing this guidance.

However, the memorandum did not cite other DoD guidance applicable to the accountability, control, and physical security of AA&E. The USCENTCOM memorandum cited the following DoD guidance:

- DoDIG Report D2007-D000IG -0239.000 [the draft report], Assessment of the Accountability of Munitions Provided to the Security Forces of Iraq [now final DoD IG Report No. SPO-2008-001, “Assessment of the Accountability of Arms and Ammunition Provided to the Security Forces of Iraq,” July 3, 2008]
- United States Munitions List (Part 121 of Title 22, Code of Federal Regulations)
- DoD 5100.76-M Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives (AA&E)
- DoD 4500.9 Part II Defense Transportation Regulations (DTR) Cargo Movement
- DoD 5105.38-M, Security Assistance Management Manual (SAMM)

The USCENTCOM memorandum should provide as references those DoD guidance documents that are discussed in Observation A of this report (as shown under Applicable Criteria). Further, the USCENTCOM memorandum should provide as reference, the DoD guidance document that is discussed in Observations C, D, and E of this report that concerns the Small Arms and Light Weapons Serialization Program and the accountability of captured, confiscated, abandoned, recovered, and turned-in weapons - DoD 4000.25-M, “Defense Logistics Management System,” Volume 2, Chapter 18 (“Small Arms and Light Weapons Serial Number Registration and Reporting”), Change 5, March 25, 2008.<sup>5</sup> Additionally, the USCENTCOM memorandum should cite:

- DoDI 5100.76, “Safeguarding Conventional Arms, Ammunition, and Explosives (AA&E) and the AA&E Physical Security Review Board.”
- DoD 5200.8-R, “Physical Security Program.”

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<sup>5</sup> This is one of several guidance documents that implements DoD Directive 4140.1, “Supply Chain Materiel Management Policy,” April 22, 2004.

- DoDI 5200.8, “Security of DoD Installations and Resources.”

In addition, we believe that a reissued USCENTCOM memorandum should more clearly emphasize the accountability for AA&E; the accountability, control, and physical security of U.S.-supplied AA&E moving into and within the USCENTCOM area of responsibility but not yet delivered to a port of entry in Iraq and Afghanistan; the Small Arms and Light Weapons Serialization Program; and the accountability of captured, confiscated, abandoned, recovered, and turned-in weapons. The memorandum should be more directive in nature rather than a memorandum on awareness.

We also believe that guidance issued within the USCENTCOM area of responsibility should govern the delivery of AA&E:

- Purchased through ASFF or,
- Obtained through formal FMS programs or other U.S. funding sources or,
- Obtained through capture, confiscation, abandonment, recovery, or turn-in.

Guidance should be finalized and formalized. The guidance should be issued in writing by a formal memorandum or fragmentary order that specifies the procedures requiring compliance and contains the name(s), title(s), signature(s), and date(s) showing the approval of authorized official(s), as applicable. Documents that must be used by the Government of the Islamic Republic of Afghanistan (GIRoA) personnel should be translated into the applicable local language.

## Recommendations

A. We recommend that the Commander, U.S. Central Command issue formal guidance:

1. Governing the accountability, control, and physical security of arms, ammunition, and explosives under U.S. control from the point of entry into and transport through the U.S. Central Command area of responsibility until formal handover to the Afghan National Security Forces.

2. Coordinating the efforts of the Combined Security Transition Command-Afghanistan, the rotating Combined Joint Task Forces operating in Afghanistan, and any other applicable command components to provide accountability, control, and physical security of arms, ammunition, and explosives under U.S. control from point of entry into and transport through Afghanistan until formal handover to the Afghan National Security Forces.

**Management Comments to Recommendations A.1 and A.2.** USCENTCOM concurred with recommendation A.1 and A.2, noting that they will revise current guidance (CENTCOM LTR, date 03 July, 2008) from an awareness memorandum to a format more directive in nature which applies to all components within the AOR, including Afghanistan. CENTCOM will also coordinate with CSTC-A to ensure local procedures coincides with new/existing guidance for the physical control of Arms, Ammunition, and Explosives (AA&E). Although the revised guidance will be directive in nature, it will allow component commanders the

ability to apply more stringent policies and controls, specifically regarding the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, Afghanistan National Security Forces, and law enforcement organizations.

**Assessment Response.** The management comments meet the intent of recommendation A.1 and A.2.



## Observation B.

### **Combined Security Transition Command-Afghanistan – Guidance for the Accountability, Control, and Physical Security of Arms, Ammunition, and Explosives**

CSTC-A had not clearly defined the procedures for the accountability, control, and physical security of U.S.-supplied AA&E to ANSF.

Further, CSTC-A had not clearly defined the procedures for the missions, roles, and responsibilities or clearly coordinated the efforts applicable to U.S. training teams and senior mentors<sup>6</sup> involved in training, advising, and mentoring the Afghan Ministry of Defense (MoD), the Afghan Ministry of Interior (MoI), and subordinate ANSF organizations on the accountability, control, and physical security of U.S.-supplied or ANSF-procured AA&E

This occurred because CSTC-A had not issued written procedures for its area of responsibility addressing the accountability, control, and physical security of U.S.-supplied AA&E delivered to or transported through Afghanistan and subsequently provided to ANSF.

As a result, the accountability, control, and physical security of AA&E may not be properly managed; the misplacement, loss, and theft of AA&E may not be prevented; and the efficient delivery of AA&E to ANSF may not occur.

## Applicable Criteria

U.S. Government and DoD policies and procedures that apply to the accountability, control, and physical security of property are outlined below.

**Accountability and Control for U.S. Government Property.** Title 40 U.S.C., section 524 requires accountability and control over U.S. Government property.

**Accountability and Control for DoD Property.** DoDI 5000.64, “Accountability and Management of DoD-Owned Equipment and Other Accountable Property,” November 2, 2006, provides policy and procedures for DoD-owned equipment and other accountable property and establishes policy and procedures to comply with 40 U.S.C. section 524.

Memorandum, “CENTCOM Weapons and Munitions Accountability

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<sup>6</sup> U.S. training teams were ETTs and PMTs. ETTs trained, advised, and mentored ANA organizations at the Corps and below levels and PMTs trained, advised, and mentored ANP organizations below the ministerial level. Senior mentors advised and mentored at the ministerial level.

Awareness,” July 3, 2008, reiterates existing guidance related to weapons and munitions control within the USCENTCOM area of responsibility.

**Sensitive Equipment Items.** DoD 4100.39-M, “Federal Logistics Information System,” Volume 10, Table 61, November 2007, defines sensitive items.

**Physical Security of Arms, Ammunition, and Explosives.** DoDI 5100.76, “Safeguarding Conventional Arms, Ammunition, and Explosives (AA&E) and the AA&E Physical Security Review Board,” October 8, 2005, outlines the authorities, responsibilities, and functions relative to the formulation of worldwide uniform policy, standards, and guidance for the physical security of conventional AA&E in the possession or custody of the DoD Components.

DoD 5100.76-M, “Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives,” August 12, 2000, prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E and prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E, including non-nuclear missiles and rockets.

DoD 5200.08-R, “Physical Security Program,” April 9, 2007, implements DoD policies and minimum standards for the physical protection of DoD personnel, installations, operations, and related resources, to include the security of weapons systems and platforms.

Memorandum, Under Secretary of Defense for Intelligence, “Department of Defense Inspector General (DoD IG) Assessment of the Accountability of Arms and Ammunition Provided to the Security Force of Iraq (Report SPO-2008-001/Project D2007-D000IG-0239.000), August 27, 2008, issues clarification on the physical security of AA&E while under U.S. control until formal transfer to a foreign nation.

## **U.S. Training Teams and Senior Mentors**

CSTC-A had not clearly defined the procedures for the missions, roles, and responsibilities or clearly coordinated the efforts applicable to U.S. training teams and senior mentors involved in training, advising, and mentoring MoD and MoI, and subordinate ANSF organizations on the accountability, control, and physical security of U.S.-supplied or ANSF-procured AA&E.

Further, CSTC-A had not coordinated the efforts of the Embedded Training Teams (ETTs) and the Police Mentoring Teams (PMTs) in training, advising, and mentoring ANSF in its efforts to account, control, and physically secure U.S.-supplied or ANSF-procured AA&E.

## **Combined Security Transition Command-Afghanistan Guidance**

Guidance should be finalized and formalized. The guidance should be issued in writing by a formal memorandum or fragmentary order that specifies the procedures requiring compliance and contains the name(s), title(s), signature(s), and date(s) showing the approval of authorized official(s); as applicable.

Documents that must be used by the GIRoA personnel should be translated into the applicable local language.

We also believe that guidance issued within the CSTC-A area of responsibility should govern the delivery of AA&E:

- Purchased through ASFF or,
- Obtained through formal FMS programs or other U.S. funding sources or,
- Obtained through capture, seizure, donation, or turn-ins.

## Recommendations

B. We recommend that Commander, Combined Security Transition Command-Afghanistan issue formal guidance:

1. Governing the accountability, control, and physical security of arms, ammunition, and explosives under U.S. control from the point of entry into and transport through the Combined Security Transition Command-Afghanistan area of responsibility in Afghanistan until formal handover to the Afghan National Security Forces.

**Management Comments to Recommendation B1.** CSTC-A concurred, noting that, in coordination with USCENTCOM, they will develop appropriate guidance development for CSTC-A AOR. Once arms, ammunition and explosives arrive at Kabul, Afghanistan International Airport (KAIA) and are downloaded from the aircraft, coordination is made in accordance with the updated Standard Operating Procedures for Weapons Transactions to transfer responsibility of transporting the assets to the appropriate Depot. Once items arrive at the depot, the SOP for “Weapons Transactions” further outlines the required process to ensure reception, serialization, and entry into the official stock record account system to transfer ownership to the ANSF.

**Assessment Response.** The management comments meet the intent of recommendation B.1.

B.2. We recommend that Commander, Combined Security Transition Command-Afghanistan issue formal guidance describing the missions, roles, and responsibilities applicable to U.S. training teams and senior mentors involved in advising and assisting the Ministry of Defense, the Ministry of Interior, and subordinate Afghanistan National Security Forces organizations on the accountability, control, and physical security of U.S.-supplied or Afghanistan National Security Forces procured Arms, Ammunition, and Explosives.

**Management Comments to Recommendation B.2.** CSTC-A concurred, noting that formal MoD guidance exists in Decrees 4.0, 4.2 and 4.6. MoD Decree 4.0 is currently in rewrite, the updated document will contain more fidelity for all processes including weapons processing and accountability. The Solar Year 1387 Work plan was approved and published in February 2008. CSTC-A Arms, Ammunition and Explosives Standard Operating Procedure is in draft and will be published in October 2008. MoI Logistics Policy was approved in July 2008 and is currently being printed and disseminated for the Afghan National Police (ANP) implementation. CSTC-A is currently coordinating with Task Force Phoenix J3

regarding a logistics course for ETTs and PMTs. The course would highlight MoD Decree 4.0, 4.2, and 4.6 which outline accountability, control and physical security of MoD arms, ammunition and explosives. The course would also highlight MoI Policy 4.0 which addresses MoI logistics and describe mentor roles and responsibilities.

**Assessment Response.** The management comments partially meet the intent of recommendation B.2. While the MoD and MoI actions described are steps in the right direction and were presumably developed with assistance and coordination with U.S. mentors, CSTC-A still needs to issue formal guidance that will institutionalize the mission, roles, and responsibilities of U.S. training teams and senior mentors. We request that CSTC-A provide a copy of this formal guidance, once published, for our evaluation.

B.3. We recommend that Commander, Combined Security Transition Command-Afghanistan issue formal guidance coordinating the efforts of the ETTs and the PMTs to advise and assist the Afghanistan National Security Forces in its efforts to account, control, and physically secure U.S.-supplied or ANSF-procured Arms, Ammunition, and Explosives.

**Management Comments to Recommendation B.3.** CSTC-A concurred, noting that they had issued FRAGO 08-047, Command and Control Realignment of CSTC-A ANSF Logistics Advisors which align command and control of ANSF logistics mentors across Afghanistan. MoD and MoI Integrated Process Teams were established and meet weekly with representatives from national level logistics organizations, tactical level units and the CSTC-A staff to address logistics issues and ensure a common operating picture for all echelons. Additionally, CSTC-A and TF Phoenix have initiated a bi-weekly newsletter (Logogram) to inform mentors at all echelons, highlight policy changes and increase coordination. CSTC-A Arms, Ammunition, and Explosives Standard Operating Procedure is in draft and should be published October 2008.

**Assessment Response.** The management comments partially meet the intent of the recommendation. We request that CSTC-A provide a copy of the Arms, Ammunition, and Explosives Standard Operating Procedure, once it is published, for our evaluation.

## Observation C.

### **Combined Security Transition Command-Afghanistan - Recording Small Arms and Light Weapons Serial Numbers**

CSTC-A had not accurately recorded the serial numbers of weapons that were to be issued to ANSF in its official Stock Record Inventory System.

This occurred because data input controls and quality assurance reviews were not in place to ensure weapons serial numbers were accurately recorded in the CORE Information Management System (IMS) and any subsidiary systems. The process did not comply with the requirements of DoD 4000.25-M, "Defense Logistics Management System," Volume 2, Chapter 18, Change 5, March 25, 2008, and Army Regulation 710-3, "Inventory Management Asset and Transaction Reporting System," March 25, 2008.

As a result, weapons serial numbers were erroneous, incomplete, duplicative, or missing and could not be accurately reported to the DoD Small Arms/Light Weapons (SA/LW) Registry.

## Applicable Criteria

U.S. Government and DoD policies and procedures that apply to the accountability, control, and physical security of property are outlined below.

**Accountability and Control for U.S. Government Property.** Title 40 U.S.C., section 524 requires accountability and control over U.S. Government property.

**Accountability and Control for DoD Property.** DoDI 5000.64, "Accountability and Management of DoD-Owned Equipment and Other Accountable Property," November 2, 2006, provides policy and procedures for DoD-owned equipment and other accountable property and establishes policy and procedures to comply with 40 U.S.C. section 524.

**Sensitive Equipment Items.** DoD 4100.39-M, "Federal Logistics Information System," Volume 10, Table 61, November 2007, defines sensitive items.

DoD 5100.76-M, "Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives," August 12, 2000, prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E and prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E, including non-nuclear missiles and rockets.

**Small Arms and Light Weapons Serialization Program.** DoD 4000.25-M, "Defense Logistics Management System," Volume 2, Chapter 18 ("Small Arms and Light Weapons Serial Number Registration and Reporting"), Change 5,

March 25, 2008,<sup>7</sup> addresses DoD Components responsibility for inventory management of SA/LW and other activities involved in the shipment, registration, or receipt of SA/LW. It also provides procedures for reporting SA/LW serial number data between the DoD Components and the DoD SA/LW Registry.

## **Combined Security Transition Command-Afghanistan Inventory Management System**

The CORE IMS was an off-the-shelf system purchased specifically for inventory management of ANSF equipment. A contractor, MPRI, Inc.,<sup>8</sup> maintained the CORE IMS for CSTC-A as its official Stock Record Inventory System for all ASFF equipment, to include weapons. The CORE IMS was a basic inventory program that records inventory receipts for Afghan National Army (ANA) national-level depots, quantities of equipment stored at those depots, and equipment issued to ANA. The CORE IMS data included:

- Item nomenclatures/descriptions
- National Stock Numbers
- Quantities received, on-hand, and issued
- Dates of receipts and issues
- Item costs
- Identification of ANA units issued equipment
- Weapon serial numbers

The CORE IMS was initially placed into service in Afghanistan in 2006, but did not initially include weapons serial numbers. According to MPRI, Inc. weapons manager, weapon serial numbers were retroactively entered into the system beginning in August 2007.

For foreign made weapons, serial numbers included foreign symbols, such as a country identifier, not found on U.S. computer keyboards. CORE IMS operators used an asterisk as a replacement symbol and then entered the remainder of the serial number into the records. This practice did not comply with DoD 4000.25-M (paragraphs C18.2.2. and C18.2.3.) and Army Regulation 710-3 (paragraphs 2-10.b., 2-13. and 2.15.).

The CSTC-A CJ4 was aware of the Army Regulation 710-3 requirement to track by serial number the weapons being transferred to ANSF. He indicated that such procedures were in place and being followed. However, he was unable to provide a CSTC-A document establishing such a policy or procedures.

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<sup>7</sup> Implements DoD Directive 4140.1, "Supply Chain Materiel Management Policy," April 22, 2004.

<sup>8</sup> MPRI, Inc. (originally Military Professional Resources Inc. – now a wholly owned subsidiary of L-3 Communications) is a training, simulation, and government services company.

## **U.S. Chain of Custody for Controlled Inventory Items**

According to DoDI 5000.64, controlled inventory items include property with characteristics that may require them to be identified, accounted for, secured, segregated, or handled in a special manner to ensure their safekeeping and integrity. DoD 4100.39-M and DoD 5100.76-M include AA&E as controlled inventory items.

An unbroken chain of custody for AA&E needs to be maintained throughout the logistics supply chain, to include shipping, handling, delivery, receipt, storage, and issuance processes. The main objective of a chain of custody is to ensure that AA&E are tracked through the process between procurement and delivery to the ultimate recipient and that the AA&E received by the ultimate recipient are in the same condition, type, and count as originally shipped.

A chain of custody requires that every transfer of goods from organization to organization be documented by authorized individuals and that those records contain evidence for the entire chain of custody process.

The chain of custody process that provides weapons to ANSF should require that serial numbers of weapons be recorded at the point of formal handover to ANSF to strengthen U.S. and ANSF accountability and control. We believe this is necessary to provide specific accountability of receipt of weapons delivered to ANSF by the U.S. and facilitate ANSF establishing a chain of custody for the U.S.-provided weapons.

In addition, a chain of custody by serial number would enable U.S. forces and GIRA law enforcement agencies to obtain serial numbers for weapons found to be missing, lost, or stolen to identify the last accountable entity for those weapons. This information would provide a starting point for investigative officials to trace weapons and determine the cause of the loss.

## **Recommendations**

C.1. We recommend that Commander, Combined Security Transition Command-Afghanistan:

a. Issue formal procedures governing data input controls and quality assurance reviews to ensure weapons serial numbers are accurately recorded in the CORE Information Management System and any subsidiary systems for weapons to be and already delivered to the Afghan National Security Forces.

**Management Comments to Recommendation C.1.a.** CSTC-A concurred. They reported that CORE IMS is the official stock record account system for the ANA, at Depot 1. In May 2008, the CJ4 established an internal audit "Tiger Team." This internal audit team was put into place to validate the serial numbers of weapons and the accuracy of the stock record account system. The "Weapons Transaction Standard Operating Procedure" was revamped and implemented to ensure that all weapons are serialized upon reception at the Depot and entered into the system. Audits were conducted in May and June of 2008 by the CJ4 Operations Division Support Operations Officer. Full inventories of the small arms weapons were accomplished, duplicate and unprocessed serial numbers



were identified and corrected, and annotations/corrections were made into the official stock records account system by the CJ4 “Tiger Team” led by the CJ4 Operations Division Support Operations Officer. In addition, audits will be performed quarterly on property account books to ensure proper documentation. CSTC-A also directed MPRI to develop a comprehensive proposal to upgrade CORE IMS to enable easier and more accurate accounting and control of assets.

**Assessment Response.** The management comments partially meet the intent of the recommendation. CSTC-A still needs to develop procedures to capture the serial numbers of U.S. or Coalition-procured weapons that have already been issued to the ANSF. We request that CSTC-A provide a copy of these procedures, when published.

C.1.b. We recommend that Commander, Combined Security Transition Command-Afghanistan establish and document a process to identify all previously recorded erroneous, incomplete, and duplicative serial numbers and identify missing serial numbers and enter the correct information into the CORE Information Management System and any subsidiary systems.

**Management Comments to Recommendation C.1.b.** CSTC-A concurred, noting that the “Weapons Transaction Standard Operating Procedure” was revamped and implemented to ensure that all weapons are serialized upon reception at the Depot and entered into the system. A system of regular audits and inspection of the process has been implemented to ensure the SOP is followed and that CORE IMS stock record account remains accurate. During audits that occurred during May and June of 2008, full inventories of the small arms weapons were accomplished and duplicate and unprocessed serial numbers were identified and corrected in the official stock records account system by CJ4 “Tiger Team.” In addition, audits are scheduled to be performed on property account books to ensure proper documentation.

**Assessment Response.** The management comments meet the intent of the recommendation.

C.1.c. We recommend that Commander, Combined Security Transition Command-Afghanistan modify the contract(s) with MPRI, Inc. concerning the operation of the CORE Information Management System, as applicable, to implement Recommendations C.1.a. and C.1.b.

**Management Comments to Recommendation C.1.c.** CSTC-A concurred, noting that CSTC-A CJ4 is pursuing an upgrade to the scope and function of CORE IMS to maintain the official stock record accounts and accurate inventory. Locations for this upgrade include ANA Depot 0, 1, 2 and all Forward Support Depots. MPRI’s contract will be modified accordingly. CSTC-A CJ4 is reviewing the purchase of CORE IMS or comparable system as the stock record account for the ANP.

**Assessment Response.** The management comments meet the intent of the recommendation. We request that CSTC-A provide a copy of the modified contract.

C.2. We recommend that the Commander, U.S. Army Materiel Command Logistics Support Activity assist the Combined Security Transition Command-Afghanistan with installing data input quality controls in its database of weapons

serial numbers to ensure compatibility with the requirements of the DoD Small Arms/Light Weapons Registry.

**Management Comments to Recommendation C.2.** The U.S. Army Materiel Command concurred, noting that the Logistics Support Activity will review the CSTC-A CORE Information Management system and any subsidiary systems within thirty days of CSTC-A submission of appropriate documentation.

**Assessment Response.** The management comments meet the intent of the recommendation. We request that CSTC-A coordinate with AMC LOGSA to provide the necessary documentation for their review of CORE IMS and any subsidiary systems.

## Observation D.

### **Combined Security Transition Command-Afghanistan - Reporting Small Arms and Light Weapons Serial Numbers**

CSTC-A did not report the serial numbers of weapons it controlled to the DoD SA/LW Registry maintained by the U.S. Army Material Command Logistics Support Activity, to include donated weapons.

This occurred because procedures were not in place to ensure weapons serial numbers were reported in compliance with the requirements of DoD 4000.25-M, "Defense Logistics Management System," Volume 2, Chapter 18, Change 5, March 25, 2008, and Army Regulation 710-3, "Inventory Management Asset and Transaction Reporting System," March 25, 2008.

As a result, the objectives of the DoD SA/LW Serialization Program could not be achieved for U.S.-supplied weapons provided to ANSF. Further, weapons that fall into enemy hands may not be traceable to the responsible individual(s), if recovered.

## Applicable Criteria

U.S. Government and DoD policies and procedures that apply to the accountability, control, and physical security of property are outlined below.

**Accountability and Control for U.S. Government Property.** Title 40 U.S.C., section 524 requires accountability and control over U.S. Government property.

**Accountability and Control for DoD Property.** DoDI 5000.64, "Accountability and Management of DoD-Owned Equipment and Other Accountable Property," November 2, 2006, provides policy and procedures for DoD-owned equipment and other accountable property and establishes policy and procedures to comply with 40 U.S.C. section 524.

**Small Arms and Light Weapons Serialization Program.** DoD 4000.25-M, "Defense Logistics Management System," Volume 2, Chapter 18 ("Small Arms and Light Weapons Serial Number Registration and Reporting"), Change 5, March 25, 2008, addresses DoD Components responsibility for inventory management of SA/LW and other activities involved in the shipment, registration, or receipt of SA/LW and provides procedures for reporting SA/LW serial number data between the DoD Components and the DoD SA/LW Registry.

## U.S. Reporting of Weapons Serial Numbers

DoD 4000.25-M, Volume 2, Chapter 18 specifies the categories of weapons serial numbers that are to be recorded in the DoD SA/LW Registry and provides five

objectives for SA/LW serial number registration and reporting:

- Establish continuous visibility over all SA/LW by serial number from the contractor to depot; in storage; in-transit to requisitioners; in post, camp, and station custody; in the hands of users; during turn-ins; in renovation; and during disposal/demilitarization.
- Interface the SA/LW serial number reporting between the DoD Components using standard procedures.
- Provide follow up procedures for delinquent shipment/receipt transactions.
- Provide SA/LW records reconciliation procedures.
- Provide law enforcement agencies, within 72 hours, the identification of the last known accountable activity having a specific serial numbered weapon.

We found no indication CSTC-A reported serial numbers of weapons it controlled to the DoD SA/LW Registry. As such, the objectives of the DoD SA/LW Serialization Program could not be achieved for U.S.-supplied weapons provided to ANSF. Further, weapons that are missing through misplacement, loss, and theft may fall into enemy hands and not be traceable to the responsible individual(s) if recovered.

A chain of custody by serial number would enable U.S. forces and GIRoA law enforcement agencies to obtain serial numbers for weapons found to be misplaced, lost, or stolen to identify the last accountable entity for those weapons. This information would provide a starting point for investigative officials to trace weapons and determine the cause of the loss.

## Recommendations

D.1. We recommend that Commander, Combined Security Transition Command-Afghanistan:

a. Issue formal procedures to comply with the DoD Small Arms/Light Weapons Serialization Program as required by DoD 4000.25-M, "Defense Logistics Management System," Volume 2, Chapter 18, Change 5, March 25, 2008, and Army Regulation 710-3, "Inventory Management Asset and Transaction Reporting System," March 25, 2008, to ensure weapons serial numbers are accurately reported to the DoD Small Arms/Light Weapons Registry.

**Management Comments to Recommendation D.1.a.** CSTC-A concurred. CSTC-A is developing a long-term solution to this issue with the 401<sup>st</sup> AFSB and Army Materiel Command (AMC) Logistics Support Activity (LOGSA) and will complete development of formal procedures to ensure compliance with this regulation. Estimated completion date of Nov 08.

**Assessment Response.** The management comments partially meet the intent of the recommendation. We request that CSTC-A provide a copy of the formal procedures that will bring them into compliance with DoD 4000.25-M, "Defense Logistics Management System," Volume 2, Chapter 18, Change 5, March 25, 2008, and Army Regulation 710-3, "Inventory Management Asset and Transaction Reporting System," March 25, 2008.

D.1.b. We recommend that Commander, Combined Security Transition Command-Afghanistan modify the contract(s) with MPRI, Inc. concerning the operation of the CORE Information Management System, as applicable, to implement Recommendations D.1.a.

**Management Comments to Recommendation D.1.b.** CSTC-A concurred. CSTC-A is coordinating with the LOGSA and the Joint Munitions Command (JMC) for guidance on how to proceed under the new regulatory guidelines contained in AR 710-3 dated 25 Feb 2008. CSTC-A recommends that LOGSA execute an automation skip that accepts Cyrillic characters. CSTC-A further recommends that the Defense Security Cooperation Agency (DSCA) add specification line for Alpha/Numeric stamping at point of origin in FMS cases for weapons. There is not capacity or capability to do stamping in country.

**Assessment Response.** The management comments partially meet the intent of the recommendation. In coordination with USCENTCOM, CSTC-A needs to finalize coordination with LOGSA and JMC and initiate coordination with DSCA to implement the planned and recommended actions. Once procedures are set and formalized, MPRI's contract should be modified accordingly. We request that CSTC-A provide a copy of the modified contract.

D.2. We recommend that the Commander, U.S. Army Material Command Logistics Support Activity assist the Combined Security Transition Command-Afghanistan in reporting serial numbers for U.S.-supplied weapons provided to the Afghanistan National Security Forces to ensure compatibility with the requirements of the DoD Small Arms/Light Weapons Registry.

**Management Comments to Recommendation D.2.** The U.S. Army Materiel Command concurred, noting that CSTC-A and LOGSA are in the process of identifying and documenting procedures for CSTC-A to report weapon serial numbers to the DoD Small Arms/Light Weapons Registry.

**Assessment Response.** The management comments meet the intent of the recommendation. We will follow-up to determine progress on this issue.

## Observation E.

### **Combined Security Transition Command-Afghanistan – Guidance for Captured and Otherwise Obtained Weapons**

CSTC-A had not clearly defined procedures for the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, ANSF, and law enforcement organizations, to include the recording of the serial numbers of those weapons.

Further, USCENTCOM had not clearly defined procedures to coordinate the efforts of CSTC-A and the rotating Combined Joint Task Forces operating in Afghanistan for the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, ANSF, and law enforcement organizations, to include the recording of the serial numbers of those weapons.

This occurred because neither CSTC-A nor USCENTCOM had issued written procedures for their areas of responsibility addressing the accountability, control, physical security, final disposition, and coordination between U.S. forces for captured, confiscated, abandoned, recovered, and turned-in weapons.

As a result, the objectives of the DoD SA/LW Serialization Program could not be achieved for U.S.-supplied weapons provided to ANSF. Further, weapons that fall into enemy hands may not be traceable to the responsible individual(s) if recovered.

### **Applicable Criteria**

U.S. Government and DoD policies and procedures that apply to the accountability, control, and physical security of property are outlined below.

**Accountability and Control for U.S. Government Property.** Title 40 U.S.C., section 524 requires accountability and control over U.S. Government property.

**Accountability and Control for DoD Property.** DoDI 5000.64, “Accountability and Management of DoD-Owned Equipment and Other Accountable Property,” November 2, 2006, provides policy and procedures for DoD-owned equipment and other accountable property and establishes policy and procedures to comply with 40 U.S.C. section 524.

**Physical Security of Arms, Ammunition, and Explosives.** DoD 5100.76-M, “Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives,” August 12, 2000, prescribes minimum standards and criteria for the

physical security of DoD sensitive conventional AA&E and prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E, including non-nuclear missiles and rockets.

**Small Arms and Light Weapons Serialization Program.** DoD 4000.25-M, “Defense Logistics Management System,” Volume 2, Chapter 18 (“Small Arms and Light Weapons Serial Number Registration and Reporting”), Change 5, March 25, 2008, addresses:

- DoD Components responsibility for inventory management of SA/LW and other activities involved in the shipment, registration, or receipt of SA/LW and provides procedures for reporting SA/LW serial number data between the DoD Components and the DoD SA/LW Registry
- Procedures concerning accountability of captured, confiscated, abandoned, recovered, and turned-in weapons

## **U.S. Visibility over Captured and Otherwise Obtained Weapons**

DoD 4000.25-M, Volume 2, Chapter 18 provides five objectives for SA/LW serial number registration and reporting; the key objective being to establish continuous visibility over all SA/LW by serial number from the contractor to depot; in storage; in-transit to requisitioners; in post, camp, and station custody; in the hands of users; during turn-ins; in renovation; and during disposal and demilitarization.

DoD 4000.25-M, Volume 2, Chapter 18 also addresses captured, confiscated, abandoned, recovered, and turned-in weapons.

- Paragraph C18.2.9. requires that captured, confiscated, or abandoned enemy SA/LW in the possession of DoD as a result of military actions shall be registered. The SA/LW may be of foreign or domestic manufacture and may include recaptured U.S. military SA/LW.
- Paragraph C18.2.7. requires that the DoD Components shall establish procedures to ensure reporting of lost, stolen, unaccounted for, and/or recovered SA/LW under the provisions of DoD 5100.76-M.
- Paragraph C18.7.3. requires that SA/LW recovered by law enforcement agencies or foreign countries and returned to the custody of a DoD Component be registered on the DoD Component Registry (DoD Component Registry information is provided to the DoD Small Arms/Light Weapons Registry).
- Paragraph C18.5.1.2. DoD SA/LW Registry shall provide a central repository of SA/LW’ serial numbers from the DoD Component Registries, to include those on-hand, in-transit, lost, stolen, demilitarized, or shipped outside the control of DoD.
- Paragraph C18.5.2.10.2. requires that all new weapons or devices that could be construed as weapons be reported to the Joint SA/LW Coordinating Group chairperson.

Clearly defined procedures need to be established and enforced to maintain adequate visibility for the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, ANSF, and law enforcement organizations. The make, model, and serial numbers of these weapons should be recorded and reported to the DoD SA/LW Registry.

An unbroken chain of custody to account, control, and maintain physical security of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, ANSF, and law enforcement organizations needs to be established to govern the process of handling these weapons until final disposition, whether that be destruction, storage, or reissue to ANSF.

Further, a chain of custody by serial number would enable U.S. Forces and GIRA law enforcement agencies to obtain serial numbers for weapons found to be misplaced, lost, or stolen to identify the last accountable entity for those weapons. This information would provide a starting point for investigative officials to trace weapons and determine the cause of the loss.

## Recommendations

E.1. We recommend that the Commander, Combined Security Transition Command-Afghanistan, issue formal procedures governing the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, Afghanistan National Security Forces, and law enforcement organizations, to include the recording of the serial numbers of those weapons.

**Management Comments to Recommendation E.1.** CSTC-A non-concurred, noting that developing such formal procedures was beyond the scope of the CSTC-A mission and resources to accomplish. However, CSTC-A reports that the Disarmament of Illegally Armed Groups (DIAG) system provides a written procedure for control and final disposition of captured weapons. This procedure was translated into Dari and provided to Assistant Minister of Defense for Acquisition, Technology, and Logistics (AMoD AT&L) and Logistics Command and was disseminated to other units of the ANA and ANP. This procedure required the captured weapons to be turned over to an UN Afghan New Beginnings Program (UNANBP) location for consolidation and eventual release to the AMoD AT&L at which time the serial number would be captured by AMoD (AT&L). Specifically, the current procedure requires the captured weapon to be taken to a UNANBP location where the UNANBP representative monitors as a MoD representative signs for control of the weapon. The weapon serial number is captured at this time. This procedure is applicable to U.S. and Coalition Forces, as well as to the ANA and ANP.

**Assessment Response.** After evaluating the CSTC-A management comments, we believe that the procedure that CSTC-A outlined partially met the intent of the recommendation. If CSTC-A thinks that the UNANBP is sufficient to govern the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons, they should issue formal policy to that effect, in coordination with USCENTCOM. The policy should provide for capturing serial numbers as recorded by the AMoD AT&L for



reporting to the DoD SA/LW Serialization Program. We request that CSTC-A provide documentation of this formal policy.

E.2. We recommend that the Commander, U.S. Central Command issue formal procedures to coordinate the efforts of the Combined Security Transition Command-Afghanistan and the rotating Combined Joint Task Forces operating in Afghanistan for the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, Afghanistan National Security Forces, and law enforcement organizations, to include the recording of the serial numbers of those weapons.

**Management Comments to Recommendation E.2.** USCENTCOM partially concurred, noting that they will coordinate with CSTC-A to ensure local procedures coincides with new/existing guidance for the physical control of Arms, Ammunition, and Explosives (AA&E). Although the revised guidance will be directive in nature, it will allow component commanders the ability to apply more stringent policies and controls, specifically regarding the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, Afghanistan National Security Forces, and law enforcement organizations.

**Assessment Response.** The management comments partially meet the intent of the recommendation. USCENTCOM needs to insure that the guidance developed coordinates the efforts of the Combined Security Transition Command-Afghanistan and the rotating Combined Joint Task Forces operating in Afghanistan for the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons.

## Observation F.

### **Afghan National Police – National Weapons and Ammunition Depot**

The National Ammunition Depot for the Afghan National Army (ANA) and the National Weapons and Ammunition Depot for Afghan National Police (ANP) were identified collectively as “22 Bunkers.” Although there were ANA personnel assigned to the ANA side of 22 Bunkers, there were no ANP personnel assigned to manage and operate the ANP side of 22 Bunkers.

By default, CSTC-A logistics trainers continued to manage and operate the ANP side of 22 Bunkers.

As a result, ANP personnel were not being trained and mentored to learn the management and operation of a national-level weapons and ammunition depot.

## Applicable Criteria

**DoD Directive 3000.05.** DoD Directive (DoDD) 3000.05, “Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Many stability operations tasks are best performed by indigenous, foreign, or U.S. civilian professionals. Nonetheless, U.S. military forces shall be prepared to perform all tasks necessary to establish or maintain order when civilians cannot do so. Successfully performing such tasks can help secure a lasting peace and facilitate the timely withdrawal of U.S. and foreign forces.

## **Combined Security Transition Command-Afghanistan Request for Additional Personnel**

Weapons and ammunition were stored in 21 in-ground bunkers (one is unserviceable and not in use) and in numerous locked steel shipping-containers. The ANA ammunition was stored separately from ANP weapons and ammunition. CSTC-A personnel managed and operated the ANA side of the

facility, with the assistance of ANA personnel. However, there were no ANP personnel assigned to the ANP side of the facility. CSTC-A personnel were wholly responsible for managing and operating the ANP side of the facility.

## **Recommendation**

F. We recommend that Commander, Combined Security Transition Command-Afghanistan coordinate with senior officials of the Afghan National Police and request the assignment of police logistics personnel to the National Weapons and Ammunition Depot for the Afghan National Police at 22 Bunkers so that they may be trained and mentored in the management and operation of a national-level weapons and ammunition depot.

**Management Comments to Recommendation F.** CSTC-A concurred, reporting that previous attempts by MoI to post ANP officers to weapons depot for accountability purposes were not successful due to rank, literacy, language barriers and computer skills deficiencies. Senior CSTC-A MoI and Log ETT mentors will continue to engage with MoI leadership to strongly recommend posting appropriately skilled personnel to account for munitions.

**Assessment Response.** The management comments partially meet the intent of the recommendation. Actual assignment of ANP personnel full-time to the 22 Bunkers weapons and ammunition depot is still required.

**Part II**  
**Foreign Military Sales**

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# Introduction

The United States Government and the Government of Afghanistan have used equipment supplied through the U.S. FMS program “pseudo” cases as the primary means to equip and train the ANSF. The pseudo-FMS cases used U.S. appropriated Title 10 U.S.C.<sup>9</sup> funds to purchase equipment, although the cases operate administratively under standard security assistance rules and procedures.

In Afghanistan, the security assistance office (SAO) that operated within CSTC-A worked in coordination with other CSTC-A staff elements to prepare and execute FMS cases. The Ministries of Defense and Interior and ANSF were the key customers within GIRoA. The security assistance process was supported by a U.S.-based security assistance infrastructure that included the Defense Security Cooperation Agency and the Military Departments. FMS case execution is primarily accomplished by these U.S.-based security assistance organizations.

CSTC-A made a decision to transfer the SAO office from its Combined Joint Force Structure Resources and Assessment Division to its Combined Joint Logistics Division in June 2007 to combine the resources of the SAO with those of the logistics function. The SAO was supported by other Combined Joint Logistics Division elements such as the transportation division that processed and managed deliveries. The Combined Joint Logistics Division became in effect the security assistance agent to execute the pseudo-FMS program with Afghanistan.

The Combined Joint Logistics Division was the security assistance system integrator for Afghanistan FMS, including local procurement efforts. The Combined Joint Logistics Division used FMS processes to identify and monitor Afghan FMS requirements, in coordination with MoD and MoI.

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<sup>9</sup> Title 10 outlines the role of the armed forces in the United States Code.

## Observation G.

### Foreign Military Sales – Personnel

The number of SAO personnel billets in the CSTC-A Joint Manning Document (JMD) was inadequate to accomplish the U.S. security assistance mission in Afghanistan, which has an important and strategic role with respect to training and equipping the ANSF.

Specifically, the CSTC-A SAO was not adequately staffed with sufficient numbers of personnel and those personnel that were assigned did not possess the requisite security assistance skills and experience. In addition, short personnel tours of duty and different rotation policies among the military services hindered program execution and did not support development of the necessary program stability and continuity.

This occurred because the current JMD had not been updated to reflect the scope of the current security assistance program in Afghanistan and the size of the SAO staff needed to manage it. Moreover, the Joint Staff and the Military Services have not provided sufficient personnel to staff the existing JMD.

As a result, the ability of CSTC-A SAO to responsively and effectively accomplish its mission may have been impaired. The strategic importance to U.S. interests of standing-up the ANSF as rapidly as possible merits increasing the size of the CSTC-A SAO as well as providing personnel with the requisite program skills, experience and length of tours. This would likely improve responsiveness and effectiveness in accomplishing the security assistance mission.

### Applicable Criteria

**DoD Directive 1322.18.** DoDD 1322.18, “Military Training”, September 3, 2004, states that:

Members of the Department of Defense shall receive, to the maximum extent possible, timely and effective individual, collective, unit, and staff training necessary to perform to standard during operations. . . .

The DoD Components shall ensure their individuals and organizations are trained to meet the specific operational requirements of the supported Combatant Commanders, as identified in Combatant Commander-approved Joint Mission Essential Task Lists (JMETLs), before deploying for operations and while deployed.

DoDD 2055.3, “Manning of Security Assistance Organizations and the Selection of USDP Training of Security Assistance Personnel,” March 11, 1985, provides guidance for the staffing of security assistance organizations.

DoD 5105.38-M, “Security Assistance Management Manual,” provides guidance for the administration and implementation of security assistance and related activities in compliance with the Foreign Assistance Act, the Arms Export Control Act, and related statutes and directives.





## U.S. Joint Manpower Document Billets and Command Levels

The number of CSTC-A SAO personnel billets in its JMD was inadequate to meet the needs of the security assistance mission for Afghanistan.

The CSTC-A JMD allocated only nine personnel billets to the SAO. This was despite its managing \$1,714 million in case disbursements during fiscal year 2007.<sup>10</sup> This staffing level was not commensurate with the staffing levels provided to other SAOs working in countries critical to U.S. interests, much less a SAO engaged in supporting a country at war. In contrast, during fiscal year 2007, the Iraq SAO had 29 JMD billets to manage \$486 million in case disbursements, the Saudi Arabia SAO had 77 billets to manage \$758 million in case disbursements, and the Egypt SAO had 57 billets to manage \$947 million in case disbursements.

Furthermore, during our visit in April 2008, the CSTC-A security assistance officer held the rank of major. This leadership level was not senior enough given the size and scope of the program and level of FMS funding, nor was it comparable to the seniority of SAO leadership provided at other SAOs working in countries important to U.S. national interests. In comparison, the Iraq SAO was led by a Brigadier General, the U. S. Army Military Training Mission in Saudi Arabia was led by a Major General, and the Egyptian Office of Military Cooperation was led by a Major General.

Table 1 below shows the distribution of command levels, security assistance funding, and authorized personal billets.

<b>Table 1. Distribution of Command Levels, Security Assistance Funding, and Authorized Personal Billets During Fiscal Year 2007</b>			
<b>Country</b>	<b>Command Level</b>	<b>Security Assistance Case Disbursements<sup>11</sup></b>	<b>Authorized Personnel Billets</b>
Egypt		\$947 million	57
Saudi Arabia		\$758 million	77
Iraq		\$486 million	29
Afghanistan		\$1,714 million	9

<sup>10</sup> DoD appropriated funding in the amount of \$7,406 million was provided to the Afghanistan Security Forces Fund for fiscal years 2007/2008, which was used for FMS pseudo cases processed by Defense Security Cooperation Agency.

<sup>11</sup> Source: Defense Integrated Financial System, managed by the Defense Finance and Accounting Service, Indianapolis. These figures do not include interfund disbursements.



The insufficient number of SAO personnel billets in the CSTC-A JMD and the relatively low level rank of its leadership could have limited SAO responsiveness and effectiveness, and thus may have impaired CSTC-A in accomplishing its security assistance mission. We believe that the strategic importance to the United States military effort in Afghanistan of standing-up the ANSF on a timely basis merits augmenting the number of CSTC-A SAO JMD billets and also increasing the rank of the security assistance officer commensurate with the scope of responsibility of this office. Both actions could improve CSTC-A responsiveness and effectiveness in accomplishing its security assistance mission.

## **U.S. Personnel Skill Sets and Experience**

The CSTC-A SAO was staffed with personnel who did not possess the requisite security assistance program skills, training and experience to meet mission requirements.

DoDD 2055.3, Section 4.3.3.2.3 states, “SAO and DAO personnel assigned security assistance program management functions shall attend the Security Assistance Management Overseas course at the Defense Institute of Security Assistance Management (DISAM). Attendance at the DISAM course is mandatory, unless the course has been completed satisfactorily within the last 5 years.” However, none of the nine SAO JMD billets were filled by personnel who had received DISAM training or possessed prior security assistance experience.

Some personnel received security assistance training in Afghanistan while assigned to CSTC-A, but this reduced effective mission time. While finding experienced security assistance personnel may be difficult, pre-deployment training at the DISAM course is achievable and necessary, and required by regulation.

Further, only four of the nine SAO billets had been filled by JCS and the military services. Because of these personnel shortages, CSTC-A had to fill five of the nine vacant SAO billets by reassigning personnel from elsewhere within its logistics section. Some individuals were reassigned with only 4-6 months left in their tours of duty. These temporary assignments were stop-gap measures resulting from the significant personnel shortage in the CSTC-A SAO.

Internal controls dictate that the mission be accomplished according to the complicated and numerous prescribed laws, regulations, and procedures found in the security assistance area. The lack of experienced and trained personnel necessary to perform the SAO mission therefore represents a material weakness in terms of implementing those internal controls.

The shortage of personnel with the requisite security assistance program skills and experience could well be factors that limited CSTC-A SAO responsiveness and effectiveness and impaired the accomplishment of the security assistance mission.

## **U.S. Personnel Rotation Policies**

Short personnel tours of duty and different rotation policies among the military services hinder CSTC-A SAO program execution and do not provide adequate stability or continuity for the security assistance program in Afghanistan. The CSTC-A SAO requires personnel with length of tours sufficient to build the institutional knowledge and experience needed to become effective FMS case managers, which also requires developing effective relationships with ANSF personnel.

Standard Army and Marine Corps tours of duty in Afghanistan were 12 months while some Air Force and Navy personnel have been assigned to CSTC-A SAO for only 6 months. CSTC-A believes that untrained personnel assigned to the SAO need four to six months of work in Afghanistan to gain sufficient in-country experience to become an effective FMS case manager. Thus, many SAO personnel are scheduled to rotate home just when they are becoming effective in their positions.

Table 2 below shows the authorized personal billets for the CSTC-A SAO as of April 19, 2008.

<b>Table 2. Afghanistan Security Assistance Office Staff Authorized Positions as of April 19, 2008</b>					
<b>Slot</b>	<b>Position Title</b>	<b>Military Service</b>	<b>Rank and Grade</b>	<b>Length of Tour</b>	<b>Prior FMS experience</b>
1*	Chief	U.S. Army	Major (O-4)	12 months	None
2	Assistant Chief	U.S. Marine Corps	Major (O-4)	12 months	None**
3	Staff Officer	U.S. Army	Captain (O-3)	3 months	None
4	Staff Officer	U.S. Navy	LCDR (O-4)	6 months	None
5	Staff Officer	U.S. Air Force	Captain (O-3)	6 months	None
6	Staff Officer	U.S. Air Force	Captain (O-3)	12 months	None
7*	Staff Officer	U.S. Air Force	Master Sgt. (E-7)	12 months	None
8*	Staff Officer	U.S. Air Force	Major (O-4)	12 months	None
9*	IMET Staff Officer****	U.S. Air Force	Major (O-4)	Not known	None***
* Joint Manning Document positions filled by JCS and the military services.					
** Sent to Iraq for Defense Institute of Security Assistance Management (DISAM) training in January 2007.					
*** DISAM trained in Afghanistan.					
**** International Military Education and Training					

The U. S. Army Security Assistance Command uses a rotation policy for Army security assistance personnel and believes that this new policy enhances the effectiveness of its personnel in contingency operations such as Afghanistan.

U. S. Army Security Assistance Command personnel deploy for six months to Afghanistan, gain experience working in Afghanistan, and return to work on the Afghanistan program in the U.S.-based U. S. Army Security Assistance Command office. Following a six month U.S. rotation tour, those personnel return to the SAO office in Afghanistan. This rotation policy provides continuity to U. S. Army Security Assistance Command efforts to support security assistance in Afghanistan and results in stronger internal controls. The use of this personnel policy helps develop a base of experienced SAO personnel that understand the Afghanistan program and can effectively address issues in-country.

The U. S. Army Security Assistance Command rotation policy provides one solution to this problem as would requiring all SAO personnel to serve one year tours of duty.

DoDD 2055.3, section 5.1.6 has established a mechanism to coordinate tour lengths for SAO personnel by giving the Director, Defense Security Cooperation Agency the authority to “coordinate on overseas tour length policies that affect security assistance personnel.” We believe that the strategic importance of standing-up the ANSF merits resolving these tour length problems for personnel assigned to the CSTC-A SAO.

## Recommendations

G.1. We recommend that the Commander, U.S. Central Command, in coordination with the Commander, Combined Security Transition Command-Afghanistan:

- a. Increase the rank level of leadership of the security assistance officer commensurate with the mission, size and scope of the security assistance program and level of Foreign Military Sales funding in Afghanistan.

**Management Comments to Recommendation G.1.a.** USCENTCOM partially-concurred. They reported that current authorizations do provide for leadership of the security assistance officer commensurate with the mission, size and scope of the security assistance program and level of Foreign Military Sales funding in Afghanistan. In August 2002, the Director of the Joint Staff (DJS) authorized establishment of a temporary joint General Officer billet to serve as U.S. Security Coordinator and Chief. The Security Assistance Office is Combined Security Transition Command – Afghanistan (CSTC-A)–commanded by a Major General and supported by a Brigadier General Political/Military (PolMil) officer. The current Afghanistan SAO JTD dated Aug 2008 reflects a total of (9) billets which includes (1) USA O-6 Deputy Chief, OSC-A; (1) USA O-5; (4) USAF and (1) USA O-4; (1) USAF E-7 and (1) USA E-6 billets. Effective in FY09, the JTD will reflect 10 authorized billets with a breakout as follows: (1) USA O-6; (2) USA O-5; (4) USAF & (1) USA O-4; (1) USAF E-7 and (1) USA E-6 billets. How these personnel are utilized is a function of Service fills and CSTC-A assignment.

CSTC-A recommends sourcing an O-6 to fill position #10653.

**Assessment Response.** We commend management for taking action to increase the JTD billets and the rank level of those billets to better support the security assistance program. USCENTCOM should continue to monitor the rank and experience of the officer actually conducting the day-to-day business of the SAO program to ensure proper support is provided. We plan to review the situation when we return to Afghanistan in early 2009.

G.1.b. We recommend that the Commander, U.S. Central Command, in coordination with the Commander, Combined Security Transition Command-Afghanistan revise, update, and approve authorized positions in a new Joint Manning Document for the Combined Security Transition Command-Afghanistan security assistance office that reflects the scope of the security assistance program

in Afghanistan and provides sufficient personnel with the requisite skills and experience levels.

**Management Comments to Recommendation G.1.b.** USCENTCOM partially concurred. In addition to the Afghanistan SAO Joint Table of Distribution (JTD) as stated above, the CSTC-A JMD (Mod 12-Jun 08) reflects an additional 514 billets. Twelve of these 514 billets have remarks as “SEC COOP PRGM.” These (12) augmentation billets breakout as: (1) USN O-5; (7) O-4s (3-USAF, 2-USA, 1-USMC & 1-USN); (2) O-3 (1-USAF & 1-USA); and (2) USAF E-5 billets. CCJ1 and CCJ5 are working with CSTC-A to improve their SAO/FMS capability, as required

**Assessment Response.** The management comments partially meet the intent of the recommendation. We commend management for bolstering the number of billets in support of the Security Cooperation Program. However, we will want to follow-up on the results of the USCENTCOM CCJ1 and CCJ5 assessment of the CSTC-A SAO/FMS capability in Afghanistan to assess whether the increase in billets provides the SAO with adequate personnel.

G.2. We recommend that the Chairman of the Joint Chiefs of Staff and the Commander, U.S. Central Command expedite:

a. Approval of the revised Combined Security Transition Command-Afghanistan Joint Manning Document.

b. Assignment of personnel with the requisite skills, experience levels, and rank to fill positions designated in the revised Joint Manning Document for the Combined Security Transition Command-Afghanistan security assistance office.

**Management Comments to Recommendation G.2.** The Joint Staff concurred.

USCENTCOM concurred, noting that CCJ1-MPA will expedite the JMD process, once input is received from CSTC-A.

**Assessment Response.** Management has met the intent of our recommendation. We plan to follow-up on USCENTCOM’s progress once they receive CSTC-A’s JMD input.

G.3. We recommend that the Director, Defense Security Cooperation Agency, in coordination with the Assistant Secretary of the Navy (Manpower and Reserve Affairs) and the Assistant Secretary of the Air Force for Manpower and Reserve Affairs, establish appropriate tour length policies for personnel assigned to the security assistance office in Afghanistan that provide the operational commander the personnel and resources necessary to perform the security assistance mission.

Specifically, establish one year tours for Navy and Air Force security assistance personnel assigned to the Combined Security Transition Command-Afghanistan security assistance office or establish an alternate rotation policy (discussed in this observation) similar to that developed by the United States Army Security Assistance Command for Army security assistance personnel.

**Management Comments to Recommendation G.3.** The Defense Security Cooperation Agency did not respond to the draft report.

**Assessment Response.** We request that the Defense Security Cooperation Agency respond to the final report.

G.4 We recommend that the Chairman of the Joint Chiefs of Staff, the Director, Defense Security Cooperation Agency, the Assistant Secretary of the Army (Manpower and Reserve Affairs), the Assistant Secretary of the Navy (Manpower and Reserve Affairs), and the Assistant Secretary of the Air Force (Manpower and Reserve Affairs) ensure that personnel assigned to security assistance positions in Afghanistan receive adequate security assistance training before deployment, but at a minimum they attend the Defense Institute of Security Assistance Management course.

**Management Comments to Recommendation G.4.** The Defense Security Cooperation Agency did not respond to the draft report.

The Joint Staff concurred.

The Army concurred.

The Navy concurred.

The Air Force concurred.

**Assessment Response.** We request that the Defense Security Cooperation Agency respond to the final report.

## **Observation H.**

### **Foreign Military Sales – Performance**

FMS standard case processing time standards for the pseudo-FMS cases used to equip the ANSF were inadequate for wartime contingency operations in Afghanistan and were not meeting the train and equip requirements of CSTC-A and ANSF. Further, USCENTCOM and CSTC-A do not have sufficient visibility of FMS case processing to enable managers to monitor and react to program metrics.

This has occurred because the 120-day case processing time standard has not been adjusted for wartime operations in Afghanistan. Further, a Common Operating Picture report was not established for the use of the security assistance function within CSTC-A.

As a result, CSTC-A is hindered in efficiently and effectively achieving its train and equip mission for the ANSF.

### **Applicable Criteria**

DoD 5105.38-M, “Security Assistance Management Manual,” October 3, 2003, provides guidance for the administration and implementation of security assistance and related activities in compliance with the Foreign Assistance Act, the Arms Export Control Act, and related statutes and directives and states:

. . . [T]he maximum processing time between Implementing Agency receipt of the Letter of Request and release of the Letter of Offer and Acceptance should normally be no more than 120 days, with no adjustments for hold times, additional work needed to clarify requirements, or any other consideration. Although delays may occur while processing some LOAs [Letter of Offer and Acceptance], Implementing Agencies should process at least 80 percent of their total number of LOAs within 120 days.

### **U.S. Foreign Military Sales to Afghanistan**

The FMS program has historically functioned primarily as a peacetime security assistance program. However, the United States is using a FMS program as the principal means to equip, expand, and modernize ANSF during wartime conditions. Building a responsive and proactive FMS program that is successful in this wartime environment will greatly enhance and expedite the ability of ANSF to be fully combat ready in a timely manner. To be successful in executing this strategic decision, a FMS program needs to be fully supportive of the wartime equipping requirements of CSTC-A and ANSF.

Further, a well-established FMS program enables the United States to further develop and maintain close bilateral political and interoperable military ties with Afghanistan and, therefore, supports key U.S. national security interests and also facilitates the reduction of U.S. military forces.

FMS shipments to Afghanistan will sharply increase over the next few years as \$7.4 billion in DoD appropriated funding provided to the Afghanistan Security Forces Fund for fiscal years 2007/2008 surges through the system. Responsive support beyond the norm is essential for rapid ANSF force generation, replacement of combat losses, and force modernization.

CSTC-A had developed an analytical capability to match FMS cases to ANA force requirements. This analysis included a comparison of the force generation requirements for fielding units, the estimated delivery dates for equipment, and unit fielding schedules. The CSTC-A analysis was broken down into move, shoot, and communicate categories for analysis. CSTC-A provided an outline of its FMS process in Afghanistan and that process is shown in Appendix G.

## **Security Assistance Management Manual Standard Case Processing Timeframes**

The standard level of service for FMS case processing time was 120 days, as established in the Security Assistance Management Manual, from receipt of the Letter of Request<sup>12</sup> by U.S. security assistance officials to the release of LOA by the Defense Security Cooperation Agency. This standard was developed by the Defense Security Cooperation Agency and was applied to customers worldwide regardless of whether that customer was at peace or war or using pseudo FMS cases. However, the 120-day case processing time standard has not been adjusted for wartime operations in Afghanistan and was not meeting the train and equip requirements of CSTC-A and ANSF.

According to CSTC-A officials, the April 2008 case processing time from Letter of Request to LOA was reduced from the time incurred to process cases in September 2007. CSTC-A officials also stated that the current response time has improved even though limitations existed such as the shortage of qualified security assistance personnel and the turnover of key personnel in the Combined Joint Logistics Division SAO. However, senior U.S. commanders noted that the FMS process was still insufficiently responsive to the needs of ANSF.

During our visit to Afghanistan in April 2008 and in a letter on March 3, 2008, the Deputy Commanding General, CSTC-A, requested help from the Deputy Secretary of Defense's Foreign Military Sales Task Force in reducing case processing times to support the Afghanistan train and equip mission. CSTC-A had asked, in its March 3, 2008 letter, for the 120 day case processing standard to be compressed to 30 days, the contracting cycle to be reduced to 45 days, for improved management of diversions by the Army Requirements Resourcing Board, and increased management authority for the country program manager and central case manager to compress transportation schedules.

At the time of this assessment, the FMS program had not yet demonstrated that it could responsively meet CSTC-A and ANSF wartime equipping requirements. Establishing a reduced standard level of service for FMS case processing time for wartime operations would help CSTC-A to achieve its train and equip mission more efficiently and effectively. We believe that the strategic importance to the

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<sup>12</sup> A term used to identify a request from an eligible FMS participant country for the purchase of U.S. defense articles and services.



United States of standing-up the ANSF merits establishing a reduced FMS case processing time standard for the wartime conditions it faces in Afghanistan.

## **U.S. Common Operating Picture Report**

The Deputy Secretary of Defense formed a Task Force in 2007 that proposed a number of constructive actions, some of which have already been implemented, to increase the effectiveness of the FMS program. One of those actions was to establish a Common Operating Picture report for the security assistance function within the Multinational Security Transition Command–Iraq.

This report enabled security assistance personnel to observe program metrics such as the status of LOAs waiting for acceptance by the purchasing nation, the status of FMS cases in process, deliveries, program management financial snapshots, SAO staffing status, and other issues within the FMS program. The Common Operating Picture report was routinely provided to senior officials within the Office of the Secretary of Defense.

The strategic mission in Afghanistan has a FMS program greater in dollars and equal in importance to the Iraq FMS program but lacks the same analytical tools as the Iraq SAO. A Common Operating Picture report prepared for the Afghan FMS program would allow CSTC-A and USCENTCOM leadership and senior officials within the Office of the Secretary of Defense to have program visibility. We believe that the lack of this visibility within the Office of the Secretary of Defense and the CSTC-A SAO hampers the effectiveness of the Afghan FMS program.

## **Recommendations**

H. We recommend that the Under Secretary of Defense for Policy, in coordination with the Director, Defense Security Cooperation Agency:

1. Establish a security assistance policy, in DoD 5105.38-M, “Security Assistance Management Manual,” October 3, 2003, for Foreign Military Sales case processing times that applies to wartime and contingency operations and, in this case, specifically to Afghanistan.
2. Develop a plan to provide the necessary personnel support and funding within the security assistance community to implement and process Foreign Military Sales cases at the established wartime standards for contingency operations in Afghanistan.
3. Develop a common operating picture report for the Foreign Military Sales program in Afghanistan and ensure that the report is provided to senior officials in the Office of the Secretary of Defense and the Combined Security Transition Command-Afghanistan on a recurring basis.

**Management Comments to Recommendation H.** The Under Secretary of Defense for Policy did not respond to the draft report.

**Assessment Response.** We request the Under Secretary of Defense for Policy to respond to the final report.

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**Part III**  
**Logistics Sustainability**

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## **Introduction**

The ability of ANSF to develop the capability to operate independently relies on building adequate logistical support at all operational levels to sustain the ANSF fielded force. This support includes planning for and development of standardized logistics policies and processes; establishment of an organization that is able to procure, receive, store, distribute, maintain, and re-supply its forces; maintenance of a sufficient logistical infrastructure; and support of professional logistics training and mentoring activities. CSTC-A has responsibility for building ANSF logistics sustainability through its train and equip mission.

## **Ministry of Defense and Afghanistan National Army Logistics**

CSTC-A has supplied logistics mentors to the senior levels of MoD and has also positioned ETTs throughout the ANA fielded force to provide logistics training and assistance, as well as military skill training. The focus on MoD and ANA institutional development has yielded positive results in assisting GIRoA to begin development of a logistical sustainment base. Among the accomplishments so far was the generation of official logistics regulations and procedures, establishment of logistics functional organizations, and creation of a national logistics distribution system within MoD and ANA.

Brigade-level logistics structures and systems were adequate and continued to progress while a series of national and forward support depots provided the bulk of ANA support needs. However, there was a systemic gap in the linkage from brigade to national level logistics and also a weakness in asset visibility throughout the logistics system. A recent request to further increase the size of ANA will require the recruiting, training, and fielding of additional forces with the potential result that growth and maturity of a specialized logistics corps may continue to be delayed.

## **Ministry of Interior and Afghanistan National Police Logistics**

CSTC-A assumed responsibility for mentoring and training MoI and ANP in 2006. This training function had previously been performed by the Department of State's Bureau of International Narcotics and Law Enforcement. After assuming the mission, CSTC-A assigned mentors and trainers to MoI to enhance ministerial development and provided military personnel to supplement manning for PMTs. The logistics capability of MoI significantly lagged that of MoD because of the late start in providing comprehensive mentoring and advisory assistance and an ongoing reorganization effort within MoI.

The logistics development for ANP has focused on verification and accountability. CSTC-A was addressing regional, provincial, and district level gaps in ANP logistics that stem in part from still-developing MoI logistics policies, procedures, and training. The MoI was working to close these gaps through regional, provincial, and district level logistics officer training, but progress has been slow. It is critically important to ensure that efforts to develop an operable logistics system for ANP be emphasized as ANP was providing the bulk of day-to-day security at local levels and is particularly vulnerable to attack in outlying areas of the country.

## Observation I.

### **Combined Security Transition Command-Afghanistan – Planning for Logistics Sustainability**

The plans for development of ANSF did not provide a clearly defined path to achieving an end state in which MoD, MoI and the ANSF will be capable of independently carrying out military and police logistics operations on a sustainable basis. Further, CSTC-A did not have formal approved plans for the development of ANSF logistics sustainability.

Specifically, the plans for development of ANSF logistics sustainment were not clearly linked in a single integrated plan, and did not provide a time-phased conditions-based approach for accomplishing end state objectives. Rather, the plans in many cases defined only broadly-stated objectives and milestones. Further, the plans generally did not identify a specific person or office responsible for the execution of specific tasks. Moreover, it was not clear in the plans the extent to which the Afghan ministries and security forces were directly engaged in the process of planning the establishment of their logistics system.

This occurred because CSTC-A may not have fully partnered with MoD, MoI and ANSF to develop a fully coordinated strategy that plans for integrating logistics sustainability needs at each organizational level of the security forces. Neither is it apparent that the planning process has clearly specified operational tasks, milestones, and metrics, or that it has identified accountable offices of primary responsibility for each action required. In addition, CSTC-A had not yet issued formal approved logistics sustainability plans.

As a result, U.S. efforts to assist GIROA to build a sustainable logistics base for its security forces, and achieve an end state in which the ANSF will be capable of independently carrying out military and police logistics operations, may be delayed. In addition, implementation of logistics development plans may not receive the full support of MoD, MoI, and ANSF. And finally, personnel, equipment, and funds required to support the effort may not be made available when needed, or may not be efficiently used.

### **Applicable Criteria**

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority

comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations are conducted to help establish order that advances U.S. interests and values. The immediate goal often is to provide the local populace with security, restore essential services, and meet humanitarian needs. The long-term goal is to help develop indigenous capacity for securing essential services, a viable market economy, rule of law, democratic institutions, and a robust civil society.

Many stability operations tasks are best performed by indigenous, foreign, or U.S. civilian professionals. Nonetheless, U.S. military forces shall be prepared to perform all tasks necessary to establish or maintain order when civilians cannot do so. Successfully performing such tasks can help secure a lasting peace and facilitate the timely withdrawal of U.S. and foreign forces.

## **U.S. and Afghan Draft Logistics Sustainment Plans**

CSTC-A had written numerous planning documents related to development of ANSF logistics sustainment. However, none of those plans had been formally issued. We reviewed the following draft plans that provided proposed actions to develop and establish an operable logistics sustainment capability for MoD and MoI:

- Combined Security Transition Command – Afghanistan Campaign Plan, Coordinating Draft, May 7, 2007
  - ANNEX C, Appendix 2 – Afghan National Army Development Plan
  - ANNEX C, Appendix 3 – Afghan National Police Development Plan
  - ANNEX D – Logistics
- Islamic Republic of Afghanistan Campaign Plan for the Development of Enduring National Military and Police Forces (pre-decisional draft), July 28, 2007
  - ANNEX B – Ministry of Interior and the Afghan National Police
  - ANNEX C – Ministry of Defense and the Afghan National Army
- Combined Security Transition Command – Afghanistan Ministerial Systems Development, Solar Year 1387, Action Plan (undated draft)
- Development Plan for Ministry of Interior, Department of Logistics, (undated draft)
- Development Plan for Ministry of Defense, Assistant Minister of Defense (Acquisition, Technology, and Logistics) Acquisition Agency, (undated draft)
- Development Plan for Ministry of Defense, Department of General Staff-G4,<sup>13</sup> (undated draft)
- Development Plan for Logistics Command, (undated draft)

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<sup>13</sup> The “G” indicates General Staff. Staff elements often use a numbering system to distinguish different functions and a “4” normally refers to the logistics division or section.



## Combined Security Transition Command – Afghanistan Campaign Plan

The CSTC-A Campaign Plan, Coordinating Draft, May 7, 2007, is a draft five-year plan that proposed a road map for MoD, MoI, and ANSF to achieve Afghan primacy in logistics sustainment by 2010. This plan had not been approved at the time of our visit to Afghanistan.

The plan proposed implementation in three phases:

- Phase I: ANSF Development
- Phase II: Transfer to Afghan Primacy
- Phase III: Transfer to Strategic Partnership

The draft plan's primary focus was the development of an ANSF that is appropriately structured to address current internal threats, and is tactically and operationally capable of defeating challenges to GIRoA sovereignty, and is affordable to GIRoA when the United States and the international community reduce their fiscal and military support.

**Ministry of Defense.** The section of the CSTC-A Afghanistan Campaign Plan, Coordinating Draft, May 7, 2007, ANNEX C, Appendix 2 – Afghan National Army Development Plan that discussed MoD stated that “DRD-Log’s [Defense Reform Directorate – Logistics]<sup>14</sup> mission is to provide an acquisition infrastructure and processes to enable a self-sustaining war fighting force. To execute this plan, DRD-Log will conduct phased operations to transition responsibility for managing acquisition agencies and their respective processes to fulfill warfighter requirements.”

**Ministry of Interior.** The section of the CSTC-A Afghanistan Campaign Plan, Coordinating Draft, May 7, 2007, ANNEX C, Appendix 3 – Afghan National Police Development Plan that discussed the MoI proposed framework for the establishment and sustainment of a modern and efficient MoI with moderate levels of risk. The reformation of MoI was proposed to be a three-phased process and was addressed in terms of specific management systems and the ability to achieve certain capability milestones. Once MoI has been reformed, enhanced, and expanded, the U.S. lead agency responsibility would be transferred from DoD to the Department of State and the Department of Justice for continued sustainment of the capability.

## Islamic Republic of Afghanistan Campaign Plan

The Islamic Republic of Afghanistan Campaign Plan for the Development of Enduring National Military and Police Forces (pre-decisional draft) was dated July 28, 2007. However, this plan had not been approved at the time of our visit to Afghanistan.

The draft plan described the development of enduring national military and police forces over time and outlined a partnership between GIRoA and the international community. It described the international community commitment to provide the budgetary, material, and training support necessary to develop national military, police, and ministerial

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<sup>14</sup> Defense Reform Directorate – Logistics was the organizational entity within CSTC-A which had been formerly responsible for the training and equipping, planning, and execution for MoD and ANA. CSTC-A has since been reorganized and this sub-organization was absorbed into the present CSTC-A organizational structure.

structures. At the time of our visit, the plan remained in draft, but was to be jointly signed by MoD, MoI, and CSTC-A.

**Ministry of Interior and the Afghan National Police.** The plan's ANNEX B – Ministry of Interior and the Afghan National Police stated that logistics support for MoI was to be based on strategic plans, missions, and requirements developed through the Force Management Process and the modern principles of logistics operations. There was an aspiration that MoD and MoI would consolidate certain ANA and ANP logistics and procurement capabilities in due course, although there was no indication how this outcome was to be achieved.

In the interim, the plan specified that the Logistics Department would conduct national-level, centralized logistics planning and materiel management at MoI Headquarters. Direct logistics support to police units and other MoI elements permanently located or temporarily deployed throughout Afghanistan would be provided by decentralized supply, maintenance, and transportation activities located at Regional Logistics Centers and Provincial Supply Points under the command of the Regional and Provincial Commanders.

**Ministry of Defense and the Afghan National Army.** The plan's ANNEX C – Ministry of Defense and the Afghan National Army outlined development plans for MoD and its military forces following a standard U.S. military format covering Doctrine, Organization, Training, Materiel, Leadership & Education, Personnel and Facilities.

The plan contained broad, high-level goals and objectives. The plan also asserted that such top level development plans must be supplemented by action plans for implementation at the next lower level of management detail. For example, it stated that the ANA Logistics Command was to be responsible for the management of all classes of supply, material distribution, inventory management, depot level maintenance, and organizational level vehicle maintenance training at fixed and mobile sites. However, we were not provided with any formal approved action plan that would provide for the operational implementation of this objective.

## **Afghan Ministerial Systems Development Action Plan for Solar Year 1387**

The CSTC-A- Ministerial Systems Development Action Plan for Solar Year 1387 had not been approved at the time of our visit. This draft specified the actions to be accomplished by CSTC-A in one year. Specifically, the plan focused on system goals, objectives, and tasks to be accomplished during the current solar year (April 2008 to April 2009) that would advance MoD, MoI, and ANSF toward achieving an independent logistical operational capability.

The logistics portion of the plan was comprised of five subsystems; accountability, maintenance, supply, resource management and transportation. The plan specified the actions to be accomplished between April 1, 2008 and March 31, 2009. The plan was very ambitious given the extent of the year's tasks projected to be accomplished, yet it had not been formally approved and issued although the solar year had begun. Further, there was not a clear link to other draft plans prepared by CSTC-A.

## **Afghan Ministry of Defense and Ministry of Interior Logistics Development Plans**

A series of draft MoD and MoI Logistics Development Plans written by the CSTC-A Combined Joint Logistics Division described further efforts to develop logistics. These plans had not been approved at the time of our visit to Afghanistan.

These plans were intended to outline the means to advance MoD and MoI departments toward primacy in logistics sustainment by identifying the critical tasks and enabling activities to be accomplished to build and develop the capability to operate without assistance from or reliance on external support. The plans identified core competencies and made a preliminary assessment of the current Capability Milestone.<sup>15</sup>

The capability milestone assessments in these plans evaluated the existence of policies and personnel resources. As an example, the Development Plan for Logistics Command listed “transportation support” as one of four core competencies for Logistics Command. The overall evaluation for this core competency was Capability Milestone 2.<sup>16</sup> However, this rating for transportation did not appear to assess functional capabilities based on our preliminary observations of the Central Movement Agency’s ability to perform its mission.

## **Combined Security Transition Command – Afghanistan Guidance**

Guidance should be finalized and formalized. The guidance should be issued in writing by a formal memorandum or fragmentary order that specifies the procedures requiring compliance and contains the name(s), title(s), signature(s), and date(s) showing the approval of authorized official(s), as applicable. Documents that must be used by GIRoA personnel should be translated into the applicable local language.

## **Summary**

We were unable to locate any plan that was in signed, final form. All plans that we were provided were in draft, therefore, unofficial and presumably not operational.

The draft plans we reviewed represented a significant command effort to capture the relevant information and instructions. However, the plans only identified general, broadly stated goals and objectives, tasks and milestones. We did not find any document that linked these diverse plans together into a single integrated action plan with a time-phased, conditions-based approach to assist the Afghan forces in providing for their logistics sustainability.

Further, the draft plans did not identify a specific person or office responsible for the execution of the specific tasks. In addition, it was unclear the extent to which the Afghan

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<sup>15</sup> Capability Milestones were developed to measure the progress in the development of Afghan units, agencies, staff functions, or installations.

<sup>16</sup> Capability Milestone 2 rating was the unit, agency, staff function, or installation is capable of conducting primary operational mission(s) with minimal assistance from, or reliance on, Coalition or international community support. Capability in terms of doctrine, organization, training, materiel, leadership and education, personnel and facilities, objective proficiency, or other applicable measure is defined at greater than 70-85 percent.

government had direct involvement in the planning process, and therefore had the buy-in to ensure effective implementation.

The proper development and implementation of an integrated top to bottom logistics development plan will require a substantial investment of staff and resources by the U.S. Government, as well as the International Community. And, it will become even more challenging and important that this mission be accomplished as the ANSF personnel and unit base expands to meet the threat on the battlefield.

## Recommendations

I. We recommend that the Commander, Combined Security Transition Command-Afghanistan:

1. Develop a single integrated logistics sustainment plan, in coordination with the Ministries of Defense and Interior, for each level of the ministries and Afghan National Security Forces with functional responsibility for supporting the logistics process.

**Management Comments for Recommendation I.1.** CSTC-A concurred. They reported that the CSTC-A Campaign Plan was signed 29 January 2008. Additionally, it is currently under review as part of a periodic revision. The updated campaign plan is expected to be signed in September 2008. In the “Develop the Force” line of operation, the plan includes a specified Objective (3.3) that states “Efficient logistics systems capable of identifying acquiring and distribut(ing) required resources to the ANA and ANP without external assistance.” The updated plan also places added emphasis on sustainment during Phase 1--Field/Generate the Afghan National Security Capability, and Phase 2--Development of the Afghan National Security Capability. The long term goal for logistics remains as stated in Annex A, Inter-Ministerial Issues: “Establishment of a joint national logistics center with responsibilities for contract management, maintenance support, and the management of the strategic logistics assets and critical commodities.” The Campaign Plan is supported by Ministerial Development plans that include logistics development plans for both ANA and ANP. These Development plans will be reviewed in October 2008 as part of our periodic campaign plan assessment. In addition to the ministerial development plans, Logistics Management and Acquisitions & Procurement have been identified as systems to be developed across staff boundaries of the MoD and MoI. Estimated completion is December 2008.

**Assessment Response.** The actions described in the management comments partially meet the intent of the recommendation. CSTC-A provided a signed copy of the CSTC-A Campaign Plan dated 29 January 2008 which we had not previously received. We are not yet in receipt of the proposed September 2008 update to that plan, but the January 2008 approved plan provides broad strategies and objectives for developing the ANSF. It does not, however, address specific processes, objectives, or milestones for establishing the logistics sustainment capability of the ANSF. The Ministerial Development Plans which did attempt to address some specific objectives and outcomes for developing the logistics capabilities of the ANSF had not been updated at the time this report was published. We request that CSTC-A provide the completed and updated Development Plans for our review.

I.2. We recommend that the Commander, Combined Security Transition Command-Afghanistan ensure that future logistics sustainability plans link tasks, milestones, and metrics; identify specific accountable offices of primary responsibility

for each action; and be made final and officially promulgated.

**Management Comments to Recommendation I.2.** CSTC-A concurred, noting that a Sustainment Annex will be included in the CSTC-A Operations Order (OPORD), Authorization, Organization and Conduct of Operations, which is being updated for FY2009 and will be published in October 2008. Additionally the Ministerial Development Plan and Action Plans were approved by the CSTC-A DCG after the necessary concurrence from the Afghan MoD and MoI in spring 2008 and continue to be used for development. Assessments are made monthly, reported to the DCG and the Ministerial Development Boards in formal briefings and submitted to the Joint Staff J5. The Ministerial Development plans will be reviewed in October/November 2008 as part of the Campaign Plan review and assessment process defined in Annex D to the Campaign Plan.

**Assessment Response.** The actions described in the management comments meet the intent of the recommendation. The publication of a Sustainment Annex within the proposed OPORD, together with the completed and updated Ministerial Development Plans, should suffice in meeting the requirements of this recommendation. The recommendation will remain open, however, until the CSTC-A OPORD and the latest Ministerial Development and Action Plans are published.

## Observation J.

### **Afghan Ministry of Defense – Logistics Command Visibility over Equipment Provided to the Afghan National Army Fielded Force**

The commander of the Logistics Command<sup>17</sup> reported that his organization had little or no formal visibility over equipment fielding plans and actions, assets, documentation, and types and quantities of equipment being provided to the ANA fielded force. The commander also asserted that decisions regarding the equipping of war fighting units (Corps, Brigades, Kandaks<sup>18</sup>) had been made without Logistics Command coordination.

This occurred because U.S. forces and subsequently CSTC-A had not provided sufficient logistics information to the Logistics Command concerning fielding plans and actions, assets, documentation, and types and quantities of equipment being provided to field and equip ANA that would allow the Logistics Command to accomplish its logistics mission.

As a result, the Logistics Command and other MoD critical nodes were unable to manage and operate a logistics support system effectively and efficiently.

## Applicable Criteria

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations tasks include helping ... rebuild indigenous institutions including various types of security forces, correctional facilities, and judicial systems necessary to secure and stabilize the environment.

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<sup>17</sup> The Logistics Command reports to the Afghan Assistant Minister of Defense (Acquisition, Technology, and Logistics).

<sup>18</sup> A Corps is a division-sized organization, a Brigade is a brigade-sized organization, and a Kandak is a battalion-sized organization.

## **Afghan Logistics Command Visibility over Equipment Provided to the Afghan National Army Fielded Force**

The commander of the MoD Logistics Command reported that his organization had little or no formal visibility over fielding plans and actions, assets, documentation, and types and quantities of equipment being provided to the ANA fielded force. The commander reported that decisions regarding the equipping of war fighting units (Corps, Brigades, Kandaks) had been made without Logistics Command coordination. He specifically stated that Logistics Command:

- Did not know the equipment needs of ANA, since equipping ANA had been based on a “push”<sup>19</sup> versus a “pull”<sup>20</sup> logistics process
- Did not know what equipment had been previously issued to ANA units
- Did not know in detail what supplies were arriving, regardless of depot or unit location
- Did not have an accurate account of what equipment and supplies CSTC-A had provided to the Logistics Command’s principal national depot (identified as Depot One)
- Was not involved in the contracting process, so Logistics Command personnel were unable to track supply receipts to original requisitions

## **Fielding and Equipping the Afghan National Army**

Fielding ANA units first required the establishment of Tables of Organization and Equipment, training the recruits, and then issuing equipment to those trained and to units once fielded. Equipment for ANA force development had been supplied by CSTC-A “pushing” the required equipment to the fielded units, in coordination with MoD and the ANA General Staff. This process was necessary at first in order to field an operational ANA throughout the country in the absence of an established, functional Army headquarters.<sup>21</sup> Most of these actions had been or were being accomplished before the Logistics Command was established. Once the ANA force had been established and was functional, an undated draft of the Development Plan for Logistics Command stated that its responsibilities were to include:

Providing National level support for supply, maintenance, transportation and security sector of Afghanistan’s military forces;

Requesting, receiving, storing, and issuing all operational materiel stocks and war reserve stocks for the military forces of Afghanistan;<sup>22</sup>

Accomplishing national level maintenance programs for all materiel commodities to restore, rebuild, rehabilitate, and restore to category one condition as directed;

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<sup>19</sup> Equipment forwarded and issued by CSTC-A to ANA depots and units.

<sup>20</sup> Equipment requisitioned by ANA units through a replenishment-based, demand-driven logistics system.

<sup>21</sup> The first ANA units were trained and equipped by U.S. Army forces beginning in 2002.

<sup>22</sup> A “pull” or replenishment-based, demand-driven logistics system.

Maintaining sufficient technological skills to maintain and sustain equipment of the Afghan military;

Coordinating the military transport system by establishing priorities within MoD regulations; and

Budgeting for operational support of all ANA and MoD units their sustaining materiel requirements within assigned depot responsibilities as established by decree, regulation, and instruction.

MoD had developed the fundamental processes for providing logistical support for ANA with the help of CSTC-A. The processes involved were principally contained in MoD Decree 4.0, “Supported and Supporting Unit Supply Policy and Support Procedures,” March 20, 2005, as well as other MoD decrees covering ammunition, fuel, maintenance, and transportation.

However, the MoD logistics process was based on individual units requisitioning replenishment supplies using a paper-based request and this process complicated the issue of tracking supply needs and planning for sustainment. The paper-based system made it difficult and cumbersome for the Logistics Command to gain visibility over authorized amounts and on-hand inventories of equipment for fielded units, especially if Logistics Command had not been privy to prior requisitions, fielding actions, and inventory status.

## **Combined Security Transition Command – Afghanistan Logistics Readiness Assessment Tool**

Once the Logistics Command headquarters function had been established within MoD, its capacity to process and capture logistics information was hampered by its historic reliance on an antiquated paper documentation system, rather than a networked information management system. In January 2008, MoD submitted a letter requesting CSTC-A assistance in developing a logistics systems approach that would improve quality, ensure required logistical support, and ensure accountability, transparency, and the prevention of corruption in the logistics process.

The system that CSTC-A subsequently proposed for implementation within ANA was called the Logistics Readiness Assessment Tool. According to CSTC-A, the Logistics Readiness Assessment Tool should:

- Provide asset visibility to senior ANA leadership
- Provide senior ANA leadership the ability to strategically influence the logistics supply chain, assess the supply chain using facts and not assumptions, and assess support activity performance

**Logistics Readiness Assessment Tool General Concept.** The general concept of the Logistics Readiness Assessment Tool relied on accurate and timely information flow from critical logistics nodes<sup>23</sup> on the two sides of the MoD organizational structure; the chains of authority for the military General Staff and civilian MoD officials, respectively.

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<sup>23</sup> On the General Staff, or “Combat” side, the critical nodes are the Combat Service Support Kandaks, the Brigade S4s, and the Corps G4s. On the Assistant Minister of Defense (Acquisition, Technology, and Logistics), or “Supporting” side, the critical nodes are the Forward Support Depots (FSDs), the National Depots, and the Logistics Support Operations Center, all of which reside within the Logistics Command structure.



Each critical node would collect and analyze stock status, logistics performance, and measure data and would submit a consolidated report to their next higher echelon of command. The reporting system would initially focus attention only on selected critical line items (shoot, move, communicate, food, fuel, etc.), as well as key performance measures which would vary from one critical node to another (depending on customer and provider perspectives).

Final analysis of the Corps' reports and the Logistics Command roll-up report would be conducted at the National Military Command Center. At that level, senior leaders should be able to strategically influence the supply chain.

The ideal reporting medium for the Logistics Readiness Assessment Tool reports would be an electronic submission but some critical nodes did not have this ability. Given this limitation, hard copy submissions could be faxed to the next higher echelon of command by critical nodes if the capability existed. Fill rates, readiness ratings, and other necessary information could be calculated automatically as hard copy reports are entered into the electronic file, which would be accomplished at the Logistics Support Operations Center.

Mentor and student training for the Logistics Readiness Assessment Tool was scheduled to begin in April 2008. The first report cycle started in late May and would have ended in late June.

## Recommendations

J. We recommend that the Commander, Combined Security Transition Command-Afghanistan:

1. Ensure the Afghan Logistics Command and Afghan National Army General Staff leadership are provided supply information concerning fielding plans and actions, assets, documentation, and types and quantities of equipment being provided to field and equip the Afghan National Army that is sufficient for the Logistics Command to accomplish its logistics mission; and, that this logistics information is provided to Logistics Command by the Ministry of Defense and the Afghan National Army leadership on a timely and ongoing basis.

**Management Comments to recommendation J.1.** CSTC-A non-concurred. They reported:

- MoD representatives attend weekly meetings at CSTC-A where they are provided all the information necessary to perform their mission. Poor horizontal and vertical communications within the MoD are the primary barriers to more effective performance and greater situational awareness throughout the MoD and Logistics Command.
- Assignment of ANA and ANP Liaison Officers (LNOs) has made a significant impact on CSTC-A's ability to both support and synchronize plans and operations. The CJ4 Requirements/ Logistics Plans section has integrated two Afghan National Army (ANA) LNOs, a Captain with excellent English skills, and a Colonel, who are on the G4 staff and works directly for LTG Azzizudin. This has synergized the link between the CJ4 and GS G4 staffs, which provides a consistent flow of logistics information between the two staffs.

- Collaboration with these LNOs solidified both the 18-month fielding plan and the 3-month equipment distribution plan. In addition, CJ4 Operations now created and distribute MoD 14s to the Logistics Support Operations Center (LSOC) and Logistics Command mentors to give the ANA visibility over fielding plans. All of these documents are in Dari and English. There is also an Afghan Lieutenant Colonel liaison at Depot 1 who is fully aware of all fielding and push plans and meets with Logistics Command once a week to go over distribution.
- The MoI assigned a Lieutenant Colonel with excellent English skills who is empowered to work directly with MoI staff General Officers and other leaders within the ANP. This LNO has a desk in the same office as our ANP Requirements planners and has real-time access to planning and fielding information CJ4 Requirements/Logistics Plans shop initiated a weekly meeting involving the CJ4 Operations section, Logistics Command/LSOC ETTs, and the Central Movement Agency (CMA) in order to facilitate the exchange of distribution timelines with regard to fielding plans, priority alignment, and current operations limiting factors. The meeting occurs weekly on days that the ANA LNOs are present so that they are able to project ANA issues that are high on the GS G4 priority list.

**Assessment Response.** We believe that the actions and procedures that CSTC-A outlined in their comments partially meet the intent of the recommendation without specifically addressing the concerns expressed to the assessment team by the commander of the Logistics Command. We commend CSTC-A for encouraging formal ANSF participation and cooperation in logistics planning and equipment distribution. To meet the full intent of the recommendation, however, we suggest that CSTC-A logistics officials communicate directly with the Commander of the Logistics Command to determine if the liaison processes implemented have resolved his concerns. We will evaluate further reports from CSTC-A, coupled with other follow-up actions, to determine progress in this area.

J.2. We recommend that the Commander, Combined Security Transition Command-Afghanistan accelerate development of a functional, networked logistics information system that provides asset visibility and requisition and replenishment status to the appropriate logistics nodes within the Ministry of Defense (including the Logistics Command) and the General Staff.

**Management Comments to Recommendation J.2.** CSTC-A partially concurred, reporting that:

- Implementation and expansion of CORE-Information Management System (IMS) and the Logistics Readiness Assessment Tool (LRAT) will assist the ANA in understanding the value and accuracy of utilizing automation for logistics management. CSTC-A CJ4 concurs with the goal of a functional, networked logistics information system however, severe limiting factors exist across Afghanistan.
- Consistent and reliable power, coupled with lack of communication equipment, information technology architecture/backbone and literacy rates make it extremely difficult to develop any type of networked logistics system beyond the Kabul region. CORE-IMS will provide an interim solution at the National Depots for the ANA until infrastructure improves and a more permanent solution set is researched, programmed, and implemented.

- Because of the previously mentioned factors, CSTC-A developed and implemented through the ANA, corps level and below, a completely manual supply system and outlined those procedures in the logistics Decrees. A proposal to upgrade or expand CORE-IMS to Depots 0, 1 and 2 and the four Forward Support Depots is currently being staffed.

**Assessment Response.** The actions described in the management comments meet the intent of the recommendation. The greater part of a networked logistics information system in Afghanistan may have to be manual or “paper,” by necessity. At the upper levels of the ANA logistics organization, an automated system should be implemented, in phases, to the extent that the Afghans accept and can sustain it, beginning with the depots. Procedures should be in place, however, to ensure that manual entries from lower echelon nodes are completely merged and integrated into the automated system.

## Observation K.

### **Combined Security Transition Command-Afghanistan – Logistics Mentoring Strategy, Training, and Coordination**

CSTC-A did not have a unified strategy for mentoring MoD and General Staff logistics organizations to achieve integrated logistics sustainability. Further, military logistics mentors were insufficiently trained for their logistics mentoring mission or in the Afghan logistics systems. In addition, a disconnect existed between senior mentors at ministerial levels and trainers at the operational levels in information sharing and coordination and also between the mentors and trainers assigned to MoD and to MoI.

This occurred because CSTC-A had not prepared or formally issued a unified strategy with detailed implementing guidance for mentoring the MoD, General Staff, and MoI logistics organizations in achieving an integrated logistics capability.

USCENTCOM and North Atlantic Treaty Organization-International Security Assistance Force (NATO-ISAF) had not established the requirement for, nor had the U.S. Army Chief of Staff developed, comprehensive pre-deployment training in logistics mentoring for Afghanistan and the Afghan logistics systems. Further, CSTC-A had not developed an in-country mentoring orientation program for logistics ETT or PMT personnel.

CSTC-A had not developed a venue or methodologies to interact and exchange information, ideas, experiences, and best practices and to coordinate between and among senior mentors at ministerial levels and trainers at the operational levels and also between the mentors and trainers assigned to MoD and to MoI to achieve integration, common purpose, and sustainability of effort.

As a result, the goal to train and advise the ministries and ANSF in logistics systems and to develop sustainable logistics capability for MoD and MoI has been ineffective and sub-optimal. The lack of a unified strategy for mentoring logistics sustainment development, insufficient training, and a venue and methodologies for coordinated mentoring has placed an unnecessary burden on the individual logistics mentors and trainers and made their efforts more difficult than necessary.

### **Applicable Criteria**

**DoD Directive 1322.18.** DoDD 1322.18, “Military Training”, September 3, 2004, states that:

Members of the Department of Defense shall receive, to the maximum extent possible, timely and effective individual, collective, unit, and staff training necessary to perform to standard during operations. . . .

The DoD Components shall ensure their individuals and organizations are trained to meet the specific operational requirements of the supported Combatant Commanders, as identified in Combatant Commander-approved Joint Mission Essential Task Lists (JMETLs), before deploying for operations and while deployed.

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations tasks include helping ... rebuild indigenous institutions including various types of security forces, correctional facilities, and judicial systems necessary to secure and stabilize the environment.

## **Combined Security Transition Command-Afghanistan Campaign Plan**

Although not formally approved and issued, the CSTC-A Campaign Plan, Coordinating Draft, dated May 7, 2007, states that the goal of CSTC-A is to organize, equip, and train ANA and ANP while building and developing capabilities at the levels of fielded forces, sustaining institutions, and MoD and MoI. This is to be accomplished by actively advising, supporting, and mentoring; unit partnership; and providing combat enablers as ANA and ANP grow and reach full operational capability.

## **Combined Security Transition Command – Afghanistan Mentoring Strategy**

CSTC-A did not have a unified strategy for mentoring MoD and General Staff logistics organizations to achieve integrated logistics sustainability. Logistics mentors at the senior ministerial level and ETT personnel who specialized in logistics training at the tactical level were critical links in the development of the ANA logistics sustainment capability. Yet, CSTC-A did not have a unified strategy for mentoring the MoD and General Staff logistics organizations to achieve integrated logistics sustainability.

The CSTC-A Campaign Plan, Coordinating Draft, dated May 7, 2007, stressed the importance of logistics mentors and ETT personnel as enablers for building capability within MoD and ANA. However, there was no detailed guidance for logistics mentors or ETT personnel that described their duties or specific objectives.<sup>24</sup> We interviewed senior mentors who indicated an absence of specific direction regarding duties and expectations.

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<sup>24</sup> Annex J, Combined Security Transition Command – Afghanistan Campaign Plan, Coordinating Draft, dated May 7, 2007, described “mentor relationships” and offered some general suggestions on developing the relationship.

## Combined Security Transition Command – Afghanistan Mentor Training

**Current Pre-deployment Training.** Military logistics mentors were insufficiently trained for the logistics mentoring mission. All military logistics mentors and ETT personnel assigned to the logistics sustainment mission (as well as mentors for other specialized functions) received approximately 60 days of pre-deployment combat skills training at Fort Riley, Kansas<sup>25</sup> and 1 week of additional training in Kuwait prior to their arrival in Afghanistan. This training focused on combat skills and convoy operations and was the same as that received by mentors assigned to duty in Iraq.

We reviewed the training curriculum published by the 101st Forward Support Battalion located at Ft. Riley and the syllabus for the week's training received in Kuwait. There did not appear to be in either document any module directed at providing logistics mentors or logistics team personnel with specific information on either mentoring techniques or instruction in the Afghan logistics system for which they were expected to provide mentoring and assistance.

In addition, there did not appear to be a formal training program in-country for U.S. personnel that were to be assigned as logistics mentors or ETT and PMT trainers in either the MoD or the MoI logistics systems.

**Future Mentor Training.** Under DoDD 3000.05, the responsibilities of key DoD organizations are outlined.

- The Under Secretary of Defense for Personnel and Readiness shall:
  - Identify personnel and training requirements for stability operations and evaluate DoD progress in developing forces to meet those requirements, according to DoD Directive 1322.18 (reference (c)).
  - [to include] Learning languages and studying foreign cultures . . .
- The Chairman of the Joint Chiefs of Staff shall:
  - Develop curricula at joint military education and individual training venues for the conduct and support of stability operations, in coordination with the Secretaries of the Military Departments and the Commander, U.S. Special Operations Command.
- The Commanders of the Geographic Combatant Commands, through the Chairman of the Joint Chiefs of Staff, shall:
  - Identify stability operations requirements and incorporate stability operations into military training . . .
- The Secretaries of the Military Departments and the Commander, U.S. Special Operations Command, in coordination with the Chairman of the Joint Chiefs of Staff and the Under Secretary of Defense for Policy, shall:
  - Ensure curricula in individual and unit training programs and service schools prepare personnel for stability operations, in coordination with

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<sup>25</sup> This training was provided by the 1<sup>st</sup> Infantry Division, 1st Brigade, 101st Forward Support Battalion, D Company.

the USD(P&R) [Under Secretary of Defense for Personnel and Readiness] and the Chairman of the Joint Chiefs of Staff.

**Training Curricula.** U.S. and ISAF mentoring personnel need a comprehensive and in-depth understanding of Afghan culture and history, the background and organization of ANA and ANP, the mentoring efforts used to date along with the successes and failures that have occurred, and the difficulties in facilitating long-term change in the Afghan system. This understanding is needed so that expectations of change are reasonable and effective mentoring strategies can be developed and implemented.

Further, U.S. and ISAF mentors should be trained with similar curricula so mentoring efforts can be synchronized. This added preparation would partially compensate for shorter lengths of deployments and reduce potential confusion among ANA and ANP personnel that may receive mentoring from different approaches.

According to the Commanding General, CSTC-A, this additional pre-deployment training should be provided before service members deploy from the U.S. to minimize the training footprint in theater. Providing such training in theater is difficult due to time, travel, force protection, and operational tempo constraints.

## **Combined Security Transition Command – Afghanistan Mentoring Coordination**

There was no single sponsor for training and mentoring the ministries and ANSF in logistics processes or to provide oversight over the combined and coordinated efforts of the coalition logistics specialists working with Afghan personnel. A disconnect existed between senior mentors at ministerial levels and trainers at the operational levels in information sharing and coordination and also between the mentors and trainers assigned to MoD and to MoI.

Experienced Coalition officers and noncommissioned officers who were assigned to mentor senior level organizations in MoD had little or no interaction with the logistics ETT personnel who were training Afghan personnel at the ANA Corps and Kandak level in logistics principles and processes. The same partition was evident between the mentors at the senior logistics organizations within MoI and the logistics trainers assigned to PMTs.

Opportunities should be created and activities should be scheduled for the senior mentors at the ministerial levels and trainers at the operational levels to interact and exchange information, ideas, experiences, and best practices. This should enhance their respective logistics mentoring roles and reinforce communication and coordination between and among the respective MoD and MoI logistics components to achieve integration, common purpose, and sustainability of effort.

## **Recommendations**

K.1. We recommend that the Commander, U.S. Central Command, in coordination with the Commander, North Atlantic Treaty Organization-International Security Assistance Force, the Chairman of the Joint Chiefs of Staff, and the Commander, Joint Forces Command, establish a requirement for comprehensive logistics and in-country training for the logistics mentors supporting Coalition efforts in Afghanistan, to include Afghan

logistics systems.

**Management Comments to Recommendation K.1.** USCENTCOM concurred and will work with CSTC-A and NATO to establish the appropriate training requirement and ensure standardized training occurs for all mentor personnel. CSTC-A will complete development of a unified strategy for ANA logistics mentorship by December 2008. From this strategy will evolve a detailed implementation and training plan to improve the quality of mentorship at all levels.

**Assessment Response.** We believe that the actions proposed by USCENTCOM to establish appropriate and specific training requirements for mentor personnel meet the intent of our recommendation. This recommendation will remain open until the CSTC-A unified training strategy for logistics mentors is implemented.

**Deletion of Recommendations from Management Comment Draft Report:** Based on comments from the Army and others, we eliminated recommendations K.2 and K.3 as they were written in the draft report for management comments. Recommendation K.2 below was originally K.4 in the management comments draft.

K.2. We recommend that the Commander, Combined Security Transition Command-Afghanistan:

a. Develop and issue a formal, unified strategy with detailed implementing guidance for mentoring the Ministry of Defense, General Staff, and Ministry of Interior logistics organizations in achieving an integrated logistics sustainability.

**Management Comments to Recommendation K.2.a.** CSTC-A concurred and provided the following comments.

- CSTC-A will complete development of a unified strategy for ANA logistics mentorship by December 2008. From this strategy will evolve a detailed implementation and training plan to improve the quality of mentorship at all levels. Development of an equivalent MoI mentorship strategy will follow. To ensure standardization across ANA/ANP lines, mentors will use the basic construct, processes, and methods of the ANA plans and processes to begin development of an ANP logistics mentor strategy. Similarity between the two systems will facilitate the eventual transformation of the two supply chains into a single ANSF supply chain.
- Although there are ministerial development plans to guide senior logistics mentors and handbooks to guide unit-level mentors on logistics functions, a strategy for linking mentorship at tactical, operational, and strategic levels is still in its infancy. The CSTC-A FRAGO 08-047, Command and Control Realignment of CSTC-A ANSF Logistics Advisors defining the relationship between tactical and strategic logistics mentors was followed by data collection to determine logistics functions in Afghanistan to facilitate better communication and coordination.
- Mentors at all echelons continuously work together to facilitate logistics operations and implement procedures. CSTC-A is coordinating with Combined Joint Task Force Phoenix J3 regarding a logistics course for all logistics Embedded Training Teams (ETTs)/Police Mentoring Teams (PMTs) who arrive in country. The Afghan logistics system is based on a U.S. Army model and fundamental concepts, processes and terminology are based on US Army



doctrine. A baseline understanding is required for personnel from all services to efficiently mentor in Afghanistan. The bi-weekly publication of a logistics newsletter, the Log-O-Gram, increases cross-talk and information flow. Finally, an ETT mobile training team ensures unity of effort from national level logistics organizations to the tactical level.

**Assessment Response.** The actions described in the management comments meet the recommendation intent. The recommendation will remain open pending the completion of the unified strategy for ANA logistics mentorship scheduled for December 2008.

K.2.b. We recommend that the Commander, Combined Security Transition Command-Afghanistan develop a venue and methodologies for logistics mentors and trainers to interact and exchange information, ideas, experiences, and best practices and to coordinate between and among senior mentors at ministerial levels and trainers at the operational levels and also between the mentors and trainers assigned to the Ministry of Defense and the Ministry of Interior to achieve integration, common purpose, and sustainability of effort.

**Management Comments to Recommendation K.2.b.** CSTC-A concurred and provided the following comments:

- CSTC-A issued a FRAGO 08-047, Command and Control Realignment of CSTC-A ANSF Logistics Advisors aligning command and control of ANSF logistics mentors across Afghanistan. MoD and MoI Integrated Process Teams were established and meet weekly with representatives from national level logistics organizations, tactical level units and the CSTC-A staff to address logistics issues and ensure a common operating picture for all echelons.
- Additionally, CSTC-A and Task Force Phoenix have initiated a bi-weekly newsletter (Logogram) to inform mentors at all echelons, highlight policy changes and increase coordination. CSTC-A is currently coordinating with Task Force Phoenix J3 regarding a logistics course for ETTs and PMTs. National level ETTs/PMTs also travel to Corps areas to provide training and gather feedback.

**Assessment Response.** After considering management comments and reviewing FRAGO 08-047, we have determined that the intent of the recommendation has been met.

## Observation L.

### **Combined Security Transition Command-Afghanistan – Staffing for Logistics Training Teams**

There were insufficient numbers of logistics mentors assigned to ETTs that advised ANA and PMTs that advised ANP.

This has occurred because the requirements for PMT mentors identified in Request for Forces (RFF) 620 Modification 2 (approved by the Joint Staff in February 2007) had not been sourced.

As a result, CSTC-A directed the reassignment of ETT personnel in 2007 to PMTs to address the overall shortage of mentors for ANP. The number of personnel assigned as PMT mentors increased (although still less than required) and personnel assigned as ETT mentors decreased to less than needed. The shortage of ETTs and PMTs has had a negative impact on the ability to train ANA and ANP.

### **Applicable Criteria**

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations tasks include helping ... rebuild indigenous institutions including various types of security forces, correctional facilities, and judicial systems necessary to secure and stabilize the environment.

### **Combined Security Transition Command – Afghanistan Management of Training Teams**

CSTC-A provided oversight for the operational training mission performed by Task Force Phoenix and the Combined Air Power Task Force. Task Force Phoenix managed the training and assignment of ETTs for ANA at the Corps and below levels and PMTs for ANP below the ministerial level. The Combined Air Power Task Force managed the training and assignment of mentors for the Afghan National Army Air Corps at Corps and below levels and the ANA General Staff air function.

## Combined Security Transition Command – Afghanistan Mission of Training Teams

According to the Islamic Republic of Afghanistan Campaign Plan for the Development of Enduring National Military and Police Forces (pre-decisional draft), dated July 28, 2007, it is the intent of GIRoA and its international community partners to develop enduring national military and police forces, and associated ministerial and sustaining institutions, that are equal to Afghanistan's security requirements. This development will cover the full spectrum of doctrine, organization, training, materiel, leadership and education, personnel and facilities.

CSTC-A Operations Order 08-006 (“ANSF Development Program”), January 14, 2008, stated that no ANSF unit would be fielded without assigning or identifying an ETT, PMT, or ISAF Operational Mentor and Liaison Team (OMLT) to provide training and logistics assistance.

ISAF provided OMLTs to assist and augment ETT coverage of ANA, and their primary focus was on the operational tasks of ANA units. ETT, PMT, and OMLT training teams were intended to provide continuous assistance to their assigned ANSF unit until that unit achieved a readiness rating of Capability Milestone 1,<sup>26</sup> and the attainment of this milestone had been validated by a Validation Training Team.

### Strength of U.S. Training Teams

The requirements for PMT mentors identified in RFF 620 MoD 2 (approved by the Joint Staff in February 2007) had not been sourced.

**Manning of an Embedded Training Team.** The standard size of an ETT was 16 personnel. The commander of each Afghan Regional Security Integration Command (ARSIC)<sup>27</sup> determined ETT manning levels based on the availability of personnel, coverage requirements, and the overall threat situation in his region of responsibility.

**Manning of a Police Mentoring Team.** The standard size of a PMT was eight personnel. The standard PMT was a mixed military and civilian team consisting of four military and four civilians of which two civilians were police professionals. The commander of each ARSIC determined PMT manning levels based on the availability of personnel, coverage requirements, and the overall threat situation in his region of responsibility.

**Manning of an Operational Mentor and Liaison Team.** The 19-man OMLTs were the ISAF equivalent of the U.S. ETTs but did not have a Logistics and Sustainment Team as do the ETTs. Once an ANA unit was validated, the OMLT took the lead in training the

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<sup>26</sup> Capability Milestone 1 rating was the unit, agency, staff function, or installation is fully capable of conducting primary operational mission(s) without assistance from, or reliance on, Coalition or international community support. Capability in terms of doctrine, organization, training, materiel, leadership and education, personnel and facilities, objective proficiency, or other applicable measure is defined at greater than 85 percent.

<sup>27</sup> There was one ARSIC for each of the five regions in Afghanistan: ARSIC-North, ARSIC-South, ARSIC-East, ARSIC-West, and ARSIC-Central. A Regional Corps Assistance Command and a Regional Police Assistance Command was assigned to each ARSIC. These subordinate units had oversight of ETTs working with the ANA and PMTs working with the ANP.

ANA unit while the existing ETT downsized to a 7-man Logistics Support Team<sup>28</sup> for Kandaks and below and an 11-man Logistics Support Team for Brigade and Corps levels.<sup>29</sup> When that occurred, the OMLTs primarily focused on operational tasks with the ANA while the Logistics and Sustainment Team focused on logistics sustainment.

**Reassignment of ETT Personnel.** CSTC-A reported that it had a sufficient number of ETT logistics trainers for ANA. However, when CSTC-A was tasked in 2006 to provide manpower for PMTs, it did not have the personnel resources available. Subsequently, CSTC-A directed the reassignment of a portion of its ETT personnel to PMTs to address the overall shortage of mentors in ANP, thus reducing the strength of ETTs. The strength of ETTs continued to be reduced as PMT trainer requirements were satisfied with personnel resources that had been previously earmarked for ANA training teams.

CSTC-A Operations Order 08-006 (“ANSF Development Program”), January 14, 2008, stated that initial assessments of ETTs and OMLTs conducted by senior mentors concluded that ETTs and OMLTs were not currently conducting quality collective training at the Kandak level because:

- ETTs were undermanned due to re-missioning for PMTs
- ETTs lacked prior experience in leading collective training and assessments because they were comprised of junior members with insufficient experience, or they were comprised of U.S. Navy and U.S. Air Force personnel who lacked sufficient experience in Army systems
- Training at Ft. Riley and the Joint Multinational Readiness Center focused more on survival skills and individual training to the detriment of the ETTs, which needed to be coached on collective training strategies in order to fully develop ANA units.<sup>30</sup>

## Recommendation

L. We recommend that the Chairman of the Joint Chiefs of Staff and the Commander, U.S. Central Command expedite the assignment of personnel with the requisite skills, experience levels, and rank to fill positions designated in the Combined Security Transition Command-Afghanistan Request for Forces 620 Modification 2 for ETTs and PMTs logistics mentors.

**Management Comments to recommendation L.** The Joint Staff concurred.

USCENTCOM concurred, noting that they had submitted a request for forces for additional trainers in Afghanistan. While it is up to USJFCOM and the Services to provide the personnel with the requisite skills, experience levels, and rank to fill the positions, USCENTCOM is in direct coordination with USJFCOM, Joint Staff (JS), and the Services to ensure maximum sourcing for the Afghan Joint Manning Documents (JMDs).

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<sup>28</sup> Logistics Support Teams were formed out of the standard 16-man U.S. ETT. The ISAF OMLTs did not have their own logistics trainers, but rather used the U.S. Logistics Support Teams for this function.

<sup>29</sup> Annex V, Combined Security Transition Command – Afghanistan Campaign Plan, Coordinating Draft, dated May 7, 2007.

<sup>30</sup> Annex F, CSTC-A Operations Order 08-006 (“ANSF Development Program”), January 14, 2008.

**Assessment Response.** The Joint Staff and USCENTCOM comments meet the intent of the recommendation.

## Observation M.

### **Afghan Ministry of Defense Transportation – Central Movement Agency Maintenance Management**

Central Movement Agency (CMA)<sup>31</sup> management was unaware of how many trucks were operational, how many were down for maintenance, or the status for repair parts or maintenance work. Further, CMA unit-level truck maintenance was sporadic, not performed to standards, and inadequate. In addition, CMA management was unaware of how many vehicles were on the premises or how many had been transferred to forward support depots.

This occurred because CMA had no reliable, accurate, internal tracking system that identified the readiness or supply status for vehicles. Further, the organization lacked an effective equipment maintenance schedule and established maintenance practices for vehicles, or a sufficient number of trained maintenance technicians, tools and equipment, and spare parts. In addition, CMA had not established a fleet parking plan or a tracking system to provide visibility of current vehicle location and status.

As a result, CMA could not provide minimal organizational level maintenance for its vehicles and could not account for its fleet. The capability of CMA to maintain its fleet to meet its strategic logistics distribution mission had been degraded.

### **Applicable Criteria**

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations tasks include helping ... rebuild indigenous institutions including various types of security forces, correctional facilities, and judicial systems necessary to secure and stabilize the environment.

### **Afghan Central Movement Agency Organization**

CMA was established in 2006 as the primary MoD transportation asset and as a subordinate organization of the Logistics Command. The CMA facilities were located in Kabul, about one kilometer from the Logistics Command headquarters. The facilities

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<sup>31</sup> The CMA reported to the Logistics Command and the Logistics Command reported to the Assistant Minister of Defense (Acquisition, Technology, and Logistics).

housed the Central Movements Section, the 1<sup>st</sup> and 2<sup>nd</sup> Light/Medium Truck Companies, a medium transportation Company, and a heavy equipment transportation company. The agency was to mature to 890 personnel and 627 vehicles organized into four transportation companies. Trucks from CMA were used to transport supplies and material throughout Afghanistan to ANA forward support depots.

## **Afghan Central Movement Agency Maintenance Scheduling**

During our tour of the facility, U.S. mentors advised us that the CMA management was unaware of how many trucks were operational, how many were down for maintenance, or the status for repair parts or maintenance work. CMA had no reliable, accurate, internal tracking system that identified the readiness status or the supply status for trucks. This was indicative of a poor unit level maintenance program.

## **Afghan Central Movement Agency Maintenance Performance**

The CMA unit-level truck maintenance was sporadic, not performed to standards, and inadequate. The organization lacked an effective equipment maintenance schedule for vehicles that would allow better fleet availability and supply requirements forecasting. CSTC-A reported that CMA leadership did not conduct inspections to ensure proper fleet maintenance. The CMA capability to perform maintenance on its rolling stock was extremely limited because of:

- Poor organizational management
- Insufficient training for maintenance technicians
- Lack of maintenance tools and equipment
- Lack of spare parts
- Absence of established maintenance practices

The ANA unit supply system did not encourage stocking repair and replacement parts in adequate quantities to allow timely servicing of vehicles. CMA leaders provided incomplete or inaccurate equipment readiness status, which prevented maintenance section personnel from determining stock supply requirements early enough to order expendables prior to reaching zero balance. The untimely servicing of vehicles discouraged operators from turning in vehicles for required services and minor repairs to keep vehicles on the road in support of mission requirements.

## **Afghan Central Movement Agency Vehicle Visibility**

During our tour of the CMA facility, U.S. mentors advised that the CMA management was unaware of how many vehicles were on the premises. The CMA leadership revealed that they were not aware of what trucks had been transferred to forward support depots. CSTC-A reported that CMA leadership had not established a fleet parking plan to facilitate vehicle location tracking within the compound. There was no tracking system in use at CMA to provide visibility of current truck location.

## Recommendations

M. We recommend that the Commander, Combined Security Transition Command-Afghanistan advise and assist appropriate officials at the Ministry of Defense, Logistics Command, and Central Movement Agency to:

1. Establish a reliable and accurate internal tracking system that identifies the readiness and supply status for Central Movement Agency vehicles.

**Management Comments to Recommendation M.1.** CSTC-A partially concurred, providing the following status of ongoing corrective actions.

- Implementation of the Logistics Readiness Assessment Tool (LRAT) will provide a readiness snapshot to ANA and MoD senior leadership, which may encourage additional leadership focus.
- LRAT is a logistics performance reporting system, managed exclusively by the ANA, which enables key leaders to make sound supply chain management decisions thereby enhancing available combat power. Each critical node will collect and analyze stock status and logistics performance measure data at their level, and will submit a consolidated report to the next higher echelon of command. The reporting system will initially focus attention only on select critical line items (Shoot, Move, Communicate, Food, Fuel, etc.) as well as key performance measures which will vary from critical node to another depending on customer / provider perspectives.
- Approximately two years ago, CMA adopted the process of assigning a vehicle to an individual operator. CMA personnel are not well educated or proficient in maintenance tasks, and vehicle inspections standards are not stringent or rigorously enforced.
- Vehicle status is difficult to obtain under this system.
- The CMA Property Book Officer (PBO) has a good accountability of their assigned vehicles, the Movement Control Center (MCC) has a complete grasp of vehicles assigned on convoys, and the Company Commanders have visibility over vehicles in for maintenance. ETTs will work with CMA leadership to merge these into a single comprehensive system.

**Assessment Response.** The actions described in the management comments meet the intent of the recommendation. CSTC-A should conduct follow-up with CMA to determine if actions they implement result in an improvement in CMA's ability to track and identify the readiness and supply status for CMA vehicles.

M.2. We recommend that the Commander, Combined Security Transition Command-Afghanistan advise and assist appropriate officials at the Ministry of Defense, Logistics Command, and Central Movement Agency to establish effective equipment maintenance schedules and practices for vehicles.

**Management Comments to recommendation M.2.** CSTC-A concurred and provided the following comments regarding ongoing corrective action.

- The current system gives little centralized awareness of fleet maintenance status and does not allow the maintenance section to determine stock supply



requirements early enough to order expendables. The ANA supply system opposes stocking items in adequate quantities to allow timely servicing of vehicles. Previously noted lack of enforcement of individual operator maintenance combined with lack of parts availability leads to greater down time when vehicles are turned in, reinforcing a resistance to preventative maintenance.

- A maintenance schedule for vehicles reported by company commanders would allow better fleet availability and supply requirements forecasting. Operator maintenance is 10-level maintenance responsibility. CSTC-A is developing an operator maintenance SOP with an estimated completion date of November 2008. ETTs will further develop a mentorship plan to ensure that operators understand maintenance requirements.

**Assessment Response.** The actions described in the management comments meet the intent of the recommendation. Corrective actions also need to ensure that vehicle services are scheduled, as required, at all appropriate levels of maintenance. The recommendation will remain open pending CSTC-A evaluating and reporting the results of CMA's vehicle maintenance scheduling after the SOP is implemented and ETT vehicle operator training programs are expanded.

M.3. We recommend that the Commander, Combined Security Transition Command-Afghanistan advise and assist appropriate officials at the Ministry of Defense, Logistics Command, and Central Movement Agency to obtain a sufficient number of trained maintenance technicians, maintenance tools and equipment, and spare parts to adequately maintain the vehicles.

**Management Comments to Recommendation M.3.** CSTC-A partially concurred, providing the following comments.

- Operator maintenance is sporadic and not to standards.
- Secondary maintenance is difficult to access.
- A previously noted lack of parts supplies, as well as extremely long lead times to get parts discourages users from turning an otherwise operational vehicle in for cosmetic or minor repairs. This leads to cumulative damages that reduce the safety of operation and results in premature wear and tear that will require extended maintenance of the vehicle.
- CMA has 105 vehicle maintenance authorizations on its 1388 Tashkil (authorization document) which are divided equally between the five Companies. CMA's maintenance capability is designed to perform scheduled and operator-level maintenance, e.g. oil changes, light bulb replacements, brake pad replacements. Vehicles requiring repairs beyond this level are to be turned into the Central Workshop Vehicle Maintenance facility which is co-located on the CMA compound. The Central Workshop will repair the vehicle or turn the vehicle into RM Asia (vehicle maintenance contractor) for maintenance functions beyond their capability.
- RM Asia moved into a new facility on the CMA compound in May 2008. In addition to providing vehicle maintenance, RM Asia has been contracted to provide maintenance apprenticeship training. This training is primarily for Central Workshop personnel, but slots have been reserved for CMA personnel.

- CMA also had 12 personnel graduate from the Anham LLC Contract Vehicle Maintenance School in April 2008. These personnel are being utilized as trainers in the CMA vehicle maintenance facility. The ANA Logistics Branch School will be the long term solution for pipeline training of vehicle mechanics. The school is scheduled to reach initial operating capability in January 2009, but has begun initial mechanics training.

**Assessment Response.** The actions described in the management comments meet the intent of the recommendation. We will keep this recommendation open pending the establishment of the ANA Logistics Branch School for training vehicle mechanics.

M.4. We recommend that the Commander, Combined Security Transition Command-Afghanistan advise and assist appropriate officials at the Ministry of Defense, Logistics Command, and Central Movement Agency to establish a fleet parking plan and tracking system to provide visibility of current vehicle location and status.

**Management Comments to Recommendation M.4.** CSTC-A concurred and provided the following comments.

- As previously noted, individual sections have tracking systems and visibility, however, no one office has a complete vehicle picture. ETTs will work with ANA leadership to merge these into a single comprehensive system. Additionally, logistics ETTs will develop a parking plan/tracking SOP.
- Parking space is also an issue. A fuel station construction project has reduced the amount of available space to organize and park tractor/trailers. CMA has submitted a request to obtain the land immediately east of their current compound. This area would serve two important purposes for CMA: 1) provide a secure area to conduct driver's training, both internal and advisor-led, and 2) provide an area to stage convoys prior to departure to the applicable Regional Corps location.
- Log ETT advisors have submitted a request through CJ-ENG to initiate a Right of Entry survey on this land which is believed to be owned by the Ministry of Energy. Once land rights are obtained, CJ-ENG security funds can be utilized to complete a partially existing stone security wall and complete land grading on the area.

**Assessment Response.** The actions described in the management comments meet the intent. The recommendation will remain open, however, pending the development and implementation of a single comprehensive tracking system and the parking plan/tracking SOP.

## Observation N.

### **Afghan Ministry of Defense Transportation – Central Movement Agency Driver Training**

CMA had trained only 120 of 677 authorized drivers.

This occurred because insufficient numbers of drivers had received formal driver training through the German Driver and Mechanics School at the Kabul Military Training Center or from other qualified sources.

As a result, CMA was only capable of providing transportation services to one forward supply depot at a time. The continued lack of qualified drivers may negatively impact the ability of CMA to fulfill its primary mission of strategic logistics distribution to ANA forces throughout Afghanistan and delay the command from reaching self-sustainment.

### **Applicable Criteria**

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations tasks include helping ... rebuild indigenous institutions including various types of security forces, correctional facilities, and judicial systems necessary to secure and stabilize the environment.

### **Afghan Central Movement Agency Driver Requirements**

The CMA Tashkil<sup>32</sup> authorized 677 operational drivers. However, we were informed that only 120 of the 677 authorized drivers had actually completed driver training.

We are not confident that the capability to train drivers currently exists. CSTC-A informed us that they had coordinated a renewed drivers training program for CMA with the German Driver and Mechanics School at the Kabul Military Training Center. However, ETT personnel at CMA told us that it had been extremely difficult to obtain needed driver training through the German Driver and Mechanics School.

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<sup>32</sup> An official Afghan document similar to a Military Table of Organization and Equipment that lists in detail the authorized staff positions and equipment items for the ANA and ANP.

CSTC-A should assess the CMA driver-training requirements against the resources available to provide training and develop a plan of action to accommodate the qualification shortfalls. This may require coordination with other available partner coalition forces.

Despite this shortage of qualified drivers, the rating for CMA in the area of “Training” was reported to be at Capability Milestone 2 and projected to be at Capability Milestone 1 by April 2008.<sup>33</sup> According to the CSTC-A Campaign Plan, Coordinating Draft, dated May 7, 2007, a Capability Milestone 2 rating for transportation support meant that a minimum of two truck companies were providing transportation support from CMA. Presumably, this means that simultaneous operations can be conducted.

We were informed that CMA was only capable of providing transportation services to one forward supply depot at a time. It was reported that as supplies came in, CMA staged the equipment for one Corps at a time and loaded the staged cargo on the trucks for delivery once a sufficient quantity had been accumulated to justify a convoy. Meanwhile, supplies that were received for other delivery locations were reportedly set aside for later loading and delivery.

The continued lack of qualified drivers may negatively impact the ability of CMA to fulfill its primary mission of strategic logistics distribution to ANA forces throughout Afghanistan and delay the command from reaching self-sustainment.

## Recommendations

N. We recommend that the Commander, Combined Security Transition Command-Afghanistan, in coordination with appropriate U.S. forces organizations, the North Atlantic Treaty Organization-International Security Assistance Force, and the Ministry of Defense:

1. Assess the driver-training requirements against the resources available to provide that training.
2. Ensure that adequate professional driver training is provided for Central Movement Agency drivers to eliminate qualification shortfalls.
3. Develop a plan of action to increase the number of trained and qualified drivers to 100 percent of the Tashkil authorization.

**Management Comments to recommendation N.1, N.2, and N.3.** CSTC-A concurred and provided the following comments.

- Current number of trained drivers is 180 of 519 drivers (35%) on the 1388 Tashkil.
- Fifty drivers are currently enrolled in the German Driving School class which runs through September 2008.

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<sup>33</sup> According to the Development Plan for Logistics Command (undated draft), p. 10 of 13.

- We will encourage ANSF to send CMA drivers to this training to the maximum extent possible. This course trains licensed drivers up to the Medium Tactical Vehicle level.
- Additional training is required for tractor/trailer and convoy operations.
- A team of fifteen USAF vehicle operators were tasked to perform driver's familiarization to increase successful driver completion rates from the German Driving School and to build on the foundation of the German Driving School curriculum and develop lesson plans for convoy operations after a driver's graduation. They have been limited by 1) a lack of lesson plans and 2) a lack of a secure/safe area to conduct the driver's training. These lesson plans will be used as the basis for a future organic CMA training section.

**Assessment Response.** The actions described in the management comments partially meet the intent of the recommendation. CSTC-A should evaluate the results of the implemented training toward eliminating driver qualification shortfalls and provide a plan of action to ensure that the maximum numbers of drivers are qualified. The plan of action should describe steps to implement and institutionalize driver training and establish milestones toward achieving required driver qualifications. We request a copy of the completed plan.

## Observation O.

### **Afghan National Army – Logistics Specialty Training**

Formal logistics specialty training within ANA did not exist in Afghan military professional development schools. Further, ANA personnel working in logistics billets were not fully trained, although some functional training was provided to enlisted personnel.

This occurred because formal programs of instruction leading to logistics specialty designations for officers and noncommissioned officers within ANA had not been established.

As a result, ANA officers, noncommissioned officers, and enlisted personnel performing logistics functions such as maintenance, services, supply, support, and transportation may not be able to effectively accomplish the logistics duties to which they had been assigned.

### **Applicable Criteria**

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations tasks include helping ... rebuild indigenous institutions including various types of security forces, correctional facilities, and judicial systems necessary to secure and stabilize the environment.

### **Afghan Logistics Specialty Qualification Training**

The CSTC-A Campaign Plan, Coordinating Draft, dated May 7, 2007, emphasizes the goal of developing an efficient logistics system capable of identifying, acquiring, and distributing required resources to ANSF without international assistance. Key to developing the logistics capability is the concurrent establishment of a logistics specialty within ANA. The MoD strongly supports this initiative.

CSTC-A Operations Order 08-006 (“ANSF Development Program”), January 14, 2008, lists the German Driver and Mechanics School and the Logistics School at the Kabul

Military Training Center as sources of critical high priority enabling capabilities for ANA.<sup>34</sup>

MoD and ANA had created key organic logistics organizations. For example, the Logistics Command has been established to order and distribute all classes of supply, CMA was established to provide strategic transportation and forward movement, forward support depots were established adjacent to each of the five ANA Corps, and Combat Service Support Kandaks were established within each ANA brigade.

However, a formal training syllabus and training leading to logistics specialty qualification in ANA had not been established. The ANA Tashkil, November 2007, delineates over 15,000 positions that could be defined as logistics billets. These billets require officers, noncommissioned officers, and enlisted personnel trained in the functions of transportation, supply, maintenance, services, and support.

ANA officers and noncommissioned officers performing the logistics functions of maintenance, services, supply, support, and transportation may not be able to effectively understand, plan, or accomplish the logistics duties to which they had been assigned without formal logistics training.

CSTC-A should proactively coordinate the development of formal logistics specialty training for ANA officers, noncommissioned officers, and enlisted personnel. This training is key to developing logistics specialty designations.

## Recommendation

O. We recommend that the Commander, Combined Security Transition Command-Afghanistan, in coordination with the Ministry of Defense and the Afghan National Army, develop and initiate formal logistics specialty training programs within the Afghan National Army that lead to formal designation of officers, noncommissioned officers, and enlisted personnel as logistics specialists.

**Management Comments to Recommendation O.** CSTC-A concurred, noting that initial operational capability of the national logistics school is scheduled for January 2009, with full-operational capability scheduled for 2012. The German Armed Forces Advisory Group reports to the Combined Training Advisory Group (CSTC-A CTAG) and coordinates through CSTC-A CJ7 Training and Education. CSTC-A CJ4 provides overall policy and programming guidance and assistance for the logistics school stand-up. CSTC-A CJ4 developed/validated over 15,000 logistics positions for the Solar Year 1388 Tashkil, building career path and duty descriptions for six Military Occupational Specialties (MOSs) and over 30 Additional Skill Identifiers (ASIs) for officers, noncommissioned officers (NCOs), and enlisted personnel, nesting career paths for each respective MOS.

**Assessment Response.** The actions described in the management comments meet the intent of the recommendation. Implementation of management actions will occur over

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<sup>34</sup> Page B-2 of CSTC-A Operations Order 08-006 (“ANSF Development Program”), January 14, 2008, lists the German Drivers and Mechanics School, the Logistics School, the National Military Command Center, the Communications Support Element, the Joint Regional Coordination Centers, the Joint Provincial Coordination Centers, the Commando School, and the Counter Improved Explosive Device School as critical enabling capabilities.

time. The recommendation will remain open pending CSTC-A reporting that the national logistics school has reached IOC and students with proposed formal logistics specialties are scheduled for attendance.



## Observation P.

### **Afghan Ministry of Interior – Logistics Guidance**

Guidance clearly describing the logistics policies, processes, and procedures for MoI and ANP had not been developed and issued.

This occurred because CSTC-A logistics mentors for MoI had not placed sufficient emphasis on assisting senior MoI and ANP leadership in developing and implementing systematic logistics directives and decrees that clearly described the policies, processes, and procedures for accomplishing the logistics functions within MoI and ANP.

As a result, the logistics capability development for MoI and ANP has been delayed.

### **Applicable Criteria**

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations tasks include helping ... rebuild indigenous institutions including various types of security forces, correctional facilities, and judicial systems necessary to secure and stabilize the environment.

### **Afghan Ministry of Interior Logistics Guidance**

**Combined Security Transition Command-Afghanistan Campaign Plan, Coordinating Draft, dated 27 May 2007.** This draft document stated that:

. . . [T]he ANP must internalize the logistic processes and embrace the development of the ANSF Logistics System. The MoI and the ANP must improve material management, requirements development, property accountability, and logistics operations planning. The logistics management process must be capable of operating vertically and horizontally from top to bottom and across all aspects of the MoI and the ANP.

**Ministry of Interior Logistics Order #1.** The instructions and guidance detailing doctrine and procedures for the Ministry of Interior logistics functions were virtually non-existent. We were able to obtain only one official directive, MoI Logistics Order #1, “About Logistics Management and Policy.” This directive provided only a very general logistics concept and lacked sufficient detail to explain the logistics process within MoI.

**Draft Ministry of Interior Logistics Decrees.** CSTC-A provided copies of three draft MoI Logistics Decrees that were being staffed:

- “Process for the Management of Logistics Decree”
- “Process for the Management of Maintenance Decree”
- “Transportation Decree”

**Ministry of Interior Logistics Customer Handbook.** MoI Logistics Customer Handbook, dated December 2007, existed in English but the implementation status of this document within MoI was undetermined. The Handbook stated:

Doctrinal policy and procedures are being written [underline supplied] that will address all classes of supply and service support. The Minister of Interior will approve the final version and publish these at the appropriate time. This handbook covers the interim request and issue procedures...

It was apparent that most of the U.S. logistics focus had been on developing the MoD and ANA military logistics capability, including formalizing the doctrines and process. A similar effort must be taken with regard to formalizing the MoI and ANP logistics capability.

## Recommendation

P. We recommend that the Commander, Combined Security Transition Command-Afghanistan, in coordination with the Ministry of Interior and the Afghan National Police, expedite development and publication of detailed logistics directives and decrees that clearly describe the policies, processes, and procedures for accomplishing the logistics functions within the Ministry of Interior and the Afghan National Police.

**Management Comments to Recommendation P.** CSTC-A non-concurred, providing the following comments.

- Deputy Assistant Minister for Administration and Support (Lieutenant General equivalent) signed the MoI Policies for logistics, transportation and maintenance in July.
- Mass reproduction of policies conducted in August 2008.
- MoI conducted Senior Leader Logistics Seminar in August 2008 to introduce the new policies and educate many of the new procedures for a demand based logistics system.
- CJ4 Log ETT Mentors/Advisors will facilitate another Log Seminar in September 2008 to educate senior MoI Logisticians.

**Assessment Response.** Despite non-concurring, CSTC-A has implemented several positive measures subsequent to our visit that meet the intent of our recommendation.

## Observation Q.

### **Afghan Ministry of Interior –Logistics Specialty Training and Acquisition Training**

Formal logistics and acquisition specialty training within MoI has been insufficient to develop a self-sustaining logistics capability.

This occurred because comprehensive programs of instruction leading to the development of logistics and acquisition expertise for MoI officials and ANP police officers had not been established. Further, MoI organizational restructuring hampered the planning and delivery of needed logistics training.

As a result, MoI officials and ANP police officers performing logistics and acquisition functions may not have been able to effectively accomplish the duties to which they had been assigned. In addition, the development of a trained corps of logistics and acquisition professionals needed to support MoI and ANP had been delayed.

## Applicable Criteria

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations tasks include helping ... rebuild indigenous institutions including various types of security forces, correctional facilities, and judicial systems necessary to secure and stabilize the environment.

## **Afghan Ministry of Interior Guidance**

The draft CSTC-A Campaign Plan, Coordinating Draft, dated 27 May 2007, stated that:

[T]he ANP must internalize the logistic processes and embrace the development of the ANSF Logistics System. The MoI and the ANP must improve material management, requirements development, property accountability, and logistics operations planning. The logistics management process must be capable of operating vertically and horizontally from top to bottom and across all aspects of the MoI and the ANP.

Multiple interviews during our visit established the view that the MoI logistics capability development was at least 3 to 5 years behind MoD. This shortfall began with the fact that detailed logistics directives and decrees clearly describing the policies, processes, and procedures for accomplishing the logistics functions within MoI and ANP had not been developed and published (this issue was discussed in Observation P).

## **Afghan Ministry of Interior Logistics Training**

Formal logistics and acquisition specialty training within MoI has been insufficient to develop a self-sustaining logistics function. While there was some success in training personnel in property accountability, MoI and ANP logistics and acquisition personnel lacked any significant training in:

- Acquisition and procurement.
- Ammunition and weapons management
- Logistics and readiness reporting
- Maintenance records and reports
- Supply chain management
- Transportation and transportation management

This training was needed at the ministerial level as well as at the regional, provincial, and district level for ANP. Training at the ministerial level had been minimal and limited to introductory information technology training and informal discussions on the elements of policy.

The Procurement Directorate within the MoI also needed a master training plan for their acquisition workforce to include:

- Terms and conditions
- Source selection and scoring factors
- Special contracting
- Cost and pricing
- Contract administration

Formal programs of instruction leading to logistics and acquisition specialty designations for ministerial officials and ANP police officers had not been

established. Also, MoI organizational restructuring and rank reform initiatives hampered the implementation of the needed training.

MoI officials and ANP police officers performing logistics and acquisition functions may not be able to effectively accomplish the logistics and acquisition duties to which they had been assigned. Further, the development of a trained corps of logistics professionals needed to support the MoI and the ANP in logistics and acquisition programs has been delayed.

CSTC-A should proactively coordinate the development of formal logistics and acquisition specialty training for MoI officials and ANP police officers. This training is key to developing logistics and acquisition specialty designations.

## Recommendation

Q. We recommend that the Commander, Combined Security Transition Command-Afghanistan, in coordination with the Ministry of Interior and the Afghan National Police, develop and initiate logistics and acquisition specialty training programs to enable Ministry of Interior officials and Afghan National Police officers performing logistics and acquisition functions at the national, regional, and district levels to perform their missions effectively.

**Management Comments to Recommendation Q.** CSTC-A concurred, providing the following comments.

- Acquisition training will occur in November 2008 when Defense Acquisition University personnel arrive and conduct certification training with MoD and MoI.
- Initial planning and development of more institutional logistics training can begin with approval of the logistics policies in July 2008 and the addition of contract and military mentors at the ministerial levels.
- In Aug 2008, CSTC-A received confirmation of the formal approval to begin NATO Codification in Afghanistan - This will allow MoI and MoD acquisition agencies to procure directly from the NATO catalogue.

**Assessment Response.** The actions described in the management comments partially meet the intent of the recommendation. Actions to bring DAU trainers in country to train ANSF acquisition personnel are commendable. We request that CSTC-A elaborate more fully on its efforts to develop institutional logistics training within the MOI and ANP, and whether this training will cover those personnel performing logistics functions at the national, regional, and district levels.

**Part IV**  
**Medical Sustainability**

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# Introduction

Development of the health sector of another nation's security forces as part of a stabilization and reconstruction operation is a new mission for DoD, and is one that assumes particular importance as traditional military medicine adapts to the new requirements of counterinsurgency warfare. While DoD personnel often participate in medical training venues in international military-to-military and military-to-civilian settings, not since the 1920-1921 efforts of the U.S. Army to modernize the Polish health care system has the U.S. military taken on such a comprehensive task in this sector in the international environment.

## Afghanistan National Security Forces Health Care System

Independent, effective operations of ANSF will depend on developing a functioning health care delivery system that provides acceptable field-level combat casualty care, prompt evacuation to lifesaving emergency surgical services, definitive and restorative surgery and rehabilitation, that returns wounded soldiers and police to duty, and provides long-term care if they are unable to return to duty. Extremely limited financial resources and human capital in Afghanistan require civilian and military health care systems to be developed as efficiently and economically as possible.

The benefits of an integrated Afghan civil-military-police health care system include faster development and functionality of ANSF medical logistics, personnel, education, and finance systems; improved medical services for ANSF uniformed personnel and family members; and increased recruitment and retention of soldiers and police. Additionally, enhanced cooperation with the civilian health care sector is required to develop a national health care system that is more sustainable within the limitations of Afghan manpower and resources. This will have positive benefits for the Ministries of Public Health and Higher Education by improving functionality of clinical services, medical education, and medical logistics. Moreover, civilians will benefit by improved care, leading to a positive counterinsurgency effect. Finally, this will allow for more efficient use of U.S. resources.

DoD efforts to support the reconstruction, training, and organizing of the ANSF health care system are complicated by 6 to 12 month deployment cycles of U.S. military personnel, which limits continuity and sustainable progress. The complexity of these medical stabilization and reconstruction challenges in Afghanistan calls for a more robust U.S.-based interagency effort to assist U.S. military and civilian personnel in developing a detailed multi-year strategy and implementation plan for these tasks in Afghanistan. The recommendations in this report also reflect the belief that improved pre-deployment training, increased combatant commander involvement, and interagency reach-back support are essential for mission success.

## DoD Military Health System

The DoD Military Health System (MHS) mission is to provide optimal health services in support of our nation's military mission—anytime, anywhere. The MHS is a unique partnership of medical educators, medical researchers, and health care providers and their support personnel worldwide.



## Observation R.

### Coalition Medical Mentor Training

The mentoring of ANSF medical personnel by coalition ETT, PMT, and ISAF OMLT personnel was seriously hampered by their inadequate training.

This occurred because USCENTCOM and ISAF had not established the requirement for comprehensive pre-deployment training in medical mentoring that emphasized, among other issue areas, the cross-cultural context in Afghanistan. Further, CSTC-A had not developed an in-country mentoring orientation program for medical ETT and PMT personnel.

As a result, the mentoring of ANSF medical personnel by coalition ETT, PMT, and OMLT personnel was limited in its effectiveness and sometimes counter-productive.

### Applicable Criteria

**DoD Directive 1322.18.** DoDD 1322.18, “Military Training”, September 3, 2004, states that:

Members of the Department of Defense shall receive, to the maximum extent possible, timely and effective individual, collective, unit, and staff training necessary to perform to standard during operations. . . .

The DoD Components shall ensure their individuals and organizations are trained to meet the specific operational requirements of the supported Combatant Commanders, as identified in Combatant Commander-approved Joint Mission Essential Task Lists (JMETLs), before deploying for operations and while deployed.

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

**The Military Health System Strategic Plan.** “The Military Health System Strategic Plan – A Roadmap for Medical Transformation,” May 29, 2008, was developed to:

[R]e-examine our fundamental purpose, our vision of the future, and strategies to achieve that vision. We are refocusing our efforts on the core business in which we are engaged - creating an integrated medical team that provides optimal health services in support of our nation's military mission - anytime,

anywhere. We are ready to go in harm's way to meet our nation's challenges at home or abroad - to be a national leader in health education, training, research and technology. We build bridges to peace through humanitarian support when and wherever needed, across our nation and the globe, and we provide premier care for our warriors and the military family.

## **Combined Security Transition Command-Afghanistan Campaign Plan**

The CSTC-A Campaign Plan, Coordinating Draft, dated May 7, 2007, stated that the goal of CSTC-A is to organize, equip, and train ANA and ANP while building and developing capabilities at the levels of fielded forces, sustaining institutions, and MoD and MoI. This is to be accomplished by actively advising, supporting, and mentoring; unit partnership; and providing combat enablers as ANA and ANP grow and reach full operational capability.

### **Current U.S Mentor Training**

**Pre-deployment Training.** All mentors received approximately 60 days of pre-deployment combat skills training at Fort Riley, Kansas and 1 week of additional training in Kuwait prior to their arrival in Afghanistan. This training focused on combat skills and convoy operations and was the same as that received by mentors assigned to duty in Iraq. This training has been reported by medical mentors in Afghanistan to be insufficient preparation for cross-cultural medical mentoring in the ANSF setting.

Medical ETT members specifically reported that preparation for their mentoring tasks did not include a clear understanding of their roles and responsibilities, what they could be reasonably expected to accomplish, what medical development work with ANSF had been accomplished to date, and an understanding of the cultural aspects of working with Afghans.

**Mentoring Practices in Afghanistan.** Further, medical mentors serving in country were frustrated by the slow pace and lack of observed change and sometimes pushed harder with ineffective, sometimes disruptive, techniques. Afghan personnel being mentored then ignored the mentor's input. Other mentors fell back on their service-specific training and experience and attempted to impose U.S. solutions inappropriate to the ANSF setting. Several medical mentors redeployed early due to their frustration and ineffectiveness.

### **Future U.S. Mentor Training**

Under DoDD 3000.05, the responsibilities of key DoD organizations are outlined.

- The Under Secretary of Defense for Personnel and Readiness shall:

Identify personnel and training requirements for stability operations and evaluate DoD progress in developing forces to meet those requirements, according to DoD Directive 1322.18 (reference (c)).

[to include] Learning languages and studying foreign cultures . . .

- The Chairman of the Joint Chiefs of Staff shall:
  - Develop curricula at joint military education and individual training venues for the conduct and support of stability operations, in coordination with the Secretaries of the Military Departments and the Commander, U.S. Special Operations Command.
- The Commanders of the Geographic Combatant Commands, through the Chairman of the Joint Chiefs of Staff, shall:
  - Identify stability operations requirements and incorporate stability operations into military training . . .
- The Secretaries of the Military Departments and the Commander, U.S. Special Operations Command, in coordination with the Chairman of the Joint Chiefs of Staff and the Under Secretary of Defense for Policy, shall:
  - Ensure curricula in individual and unit training programs and service schools prepare personnel for stability operations, in coordination with the USD(P&R) [Under Secretary of Defense for Personnel and Readiness] and the Chairman of the Joint Chiefs of Staff.

More specifically, DoDD 3000.05 requires the Under Secretary of Defense for Personnel and Readiness to “Ensure DoD medical personnel and capabilities are prepared to meet military and civilian health requirements in stability operations.”

**The Military Health System Strategic Plan.** The MHS Strategic Plan, in its vision statement, states that the MHS is to be a leader in health education, training, research and technology. The MHS Strategic Plan also states that in “Mission Element 4: Education, Research and Performance Improvement,” one of its outcomes is a “Capable Medical Workforce” and that “We have the needed team of health professionals with the right training and skills to accomplish our wartime and humanitarian assistance missions.”

**Training Curricula.** U.S. and ISAF mentoring personnel need a comprehensive and in-depth understanding of Afghan culture and history, background and organization of ANA and ANP, mentoring efforts used to date along with the successes and failures that have occurred, and the difficulties in facilitating long-term change in the Afghan system. This understanding is needed so that expectations of change are reasonable and effective mentoring strategies can be developed and implemented.

Further, U.S. and ISAF medical mentors should be trained with similar curricula so mentoring efforts can be synchronized. This added preparation would partially compensate for shorter lengths of deployments and reduce potential confusion among ANA and ANP medical personnel that may receive mentoring from different approaches. The Center for Disaster and Humanitarian Assistance Medicine at the Uniformed Services University of the Health Sciences has prepared a draft training curriculum for medical ETT and PMT members and Provincial Reconstruction Team<sup>35</sup> members in Afghanistan as an initial effort to define the focus for improved pre-deployment training. This curriculum includes many aspects of medical reconstruction and development that are common to both ETT and PRT missions.

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<sup>35</sup> Provincial Reconstruction Teams (PRTs) consist of a combination of military and civilian personnel whose mission was to aid in the reconstruction and development of Afghanistan. PRTs were under military command. Military personnel provided a security envelope in which civilian experts could work on governance and development projects. U.S. PRTs operated under general guidance provided by ISAF.

According to the Commanding General, CSTC-A, this additional pre-deployment training should be provided before service members deploy from the U.S. to minimize the training footprint in theater. Providing such training in theater is difficult due to time, travel, force protection, and operational tempo constraints.

## Recommendations

R.1. We recommend that the Commander, U.S. Central Command and the Chairman of the Joint Chiefs of Staff, in coordination with the Under Secretary of Defense for Personnel and Readiness, the Assistant Secretary of Defense for Health Affairs, and the Commander, North Atlantic Treaty Organization-International Security Assistance Force, establish a requirement for comprehensive medical pre-deployment and in-country training for the medical mentors supporting Coalition efforts in Afghanistan.

**Management Comments to Recommendation R.1.** USCENTCOM concurred, noting that pre-deployment and in-country training and transition programs for US medical ETT Forces are currently established at Fort Riley and further implemented via a right seat/left seat policy upon deployment in Afghanistan with CSTC-A Command Surgeon oversight. There is now a full day of medical ETT and PMT training with curriculum developed by the Center for Disaster and Humanitarian Assistance Medicine (CDHAM) at the Uniformed Services University of the Health Sciences and approved by CDR, CSTC-A at Fort Riley.

The Joint Staff concurred.

The Assistant Secretary of Defense for Health Affairs (ASD[HA]) concurred with the recommendation.

**Assessment Response.** USCENTCOM's management comments partially met the intent of the recommendation. USCENTCOM and CSTC-A will need to develop a process to determine the adequacy of these efforts, such as pre-deployment and post-deployment surveys of medical ETT and PMT members. We request that CSTC-A provide documentation of such a process for our review.

**Deletion of Recommendations from Management Comment Draft Report:** Based on comments from the Army and others, we eliminated recommendations R.2 and R.3 as they were written in the draft report for management comments. Recommendation R.2 below was originally R.4 in the management comments draft.

R.2. We recommend that the Commander, Combined Security Transition Command-Afghanistan develop and implement an in-country mentoring orientation for medical mentors that describes and clarifies current mentoring practices, the Afghan National Security Forces medical development objectives and priorities, and meets the requirements of the Commander, U.S. Central Command.

**Management Comments to Recommendation R.2.** CSTC-A partially concurred, making the following comments.

- CSTC-A Command Surgeon established an ongoing full day of training which has been injected into the curriculum at Fort Riley. This program began 2 months

ago and will recur with each graduating class. The training was outlined by the Command Surgeon's office, curriculum was developed by CDHAM, and the instructors are both past Afghan mentors (one PMT, and one ETT).

- An ETT teleconference concerning logistics, finance and other issues is held every other week for training and as a venue for questions.
- An ETT strategic teleconference is held for ETT leads is held every other week (on the alternate week of the preceding topic).
- The Surgeon General will perform his own orientation process for incoming ETT's.
- CSTC-A Command Surgeon has been successful in mandating a 7 to 10 day overlap in incoming and outgoing ETT's as the single most important determinant in continuation of continued mentoring success and prevention of loss of momentum.
- CSTC-A Command Surgeon developed a doctrinal ETT handbook which is distributed to each incoming ETT.
- Each outgoing ETT member is tasked with constructing an exhaustive continuity book for provision to his replacement.
- CSTC-A has instituted an ETT sponsorship program between incoming ETT members and their outgoing counterparts.
- CSTC-A Command Surgeon and Deputy Surgeon visit each regional hospital ETT on a quarterly basis for training and supervision.
- Institution of quarterly traveling week long trauma seminars to the four regional hospitals consisting of National Military Hospital (NMH) ETT specialists (General Surgery, Emergency Medicine, Anesthesiology, Critical Care) who will travel and teach with their Afghan counterparts. First such seminar was two months ago.
- CSTC-A Command Surgeon also instituted a biannual 4 day ANA Leadership Conference (last one Feb 2008, next one planned for early October). The Team Leads and Chief Nurses from the regional hospitals as well as the ANA Corps Surgeon mentors from each of the 5 regions (along with their Afghan counterparts) come to Kabul for training and cross pollination of ideas.

**Assessment Response.** The management comments partially met the intent of the recommendation. USCENTCOM and CSTC-A will need to develop a process to determine the adequacy of these efforts, such as pre-deployment and post-deployment surveys of medical ETT and PMT members. We request that USCENTCOM and CSTC-A provide details of this process, once developed.

## Observation S.

### Utilization and Staffing of U.S. Medical Mentors

U.S. Navy and U.S. Air Force medical personnel practices in Afghanistan restrict relocation of medical ETT and PMT personnel assigned in ad-hoc status (formally known as “in-lieu-of”) from the location and functional billet to which each service member was originally assigned. Further, many medical mentoring teams were not fully manned, particularly those assigned to work with ANP.

This occurred because U.S. Navy and U.S. Air Force medical personnel practices have not evolved to meet the changing situation in Afghanistan and CSTC-A has requested Joint Staff and the U.S. Joint Forces Command to move slowly in filling PMT medical mentoring billets.

As a result, the mentoring of ANA medical personnel by coalition ETT personnel was limited in its effectiveness and sometimes counter-productive and mentoring of ANP medical personnel below ministerial levels has virtually ceased.

### Applicable Criteria

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning. . . .

Many stability operations tasks are best performed by indigenous, foreign, or U.S. civilian professionals. Nonetheless, U.S. military forces shall be prepared to perform all tasks necessary to establish or maintain order when civilians cannot do so. Successfully performing such tasks can help secure a lasting peace and facilitate the timely withdrawal of U.S. and foreign forces.

**Global Force Management Implementation Guidance FY 2008-2009.** The fiscal year 2008-2009 Global Force Management Implementation Guidance integrates force assignment, apportionment, and allocation processes to improve the Department of Defense’s ability to manage forces from a global perspective.

**The Military Health System Strategic Plan.** “The Military Health System Strategic Plan – A Roadmap for Medical Transformation,” May 29, 2008, was developed to:

[R]e-examine our fundamental purpose, our vision of the future, and strategies to achieve that vision. We are refocusing our efforts on the core business in which we are engaged - creating an integrated medical team that provides optimal health services in support of our nation's military mission - anytime, anywhere. We are ready to go in harm's way to meet our nation's challenges at home or abroad - to be a national leader in health education, training, research and technology. We build bridges to peace through humanitarian support when and wherever needed, across our nation and the globe, and we provide premier care for our warriors and the military family.

**Combined Security Transition Command-Afghanistan Operations Order 08-006.** CSTC-A Operations Order 08-006 (“ANSF Development Program”), January 14, 2008, stated that no ANSF unit would be fielded without assigning or identifying an ETT, PMT, or ISAF OMLT to provide training and logistics assistance.

**Combined Security Transition Command-Afghanistan Fragmentary Order 427.** “CSTC-A FRAGO<sup>36</sup> 427, ANSF Medical Mentoring, DTG<sup>37</sup> 262216Z MAR 07” assigned authority, coordination, and approval oversight responsibility to the CSTC-A Command Surgeon for all assignment, orientation, and training of new medical mentors, and also for defining roles and responsibilities of medical ETT personnel in CSTC-A and subordinate organizations.

## **U.S. Global Force Management Implementation Guidance**

**Business Rules for In-lieu-of Personnel Assignments.** Air Force personnel testified before the House Armed Services Committee’s Subcommittee on Readiness on July 31, 2007, and stated that Joint Staff business rules include three in-lieu-of categories when the preferred force sourcing is not an option:

- Joint Sourcing - where service members fill a role similar to their own core competencies, like an Air Force civil engineer possibly working in an Army Corps of Engineers unit;
- Retrained Ad-hoc - where service members are working within their normal duties, but as part of a unit where no service necessarily has a core competency, like provincial reconstruction teams;
- Remission - where a unit trained for one mission deploys to fill a totally different mission, like an artillery unit that instead performs convoy duties.

**Updated Global Force Management Implementation Guidance.** The Joint Staff updated these definitions in its FY 2008-2009 Global Force Management Implementation Guidance. The four force sourcing categories have been redefined as follows:

- Standard force solution – where a mission ready, joint capable force with associated equipment executes its core mission.
- Joint force/capability solution – where a Service provides a force or capability in place of another Service’s core mission, or where elements from multiple services

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<sup>36</sup> Fragmentary Order.

<sup>37</sup> Date Time Group

are merged together to develop a single force or capability to meet a requested capability.

- In-lieu-of – where a standard force, with its associated organization and equipment, is deployed to execute tasks outside its core competency.
- Ad-hoc – where individuals and equipment from various commands/Services are consolidated, trained, and equipped to meet a particular requirement. While not stated in the Global Force Management Implementation Guidance, the mission of this capability is implied to be within the core competency of the individuals assigned.

## **U.S. Medical Mentor Utilization – In-Lieu-Of Personnel Assignments**

**Service Practices for In-Lieu-Of Personnel Assignments.** U.S. Navy and U.S. Air Force medical personnel practices in Afghanistan restricted relocation of in-lieu-of medical ETT and PMT personnel from the location and functional billet to which each service member was originally assigned. Such practices were consistent with Joint Staff business rules in 2006 and early 2007 (as described above in the in-lieu-of category of ‘remission’) and were appropriate when medical ETT personnel were used to mentor non-medical tasks such as driver training and basic marksmanship.

**Dynamic Mission Requirements.** However, the priority of medical mentoring tasks has been altered based on increased operational tempo, additional security threats, and slower than anticipated progress in developing ANA and ANP health systems since the submission of the original RFF 620, Modification 1, developed in July 2006 and RFF 620, Modification 2, developed in January 2007.

The CSTC-A Command Surgeon had attempted to redirect some medical mentors, in the face of incompletely filled mentoring teams, from their original functional billet tasking to another, more relevant, medical mentoring task to meet changing mission requirements.

For example, mentors were to be moved from one ANA Regional Hospital to another where the mentor’s specialty was more acutely needed, from a police mentoring task to an Army mentoring task within Kabul, and from direct clinical mentoring by an enlisted technician in a particular specialty to developing a technical training curriculum for that same specialty. U.S. Navy and U.S. Air Force medical personnel practices did not allow these relocations to occur.

**The Role of the Combined Security Transition Command-Afghanistan Command Surgeon.** The CSTC-A Command Surgeon’s oversight, functional responsibility of, and authority over, medical personnel increased with the release of CSTC-A FRAGO 427. CSTC-A requires the ability to place medical personnel in locations and functions so that the highest priority medical mentoring tasks can be addressed efficiently. This in-country personnel movement will become minimal once all medical ETT and PMTs are fully staffed and all mentors are fully trained in cross-cultural medical mentoring (see Recommendations T.1., T.2., and T.3.).



**U.S. Navy and U.S. Air Force Medical Personnel Practices.** The U.S. Navy and U.S. Air Force medical personnel practices have not evolved to meet the changing situation in Afghanistan, including the lack of adequate staffing and training for medical mentoring teams, and the updated CSTC-A command policy. Official Air Force policy concerning the Global Force Management Implementation Guidance supports Airmen working within their core competencies in Joint Sourcing Solutions and Ad-hoc teams. The Air Force has not provided any in-lieu-of solutions worldwide where Airmen work outside of their core competencies. Official Navy policy allows the ground commander flexibility to move Sailors within their specialty, as long as the Sailor has received the appropriate ground combat training.

We believe that the actual personnel practices applied within Afghanistan are inconsistent with current Air Force and Navy policies, are now overly restrictive, and do not adequately support assigned medical personnel who have the most direct knowledge of the situation and needs on the ground. We also believe that the need for additional preparation for these Joint Force and Ad-hoc taskings reflects an overall lack of appropriate training of DoD medical personnel for stability operations as outlined in DoDD 3000.05.

## **U.S. Medical Mentor Staffing - Team Staffing and Composition**

**Medical Mentoring Mission.** The ANSF medical mentoring mission has grown rapidly since January 2007. The number of billets required for medical mentors increased from 34 in January 2007<sup>38</sup> to a planned 388 in January 2008 and to an estimated 500 in April 2008. A Joint Manning Document was also approved by USCENTCOM for the Office of the Command Surgeon with 20 billets of which 15 were for mentors.

RFF 620, Modification 1 (for medical mentors assigned to ANA ETTs) was approved by the Joint Staff in September 2006 and RFF 620, Modification 2 (for medical mentors assigned to both ANA ETTs and ANP PMTs) was approved by the Joint Staff in February 2007. Both RFF documents identified skill sets of medical mentors anticipated to be the most appropriate within an integrated ANSF medical system. Assumptions in the RFFs had been made about the degree of progress that ANP and ANP would have achieved by the time U.S. police medical mentors deployed, and the degree of progress made in bringing the ANA and ANP together into an integrated system. The specialties of mentors and numbers required were guided by these assumptions.

**Staffing of Medical Mentoring Teams.** Approximately 86 of the 388 medical mentors were assigned to the ANA National Military Hospital located in Kabul (22 mentors) and the 4 ANA Regional Hospitals (16 mentors each) located in Gardez, Kandahar, Herat, and Mazar-e Sherif. Another 92 of the 388 medical mentors were to be assigned to ANP.

More recently, CSTC-A reported that the number of billets in RFF 620 had been increased to 431 medical mentors of which 311 billets were assigned to ANA and 120 billets to ANP. However, medical mentoring teams were not all fully manned, particularly those assigned to work with ANP. CSTC-A personnel provided data that ANA medical ETTs were staffed at 292 personnel (a 6 percent shortfall) while ANP medical PMTs were staffed at only 16 personnel (an 87 percent shortfall).

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<sup>38</sup> RFF 620, Modifications 1 and 2.

However, it appears that CSTC-A has asked the Joint Staff and the U.S. Joint Forces Command to move slowly on filling the PMTs because CSTC-A was not ready to assimilate additional police mentors. CSTC-A personnel stated that they were awaiting construction of additional ANP clinics before filling the PMT billeting positions. Moreover, development of medical services for ANP appeared to be at a standstill because of CSTC-A ambivalence on whether the ANA and ANP medical systems should be consolidated into an integrated ANSF medical corps or remain separate medical systems. This situation is elaborated upon in the discussion and recommendations of Observation V.

**Composition of Medical Mentoring Teams.** Some medical mentors were too junior for the mentoring position to which they were assigned. For example, three ANA Corps Surgeons (Afghan Colonels) were assigned mentors that were U.S. Army First Lieutenants, though the mentoring tasks require officers with the grade of Major and who have had experience at the battalion level.

**Mentoring Effectiveness.** One senior U.S. officer mentioned the difficulty of trying to mentor without a complete team of U.S. military mentors, stating that these manning shortfalls required him to spend much more of his time on coordinating with others to make sure critical mentoring tasks were being addressed. In addition, frequent rotations of ISAF mentors, due to ISAF-permitted four-month deployments, restricted their ability to go beyond a superficial level of involvement.

**Training Tracking System.** The shortage of trained U.S. medical mentors dictates that efforts be made to ensure that available personnel are promptly assigned to mentoring billets and that the personnel that are assigned to medical ETTs and PMTs are effectively trained and utilized. We believe that the first step is for CSTC-A to develop and implement a tracking system to identify medical mentor personnel that are not appropriately trained and utilized and billets that are not filled. Such a tracking system would be used to alert and provide information to USCENTCOM medical leadership of shortfalls in these key areas so USCENTCOM can ensure that the Services are held accountable for training medical personnel, utilizing personnel effectively, and filling billets.

## Recommendations

S.1. We recommend that the Surgeon General of the Navy, in coordination with United States Fleet Forces and the Chairman, Joint Chiefs of Staff Surgeon, change medical personnel practices within the U.S. Navy to ensure that the Combined Security Transition Command-Afghanistan Command Surgeon has the maximum flexibility necessary to assign Naval personnel where needed to accomplish the medical mentoring mission in Afghanistan.

**Management Comments to Recommendation S.1.** The Navy concurred, recommending some changes in the wording of the recommendation, which we incorporated as written above. The management comments met the intent of the recommendation. We request that the Surgeon General of the Navy provide documentation of these updated personnel practices, once developed.

S.2. We recommend that the Surgeon General of the Air Force change the Joint Force and Ad-hoc medical personnel practices within the U.S. Air Force to ensure that the

Combined Security Transition Command-Afghanistan Command Surgeon has the maximum flexibility necessary to assign Air Force personnel where needed to accomplish the medical mentoring mission in Afghanistan.

**Management Comments to Recommendation S.2.** The Air Force non-concurred, noting that the Air Force presents forces to meet the combatant commander's (COCOM) Request-For-Forces (RFF), adding that if Combined Security Transition Command-Afghanistan (CSTC-A) clearly defines its requirements via the COCOM, then the RFF process will fill them. Additionally, the Air Force states that reallocation of personnel by the CSTC-A Command Surgeon to positions for which they were not requested, trained, or prepared is not commensurate with a command surgeon's staff officer status.

**Assessment Response.** The management comments do not meet the intent of the recommendation. The Air Force is correct in identifying deficiencies in training and preparation for the CSTC-A medical mentoring mission; however, these deficiencies apply across the board to all medical mentors and are addressed in Recommendation R. The dynamic, evolving medical mentoring mission in Afghanistan often calls for adjusting priorities and reallocating resources; such adjustments are most appropriately made by the operational commander. The CSTC-A Commanding General delegated authority to reallocate medical mentor personnel to his Command Surgeon in CSTC-A FRAGO<sup>39</sup> 427, ANSF Medical Mentoring, DTG<sup>40</sup> 262216Z MAR 07. Additionally, official Air Force policy concerning the Global Force Management Implementation Guidance supports Airmen working within their core competencies in Joint Sourcing Solutions and Ad-hoc teams. The Air Force management comments do not appear to be consistent with official Air Force personnel policy. We believe that Air Force personnel policies and practices need to be aligned to support the operational commander in CSTC-A, as reflected in the CSTC-A FRAGO.

We did not change the recommendation and request that the Air Force reevaluate their response to this recommendation in the final report.

S.3. We recommend that the Commander, Combined Security Transition Command-Afghanistan:

a. Develop and implement an in-country tracking system to identify medical mentor personnel that are not appropriately trained and utilized and billets that are not filled in medical Embedded Training teams and Police Mentoring Teams.

**Management Comments to Recommendation S.3.a.** CSTC-A partially concurred, noting that the CSTC-A Surgeon's office is tracking its ETT personnel. An Operations Officer was added to the CSTC-A staff approximately one month ago which will further increase the fidelity of this tracking. Except for JMD and the ETT's associated with the Central and the 4 regional hospitals, all other ETT's are mentoring at the Corps and below level.

USCENTCOM noted that there is an unsourced RFF for PMTs across all functional lines of operation. Included in this RFF are some medical personnel.

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<sup>39</sup> Fragmentary Order.

<sup>40</sup> Date Time Group

**Assessment Response.** The management comments partially met the intent of the recommendation. The OIG team noted inadequate tracking of medical ETTs as the Corps and below level. CSTC-A should develop a tracking and reporting process that monitors and corrects the adequacy of training and utilization at these levels as well as at the central level. We request that CSTC-A provide details of this process, once developed.

S.3.b. We recommend that the Commander, Combined Security Transition Command-Afghanistan inform the U.S. Central Command of deficiencies identified by the tracking system and request appropriate remedies.

**Management Comments to Recommendation S.3.b.** CSTC-A concurred and made the following comments.

- CSTC-A participates in monthly CENTCOM VTC.
- CSTC-A has added a new Army O-6 (August of 08) who has been tasked with tracking and optimizing the status of our mentors. He has established contact with the offices in charge of request for forces (RFF) for each service and retains close contact with each office.

**Assessment Response.** The management comments partially met the intent of the recommendation. USCENTCOM should ensure that the personnel policies of its Army, Navy, and Air Force components support the need of the CSTC-A Command Surgeon. We request that USCENTCOM provide documentation of these Service component personnel policies, once they are developed.

## Observation T.

### **Combined Security Transition Command-Afghanistan – Coordination of Medical Mentoring Activities**

Specific, prioritized medical objectives had not been developed for providing mentoring support to ANA and ANP. In addition, it was not evident that mentoring priorities had been synchronized with the appropriate levels of ANA and ANP medical leadership and actionable information had been developed on the difficulties with medical logistics, manpower, training, and readiness.

This occurred because the CSTC-A Command Surgeon had not developed a comprehensive, detailed, and integrated multi-year medical mentoring plan that prioritizes and synchronizes mentoring efforts; coordinates those efforts within CSTC-A, between CSTC-A and Task Force Phoenix,<sup>41</sup> and between CSTC-A and ISAF; and links together strategic, operational, and tactical mentoring steps required in the mentoring plan.

As a result, identification of operational and tactical medical problems was delayed and resolutions were not sufficiently effective.

## Applicable Criteria

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Many stability operations tasks are best performed by indigenous, foreign, or U.S. civilian professionals. Nonetheless, U.S. military forces shall be prepared to perform all tasks necessary to establish or maintain order when civilians cannot do so. Successfully performing such tasks can help secure a lasting peace and facilitate the timely withdrawal of U.S. and foreign forces.

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<sup>41</sup> CSTC-A was responsible for the mentoring the Afghan MoD and MoI and supporting command levels. Task Force Phoenix, a subordinate organization of CSTC-A, was responsible for mentoring at the Afghan ANA Corps level, ANA organizations below the Corps level, and ANP organizations below ministerial levels.

**The Military Health System Strategic Plan.** “The Military Health System Strategic Plan – A Roadmap for Medical Transformation,” May 29, 2008, was developed to:

[R]e-examine our fundamental purpose, our vision of the future, and strategies to achieve that vision. We are refocusing our efforts on the core business in which we are engaged - creating an integrated medical team that provides optimal health services in support of our nation's military mission - anytime, anywhere. We are ready to go in harm's way to meet our nation's challenges at home or abroad - to be a national leader in health education, training, research and technology. We build bridges to peace through humanitarian support when and wherever needed, across our nation and the globe, and we provide premier care for our warriors and the military family.

**Combined Security Transition Command-Afghanistan Fragmentary Order 427.** “CSTC-A FRAGO 427, ANSF Medical Mentoring, DTG 262216Z MAR 07” assigned authority, coordination, and approval oversight responsibility to the CSTC-A Command Surgeon for all assignment, orientation, and training of new medical mentors, and also for defining roles and responsibilities of medical ETT personnel in CSTC-A and subordinate organizations.

## **Afghan Coordination of Mentoring Activities**

**Afghan National Army Surgeon General.** The ANA Surgeon General is responsible to the Minister of Defense and the Chief of the ANA General Staff for all strategic, operational, and tactical ANA medical issues.

**Ministerial Development Plan and Solar Year 1387 Action Plan.** The medical portions of the CSTC-A “Ministerial Development Plan and Solar Year 1387 Action Plan” were lacking the detailed information necessary to guide mentoring priorities or link together strategic, operational, and tactical mentoring steps required. Specific, prioritized medical objectives had not been developed for providing mentoring support to ANA and ANP. Further, it was not evident that internal processes were in place between senior mentors to ensure that coordinated courses of action were determined for those mentors to advise ANA and ANP counterparts.

In addition, it was not evident that mentoring priorities had been synchronized with the appropriate levels of ANA and ANP medical leadership and that actionable information had been developed to fully understand and address the difficulties with medical logistics, manpower, training, and readiness. More proactive coordination by management is necessary to identify and implement solutions to high priority medical logistics and staffing issues given that ETT and PMT billets are incompletely filled.

The lack of a detailed, prioritized, medical mentoring plan delayed the effectiveness of new U.S. and ISAF military personnel assigned to medical mentoring duties. Without a clear plan from which to work, new mentoring personnel must learn by experience what tasks must be done and how to accomplish each task. As a consequence, military personnel state that they do not become effective until they have been in place for 4 to 5 months, so have only about 6 months of effectiveness during a 12 month deployment.

The CSTC-A Command Surgeon needs to develop a comprehensive, detailed, and

integrated multi-year medical mentoring plan that prioritizes and synchronizes mentoring efforts; coordinates those efforts within CSTC-A, between CSTC-A and Task Force Phoenix, and between CSTC-A and ISAF; and links together strategic, operational, and tactical mentoring steps required in the mentoring plan. When linked to individual work plans, such a mentoring strategy will enable newly assigned personnel to quickly pick up where their predecessor left off.

**Medical Mentoring Practices.** The ANA Surgeon General stated that U.S. medical mentors were often either not assigned to key ANA medical leaders and/or not sufficiently engaged, neither he nor the CSTC-A Command Surgeon had adequate influence at ANA Corps and below echelons of care, and insufficient coordination within CSTC-A delayed the identification and implementation of effective operational and tactical medical solutions. The ANA Surgeon General also described two meetings where CSTC-A mentors provided conflicting advice on key force structure doctrine to senior MoD officials.

Further, ISAF OMLTs embedded in five 201<sup>st</sup> Corps ANA units in the Regional Command East had been manned by French medical personnel and this information was not known to the ANA Surgeon General or the CSTC-A Command Surgeon. The mentoring priorities of these French medical teams were unknown.

The ANA Surgeon General needed the CSTC-A Command Surgeon to engage on his behalf across all staff sections within CSTC-A and Task Force Phoenix to investigate medical issues and make strategic recommendations for improvement. Those recommendations should then be coordinated between senior mentors within CSTC-A and Task Force Phoenix for implementation.

**Medical Mentoring Process.** Effective mentoring depends on having qualified personnel embedded at tactical, operational, and strategic levels so advice, support, and troubleshooting can be simultaneously passed up and down both the Afghan and U.S. command chains. This process should be clearly established.

For example, a U.S. medical mentor at the tactical unit level would help his Afghan counterpart identify a medical supply shortfall and help prepare a supply requisition according to ANA procedures. The U.S. mentor at the tactical unit level would notify the U.S. mentor at the next level up that the requisition is working its way through the system once that particular requisition is put into the Afghan medical supply system.

This next-level mentor would then work with his Afghan counterpart to find the requisition, approve it, and forward it to an ANA Regional Medical Supply Depot to be filled. This mentor would also notify the U.S. mentor at the depot that the requisition had been approved and needed to be filled. The depot-level mentor would work with the Afghan depot staff to fill the requisition and ship the items appropriately. This process works from top down as well as from bottom up, to pass down orders, new policies, and procedures. Lack of mentors at any level prevents the entire system from functioning effectively.

Intensive mentoring and coordination efforts by the U.S. ETT working with the ANA Kandahar Regional Military Hospital (KRMH) have led to measurable improvement in combat casualty care for coalition and Afghan security forces. Further, ISAF support to KRMH is augmenting U.S. medical mentoring efforts and improving functionality.

- Coalition combat casualty care has improved by cooperation between the ISAF

Multinational Medical Unit (MMU) located at Kandahar Air Field and KRMH. The MMU Intensive Care Ward was closed to new patients 26 percent of the time during the first 5 months of 2007 because of overcrowding. Once the KRMH opened in July 2007, the MMU Intensive Care Ward closure periods dropped to less than 2 percent of the time during the first 5 months of 2008 after many ANSF and civilian patients were transferred to KRMH.

- The ANA KRMH had received 30 ANSF patients via ISAF medical evacuation and casualty evacuation airlift missions, some directly from the battlefield.
- Canadian general, trauma, and orthopedic surgeons have partnered with ANA surgeons to operate on ANSF casualties in both the KRMH and MMU operating rooms.
- The Dutch Frozen Blood Program, through MMU, has agreed to routinely provide some of the KRMH blood bank needs.
- Canadian nurses routinely visit KRMH to mentor their Afghan counterparts in bedside nursing.
- The KRMH has provided emergency oxygen tanks to MMU when the MMU oxygen generator failed.
- The UK Minister of Defence and the Surgeon General are considering the development of a British ETT to augment the U.S. ETT.

While Afghan progress towards self-sufficiency has been slow and critical shortfalls in medical resupply have continued for over 5 months, persistent efforts by the U.S. ETT and strong cooperation with the local ISAF MMU is laying a solid foundation for further improvement of ANA medical care.

## Recommendations

T. We recommend that the Commander, Combined Security Transition Command-Afghanistan:

1. Develop and implement a comprehensive, detailed, and integrated multi-year medical mentoring plan that prioritizes and synchronizes mentoring efforts; coordinates those efforts within the Combined Security Transition Command-Afghanistan, between the Combined Security Transition Command-Afghanistan and Task Force Phoenix, and between the Combined Security Transition Command-Afghanistan and the North Atlantic Treaty Organization-International Security Assistance Force; and links together strategic, operational, and tactical mentoring steps required in the mentoring plan.

**Management Comments to Recommendation T.1.** CSTC-A concurred and provided the following comments.

- CSTC-A strategic planning offsite scheduled for 15 September 2008.
- CSTC-A CJ-Med has conducted weekly planning sessions for the last two years with North Atlantic Treaty Organization-International Security Assistance Force medical teams.



- CSTC-A participates and presents at biannual North Atlantic Treaty Organization-International Security Assistance Force medical team strategic planning conference. The last conference was held in JUL 2008.
- CSTC-A participates in monthly CSTC-A/CJTF 101 (includes TF Phoenix) synchronization and strategic planning meeting.
- Weekly tactical contact with Task Force Phoenix instituted July 2008.
- In accordance with its operational order and other directives, CSTC-A Surgeon's Office utilizes the Program Management Plan (PMP) compiled by CDHAM to aid in planning. This 133 page document looks extensively at 3, 5, and 10 year Afghan healthcare mentoring goals and potential strategies for their attainment - will be completed 15 September 2008.

Additionally, USCENTCOM concurred with CSTC-A comments, and added that challenges remain that are inherent in the NATO command construct with multiple national caveats and command authorities that constrain CSTC-A's ability to direct priorities and training standards within the ISAF deployed forces.

**Assessment Response.** The management comments partially met the recommendation intent. The CDHAM Program Management Plan is a health systems planning document, and will need to be significantly enhanced to serve as a comprehensive medical mentoring plan with actionable objectives and appropriate metrics. We request that CSTC-A provide a copy of this medical mentoring plan, once developed.

T.2. We recommend that the Commander, Combined Security Transition Command-Afghanistan share this medical mentoring plan with the North Atlantic Treaty Organization-International Security Assistance Force, and in coordination with the Commander, United States Central Command, with the North Atlantic Treaty Organization Allied Command Operations to develop synchronized medical mentoring between Combined Security Transition Command-Afghanistan ETTs and PMTs and the North Atlantic Treaty Organization-International Security Assistance Force Operational Mentoring and Liaison Teams.

T.3. We recommend that the Commander, Combined Security Transition Command-Afghanistan establish internal coordination and synchronization procedures on a weekly basis within the Combined Security Transition Command-Afghanistan, between the Combined Security Transition Command-Afghanistan and Task Force Phoenix, and between the Combined Security Transition Command-Afghanistan and the North Atlantic Treaty Organization-International Security Assistance Force to achieve unity of effort during the implementation of the mentoring plan.

**Management Comments to Recommendation T.2 and T.3.** CSTC-A concurred.

**Assessment Response.** The management comments partially met the recommendation intent. CSTC-A should develop internal coordination and synchronization procedures within the command, with Task Force Phoenix, and with NATO-ISAF to achieve unity of effort. We request that CSTC-A provide documentation of these procedures, once developed.

T.4. We recommend that the Commander, Combined Security Transition

Command-Afghanistan establish a process by which the Afghan National Army and the Afghan National Police report medical readiness results and issues within their organizations, and coordinate the results with the Combined Security Transition Command-Afghanistan, Task Force Phoenix, and the North Atlantic Treaty Organization-International Security Assistance Force to identify and correct Afghan National Army and Afghan National Police medical problems.

**Management Comments to Recommendation T.4.** CSTC-A concurred, noting that daily reports of readiness data (i.e. bed status, blood available, etc.) are received from the regional hospitals (RH), collated and reviewed at a weekly (since June 2008) MEDCOM emergency operations center meeting. This information is forwarded to the Afghan National Military Command Center. This process will be much further improved by the planned implementation this year of the health information management system (HC Standard) between NMH and the RH's. CSTC-A personnel are present at all of these briefings. HC Standard also has the capability to generate reports which can be forwarded to CSTC-A, ISAF, CENTCOM. Reported information can be tailored to address medical readiness objectives in accordance with the SY Action Plan and the Program Management Plan (PMP).

**Assessment Response.** The management comments partially met the intent of the recommendation. CSTC-A should work with ANA leadership to develop indicators of medical readiness and health delivery system effectiveness that allows Coalition leaders to identify and correct medical deficiencies. These indicators should be developed with Task Force Phoenix and NATO-ISAF. We request that CSTC-A provide documentation of these indicators, once developed. See Recommendation W.1.b. for further insight into this issue.

## Observation U.

### Afghan National Army – Medical Logistics

The ANA Logistics Command (a non-medical organization) has not demonstrated effective requisition and delivery capacity necessary to support ANA medical logistics support for combat operations.

This occurred because the ANA Logistics Command has not yet developed adequate effectiveness in the management of logistics functions.

As a result, the ANA Logistics Command was unable to support crucial ANA medical logistics requirements at the National Military Hospital, ANA Regional Hospitals, or the ANA Corps and echelons below corps levels.

### Applicable Criteria

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Many stability operations tasks are best performed by indigenous, foreign, or U.S. civilian professionals. Nonetheless, U.S. military forces shall be prepared to perform all tasks necessary to establish or maintain order when civilians cannot do so. Successfully performing such tasks can help secure a lasting peace and facilitate the timely withdrawal of U.S. and foreign forces.

### DoD Medical Logistics

Medical logistics in DoD is a discipline of a larger and fully integrated MHS that supports the health care delivery mission throughout the DoD during peacetime and wartime. Medical logistics, often referred to as Supply Class VIII (medical materiel), has the following attributes and characteristics:

- Focus on the needs of the patient and provider
- Reliance on commercial sources and business practices
- Non-standard products (versus military-unique)

- Potency dating and special handling requirements
- Differing expectations based on varying missions, clinician preference, and Service focus
- High-dollar value
- Susceptibility to rapid changes in technology and practices

Medical logistics in DoD performs separately from the normal logistics functions because of the unique aspects of handling medical equipment and supplies as noted in the above attributes and characteristics.

## **Afghan National Army Medical Logistics Capabilities**

The ANA Logistics Command was unable to support crucial ANA medical logistics requirements at the National Military Hospital, Regional Hospital, or the Corps and below levels. For example:

- The ANA Logistics Command was reportedly unable to meet ANA Supply Class I (subsistence) requirements at the National Military Hospital in Kabul for 2 days in March 2008.
- The ANA CMA has been unable to organize a convoy to move materiel to Kandahar since January 2008. The ANA Surgeon General recently arranged for contracted air movement for critical medical supplies to meet operational shortfalls.
- An Afghan National Army Regional Hospital had been experiencing critical medical supplies, equipment, and pharmaceutical shortfalls for over a 5-month period. U.S. military medical mentors had to resort to obtaining supplies from their home bases in the United States, or using their personal funds for crucial items.

An extensive Course of Action Analysis performed by the CSTC-A Command Surgeon's office in December 2006 concluded that medical logistics should remain separate from the ANA Logistics Command. The CSTC-A Commanding General at that time supported this conclusion.

Further, the ANA Logistics Command Tashkil indicated that an integrated Class VIII medical logistics had 230 ANA personnel authorized in the Class VIII section, but only 60 of those authorized personnel were to be trained as medical logisticians. Moving Class VIII medical logistics functions and personnel to the responsibility of the ANA Logistics Command, rather than remaining in its current position under the ANA Surgeon General, would add two additional levels of bureaucracy for Class VIII items by placing it in an already marginally functional logistics system.

We believe that current efforts to incorporate medical logistics into the ANA Logistics Command before it has demonstrated effectiveness in Class I and other supply items requisition and delivery capacity created unacceptable risk of compromising effective ANA medical support to combat operations. While planned integration of medical logistics under the ANA Logistics Command may offer future efficiencies, it is not

feasible at this time.

## **Recommendation**

U. We recommend that the Commander, Combined Security Transition Command-Afghanistan advise the Ministry of Defense and the Afghanistan National Army General Staff that Supply Class VIII medical logistics should remain under the control of the Afghanistan National Army Surgeon General.

**Management Comments to Recommendation U.** CSTC-A non-concurred, noting that the MoD leadership decided to employ one single logistics framework through which all logistics, including medical special supplies, pharmaceuticals and equipment will have a supply channel. This reflects the desire of the Afghan MoD to focus efforts on the development of one capable logistics system that is more mature than a separate medical logistical system.

**Assessment Response.** After evaluating the management comments, we determined that they partially met the intent of the recommendation. CSTC-A will need to develop an alternative process to maintain medical logistics support to ANA Regional Hospitals in the interim, until the ANA Logistics Command is able to support combat casualty care medical supply requirements. We request that CSTC-A provide documentation of this alternative process, once developed.

## Observation V.

### **Afghan National Security Forces – Integrated Medical Corps**

ANSF medical leadership was not clear as to the CSTC-A policy on the integration of ANA and ANP medical functions into a common ANSF medical corps. Further, ANSF force structures were not conducive to providing effective health care within an integrated ANSF health care system.

This occurred because CSTC-A had not established and conveyed a clear position on the integration of medical functions within ANA and ANP into a common ANSF medical corps, and because CSTC-A, the Ministry of Defense, and the Ministry of Interior had not concurred on a common position.

As a result, the development of a sustainable ANSF integrated health care system that can effectively use the limited medical resources available to it to support combat operations is not possible and police, in particular, lack access to routine and emergency health care.

## Applicable Criteria

**The Military Health System Strategic Plan.** “The Military Health System Strategic Plan – A Roadmap for Medical Transformation,” May 29, 2008, was developed to:

[R]e-examine our fundamental purpose, our vision of the future, and strategies to achieve that vision. We are refocusing our efforts on the core business in which we are engaged - creating an integrated medical team that provides optimal health services in support of our nation's military mission - anytime, anywhere. We are ready to go in harm's way to meet our nation's challenges at home or abroad - to be a national leader in health education, training, research and technology. We build bridges to peace through humanitarian support when and wherever needed, across our nation and the globe, and we provide premier care for our warriors and the military family.

Furthermore, Mission Element 1.E. “Reconstruction of Host Nation Medical Capability” states:

We will provide assistance to rebuild medical capabilities that are damaged or consumed in a conflict. Our success will be measured in improved public health outcomes for the region, population or country we serve.

## **Combined Security Transition Command-Afghanistan Position on an Afghan National Security Forces Integrated Medical Corps**

**Combined Security Transition Command-Afghanistan Guidance.** The ANA Surgeon General stated that CSTC-A’s position with respect to ANSF medical integration was unclear and inadequate. A review of available CSTC-A guidance on integration of ANA

and ANP medical functions indicated that it was ambiguous and contradictory.

For example, the “Islamic Republic of Afghanistan Campaign Plan for the Development of Enduring National Military and Police Forces” (pre-decisional draft), dated July 28, 2007, stated that “The integration of ANA and ANP medical personnel into a joint medical corps, and the integration of resources with the Ministry of Public Health (MoPH) will improve care, including for combat operations.”<sup>42</sup> Elsewhere, CSTC-A Operations Order 08-006, January 14, 2008, stated that “the fiscal year 2008 execution plan focuses on developing medical systems for the ANA and ANP which are separate but complementary. The CSTC-A Command Surgeon will minimize duplication of services and promote increased cooperation between the involved ministries.”<sup>43</sup> Further, the June 2008 “United States Plan for Sustaining the Afghanistan National Security Forces” Report to Congress stated that “the integration of ANA and ANP medical personnel into a collaborative health care system with the MoPH will improve care, especially for combat casualties.”

Details were not made available on how those specific objectives were to be accomplished by the CSTC-A Command Surgeon, what was the definition of “separate but complementary” medical functions, or would be the cost effectiveness and sustainability of this “separate but complementary” approach.

**Center for Disaster and Humanitarian Assistance Medicine Program Management Plan.** The Center for Disaster and Humanitarian Assistance Medicine at the U.S. Military’s Uniformed Services University of the Health Sciences had developed a Program Management Plan to guide CSTC-A in the development of an integrated comprehensive health care system for ANSF. There was no evidence that this Program Management Plan was being used by CSTC-A in its engagement activities with ANSF and Afghan civilian ministries. The ANA Surgeon General noted that there has been decreased emphasis on integration in the past year.

## **Independent Afghan National Army and Afghan National Police Health Care Systems**

**Independent Afghan National Army and Afghan National Police Health Care Systems Operations.** Redundant ANA and ANP clinic, hospital, and other medical logistics infrastructure were overly expensive, not sustainable, and postponed integrated ANSF operations. Adequate trained medical manpower was not available within Afghanistan for the extensive health care system that would be required if ANP were to have a system separate from that of ANA, and from the civilian health care sector. The current semi-independent ANA and ANP health care systems created redundancies that the ANSF can ill afford.

- Five co-located ANP components (Afghan National Civil Order Police, Afghan National Police, Afghan Uniformed Police, Border Police, Counter-Narcotics Police) in Kandahar were each insisting on its own clinic just 2 kilometers from

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<sup>42</sup> Annex A, Islamic Republic of Afghanistan Campaign Plan for the Development of Enduring National Military and Police Forces (pre-decisional draft), dated July 28, 2007.

<sup>43</sup> Annex O (“Medical”) to CSTC-A Operations Order 08-006 (“ANSF Development Program”), January 14, 2008.

the ANA regional hospital and garrison clinic located in Kandahar. Planning appeared to be underway to construct three of these five redundant clinics.

- ANP was insisting on separate, seemingly redundant, regional medical logistics warehouses, rather than using the existing ANA system and capacity. Planning appeared to be underway to rent Class VIII warehouse space in Kandahar for the ANP, despite an ANA Class VIII warehouse being present nearby. Planning appeared to be underway for the construction of an ANP Class VIII National Medical Depot in Kabul that was to be located close to the ANA medical logistics depot, even though the ANP Tashkil does not support staff for this medical depot.

**Afghan National Army and Afghan National Police Health Care Leadership Factors.** Political factors at senior ministerial levels were delaying integration due to perceived threat of loss of control, among other factors, although functional integration was occasionally seen as feasible at the level of field combat casualty care and evacuation. Lack of clear direction from senior MoD and MoI officials and legacy cultural and institutional distrust within and between ministries was stalling continued integration actions in staffing, training, surgical and medical care, and rehabilitation.

Further, gaps in leadership skills of senior ANP Surgeon General personnel were hampering movement towards an integrated ANSF medical corps. Opportunities for rapid solutions to pervasive deficiencies in ANP medical manning, training, and medical logistics by taking advantage of parallel strengths in ANA were not being leveraged.

While ANP was reportedly receiving some medical care in some ANA medical facilities, there were also multiple reports that ANP personnel were being turned away from ANA hospitals, ANP battle casualties were having to be transported past ANA hospitals that would not care for them to ISAF facilities that would, or that police were required to pay bribes to obtain ANA hospital care. ANA Surgeon General and ANP Surgeon General personnel did not appear to be resolving these issues.

## **Afghan Civilian Health Care Sector Factors**

**Health Care Facilities in Remote Areas.** Three drug rehabilitation centers, three basic health centers, ten provincial health clinics (each with 20 hospital beds), and two hospitals were prioritized for construction to support ANP in remote areas.<sup>44</sup> However, delays in developing agreements with the civilian Ministry of Public Health to build and staff those facilities for ANP, and to develop medical logistics support for ANP, placed at risk the ability to open these facilities.

Furthermore, CSTC-A planned to construct the 10 provincial health clinics on ANP remote bases and, as such, the clinics would be unable to provide care to civilians, ANA personnel, and ANSF dependents residing in those local areas. Security concerns in these areas would prohibit civilians (to include ANSF dependents) from gaining access to ANP bases. Alternatively, if these clinics were constructed outside the ANP bases, staffed by civilian health care personnel, and managed by the civilian MoPH; the clinics could provide care for ANA and ANP uniformed personnel assigned to the local bases, their family members, and civilians in the local communities. This arrangement would

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<sup>44</sup> Appendix 2 (“ANP Project Priorities”) to Annex B (“Program Priorities”) to CSTC-A Operations Order 08-006 (“ANSF Development Program”), January 14, 2008.



create jobs in these communities, provide needed health care to civilians, and improve local support for ANP and GIRoA.

**Health Care Staffing in Remote Areas.** Staffing for these remote facilities by ANP medical personnel was not included within the MoI Tashkil. CSTC-A was supporting ANP efforts to triple the medical personnel authorized on the ANP Tashkil, even though the current ANP medical Tashkil was only 9 percent filled. It was not clear that the 220 medical personnel required to staff the proposed provincial health clinics could be recruited.

Interest in joining ANSF was limited as evidenced by the difficulty the ANA was experiencing in filling its medical Tashkil. The ANA medical Tashkil was only 66 percent filled (1901 authorized, 1260 assigned), and the fill rate had increased only about 5 percent in the past 15 months. The significant growth in ANA combat strength contemplated will require a corresponding increase in the ANA medical Tashkil, and will therefore increase the competition for medical personnel willing to join ANSF.

If medical staff is not mobilized for these clinics once constructed, the clinics would probably be subject to structural deterioration and pilferage of medical equipment and would likely be used for a purpose other than delivery of medical care.

**Collaboration with Civilian Ministry of Public Health for Afghan National Police Medical Care.** Health care in remote areas may be best provided for ANA and ANP in collaboration with the civilian MoPH. The U.S. Agency for International Development signed an agreement with the Ministries of Finance and Public Health by which financial assistance will be provided directly to MoPH for management. The U.S. Agency for International Development certified that MoPH had adequate financial and procurement management capability to perform required contracting, and has the capability for effective oversight of funding, transparency, and accountability in procurement and project management. The agreement includes audits and annual reviews.

This newly acknowledged capacity within MoPH may allow CSTC-A to enter into an agreement directly with MoPH to provide health care in remote areas for ANA and ANP personnel and their family members. Facility construction, staffing, and management by MoPH contracts would demonstrate the ability of the GIRoA to provide for the basic needs of its citizens, adding to the positive counterinsurgency benefit.

## **Afghan National Security Forces Medical Force Structure**

**Afghan National Army Medical Tashkil.** The ANA Tashkil had not provided the ANA Surgeon General with command authority over ANA Corps and below medical personnel (medical logistics, medical plans, combat medics, and operations). Because of an emphasis in the original ANA medical force organization on decentralized force structure, effective development of ANA medical support for combat operations has been delayed. According to the ANA Surgeon General, there are significant problems evident in that ANA medical personnel were either not present, not trained, not showing initiative, not responding to mentoring, or a combination of those problems. The Surgeon General indicated that he did not have the authority to address these issues, and that the Corps Commanders with the authority did not have the expertise to do so.

**Afghan National Police Medical Tashkil.** The ANP medical Tashkil was based on the

assumption of an integrated ANSF medical corps where much of the combat casualty care, medical evacuation, surgical care, rehabilitation, and medical logistics were provided by the more developed ANA health care system. According to the ANP Tashkil, ANP health care responsibilities were to focus on clinical care at training sites, field-level combat casualty support to tactical ANP units, and medical administration support to police who receive care in the ANA and civilian health care systems.

**Force Structure Mentoring.** Current ANSF force structure and doctrine do not appear to take into consideration the difficulty in placing trained Afghan personnel who can implement medical solutions in the face of cultural and historical resistance to change. Mentoring efforts to adjust ANA and ANP force structure and doctrine have not sufficiently incorporated expert advice, lessons learned, or the unexpectedly slow improvement in ANA and ANP effectiveness, and appear to overemphasize U.S. DoD solutions based on original assumptions.

## **Implementation of the U.S. Military Health System Strategic Plan**

The MHS Strategic Plan, under “Purpose, Vision, and Strategy” states:

We have a singular opportunity to build bridges to peace in hostile countries. In many circumstances, the MHS will serve as the tip of the spear and a formidable national strategy tool for the nation. And, we can take advantage of a one-time opportunity to design and build health facilities that promote a healing environment during the clinical encounter, empower our patients and families, relieve suffering, and promote long-term health and wellness. We will employ evidence-based design principles that link to improved clinical outcomes, patient and staff safety, and long-term operational efficiencies.

The CSTC-A Command Surgeon’s role in implementing the MHS Strategic Plan is to establish a clear plan for establishing the most effective health care system for the ANSF. In our opinion, the most effective health care system for the ANSF is an integrated ANSF medical corps. Due to the complexity of reconstructing a comprehensive health care delivery system for security forces in the midst of fighting an insurgency, we believe that MHS elements must play an important supporting role to the CSTC-A Command Surgeon in developing and implementing effective solutions, developing key interagency supporting partnerships, and advocating for legislative changes necessary to successfully create a sustainable, independent, ANSF health care system.

## **Summary**

The ANA medical force structure and doctrine did not reflect the increased security threat of recent years, the cultural and historical resistance to change within Afghan society, and the slow improvement in ANA effectiveness. While the ANP medical force structure was based on an integrated ANSF medical corps, there is no plan being implemented to achieve this goal.

We believe that a unified medical force structure within the ANA and ANP, reporting to an ANSF Surgeon General responsible for both ANA and ANP medical needs, is essential to providing effective health care and to building an integrated ANSF medical corps. Improved and more effective mentoring practices are necessary to bring about these results.

The integration of ANA and ANP medical functions into a common ANSF medical corps will accelerate development and functionality of the medical institutions of the ANSF, and will improve medical services for ANSF uniformed personnel and family members. Additionally, a strong health care system will be an incentive for recruitment and retention of ANSF personnel.

Such an integrated health care system will also be more sustainable given the limitations of Afghan manpower and resources, while creating positive reconstruction and development benefits to the Ministries of Public Health and Higher Education. Moreover, the collateral benefits to civilians will have a positive counterinsurgency effect. And, this integration will also ensure more efficient use of U.S. resources, accelerate the development of an independent, sustainable ANSF, and reduce dependence on US and coalition medical resources.

## Recommendations

V. We recommend that the Commander, Combined Security Transition Command-Afghanistan

1. Develop and implement a comprehensive integration and implementation plan to establish a common Afghan National Security Forces medical corps comprised of the medical functions of the Afghan National Army and the Afghan National Police. This plan should be based on the elements developed by the Center for Disaster and Humanitarian Assistance Medicine, and should include facility construction, logistical support, and civilian partnerships for staffing and management. United States government funds should be expended to support only an integrated health care system, as opposed to separate Army and Police systems.

**Management Comments to Recommendation V.1.** CSTC-A partially concurred, making the following comments.

- Command Surgeon will continue to oversee the development of both the ANA and ANP medical functions.
- CSTC-A agrees that a single ANSF Healthcare System is desirable, however cannot accomplish this without a full court press on Afghan political leadership by the United States Government (USG) and the International Community.

**Assessment Response.** The management comments did not meet the intent of this recommendation. CSTC-A did not state that they would develop and implement a comprehensive integration and implementation plan to establish a common ANSF medical system. We request that CSTC-A respond to this recommendation in the final report.

Based on the CSTC-A response, we agree with the CSTC-A assessment that a comprehensive approach to the Afghan political leadership is necessary. CSTC-A can facilitate this by requesting that USCENTCOM engage their liaisons from the Department of State, and the Chairman of the Joint Chiefs of Staff and ASD(HA), to obtain support for this integration and for partnering assistance within other U.S. Government agencies. Commander, CSTC-A and Commander, USCENTCOM should

engage with the U.S. Ambassador-Afghanistan and the Commander, ISAF, to solicit their support with senior Afghan government officials for this integration. Development and implementation of integration plans and actions should make clear to the Afghan MoI and MoD that the U.S. Government can support only the development of a single ANSF health care system, not two separate systems. As noted in the recommendations, CSTC-A should cease funding redundant or separate health care facilities for the ANP. We request that CSTC-A fully respond to this recommendation.

V.2. We recommend that the Commander, Combined Security Transition Command-Afghanistan develop and implement a medical mentoring plan to advise and assist the Ministries of Defense and Interior, and the Surgeons General of the Afghan National Army and Afghan National Police on the strategy, effectiveness, sustainability, and economic benefits of unified force structures for providing effective health care and for building an integrated Afghan National Security Forces medical corps.

**Management Comments to Recommendation V.2.** CSTC-A concurred, noting the need to readdress the issue of one ANSF Healthcare System with Senior MoD and MoI leadership. CSTC-A reports that the new ANP Surgeon General seems to have an interest in integration and is receptive to mentoring.

**Assessment Response.** The management comments did not meet the intent of the recommendation. CSTC-A did not state that they would develop and implement a medical mentoring plan. We request that CSTC-A respond to this recommendation in the final report.

V.3. We recommend that the Commander, Combined Security Transition Command-Afghanistan develop and implement procedures to collect and track Afghan National Army and Afghan National Police battle casualties from the point of wounding through rehabilitation and return to duty. These procedures should include all patients admitted to all Afghan National Army hospitals by beneficiary category to ensure Afghan National Police personnel have access to appropriate care. They should also clarify the degree of shared facility use between the Afghan National Army and the Afghan National Police.

**Management Comments to Recommendation V.3.** CSTC-A concurred noting that they have adopted a three phased multi-year approach to this recommendation:

- Three years ago CSTC-A began to collect data on admission and disposition of ANSF patients broken down by service (ANA, ANP, civilians), type of injury/illness, and medical treatment facility. This research in support of systems development and force structure requirements is ongoing.
- Fielded (or in the process of being fielded) systems in support of the above analysis include implementation of communications (radios, automated systems) with the military health care system this year. Additionally, the ANA has fielded initial medevac capability (first mission 6 months ago) and is currently fielding a ground ambulance fleet (over 1000 urban and tactical ambulances. 100 have been distributed thus far. The remainders are scheduled for delivery by January of 2009).
- Associated doctrine, policies and training to govern the above process have been or are currently being written for final completion this fiscal year.

**Assessment Response.** The management comments partially met the intent of the recommendation. We commend CSTC-A for the comprehensive performance improvement analysis that was provided. As noted in the analysis, the utilization data do not allow assessment of the access to care for ANP. As mentioned in the recommendation, we believe that CSTC-A should provide more clarity on identifying data and reports that address the issue of ANP access to ANA facilities. We request that CSTC-A provide this information and the doctrine, policies, and training mentioned in the third bullet in response to this final report.

## Observation W.

### **Development of Afghan Civilian Health Care System Capabilities to Support the Afghan National Security Forces**

Inadequate long-term joint planning, coordination and engagement by the U.S. Mission-Afghanistan, CSTC-A, and ISAF is limiting the development of key Afghan civilian health care system capabilities needed to support the ANSF. Some planning in this area had been developed by DoD elements, but implementation of these plans has been limited. Further, U.S. Government resources have not been effectively marshaled to build partnerships between Afghan civilian and military institutions in the health care sector.

This occurred because USCENTCOM and CSTC-A have not developed a comprehensive, integrated, multi-year plan, in coordination with the U.S. Mission-Afghanistan, ISAF, and the relevant Afghan ministries, to build strategic medical partnerships that support broad reconstruction of the health sector. In addition, there is no single focal point for accomplishing U.S. government health care goals in Afghanistan, and an interagency forum to coordinate the implementation of U.S. government health sector reconstruction activities has not been formed.

As a result, an integrated Afghan civil-military-police health care system may not develop upon which a sustainable ANSF health care system would have to depend. In addition, until the ANSF achieves health care sustainability, the United States and other NATO member nations will have to maintain their combat casualty care assistance to support the ANSF.

## Applicable Criteria

**DoD Directive 3000.05.** DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Many stability operations tasks are best performed by indigenous, foreign, or U.S. civilian professionals. Nonetheless, U.S. military forces shall be prepared to perform all tasks necessary to establish or maintain order when civilians cannot do so. Successfully performing such tasks can help secure a lasting peace and facilitate the timely withdrawal of U.S. and foreign forces.

**The Military Health System Strategic Plan.** “The Military Health System Strategic Plan – A Roadmap for Medical Transformation,” May 29, 2008, was developed to:

[R]e-examine our fundamental purpose, our vision of the future, and strategies to achieve that vision. We are refocusing our efforts on the core business in which we are engaged - creating an integrated medical team that provides optimal health services in support of our nation's military mission - anytime, anywhere. We are ready to go in harm's way to meet our nation's challenges at home or abroad - to be a national leader in health education, training, research and technology. We build bridges to peace through humanitarian support when and wherever needed, across our nation and the globe, and we provide premier care for our warriors and the military family.

Furthermore, the MHS Strategic Plan, under “Purpose, Vision, and Strategy” states:

We have a singular opportunity to build bridges to peace in hostile countries. In many circumstances, the MHS will serve as the tip of the spear and a formidable national strategy tool for the nation. And, we can take advantage of a one-time opportunity to design and build health facilities that promote a healing environment during the clinical encounter, empower our patients and families, relieve suffering, and promote long-term health and wellness. We will employ evidence-based design principles that link to improved clinical outcomes, patient and staff safety, and long-term operational efficiencies.

## **Combined Security Transition Command-Afghanistan Health Care System Planning**

**CSTC-A Strategic Planning.** CSTC-A strategic guidance recognized the need to develop inter-agency and inter-ministry health care issues and capability and to integrate ANSF resources with those of MoPH. However, there was no evidence of a comprehensive, integrated, multi-year plan that implements the CSTC-A vision and builds the strategic inter-Ministry and U.S. Government interagency partnerships necessary to develop an integrated and sustainable ANSF health care system. An effective plan would require a time-phased, conditions-based approach with clear milestones.

CSTC-A had a Program Management Plan created by the U.S. Military's Center for Disaster and Humanitarian Assistance Medicine<sup>45</sup> to guide the development of a comprehensive health care system for ANSF. However, no evidence was apparent that this Program Management Plan was being used to guide CSTC-A engagement activities with ANSF and Afghan civilian ministries.

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<sup>45</sup> An organization that reported to the Uniformed Services University of the Health Sciences.

**MPRI, Inc., Medical Development Doctrine.** A contractor, MPRI, Inc., had developed End-State Goals for the Afghan Military Health Care System and Medical Command Staff Development Doctrine. CSTC-A resources did not appear to have been applied to assist the ANA in developing and supporting training at the ANA Corps and below levels to meet these end-state goals for medical plans, operational support, medical logistics, and field casualty evacuation.

**Afghan Commission for a Strategic Framework for Health Care Delivery.** A Memorandum of Agreement was signed between the Ministries of Defense, Interior, Public Health, Higher Education, and Finance on November 22, 2006, that formed a Commission for a Strategic Framework for Healthcare Delivery in Afghanistan. The agreement's goal was to begin the process of collaboration among these ministries on health sector priorities, including disaster preparedness, education of allied health workers, and clinical care in remote areas. However, no evidence was apparent that any action had been taken by CSTC-A or MoPH to facilitate inter-ministerial collaboration since this agreement was signed.

**Other U.S. Government Health Sector Actions.** Other DoD and U.S. Government agencies offer opportunities for collaboration in which ANSF personnel and family members may directly or indirectly benefit from improved health care.

**U.S. Department of Health and Human Services.** The Department of Health and Human Services has been involved in a hospital-based maternal-child health initiative at the Rabia Balkhi Women's Hospital, one of two women's hospitals in Kabul that are used by female ANA and ANP personnel. Beginning in 2002, DoD collaborated with the Department of Health and Human Services by performing facility renovations at a cost of more than \$2 million, while the Department of Health and Human Services invested more than \$8 million to train clinical and administrative management personnel.

**U.S. Public Health Service.** The U.S. Public Health Service Commissioned Corps<sup>46</sup> assigned two officers to the CSTC-A Command Surgeon's office to work on key civil-military engagement topics with the MoPH. These officers were assigned for one year based on the original agreement between CSTC-A and the Department of Health and Human Services, but both assignments were curtailed after 6 months for reasons that are unclear.

**Biological Threat Reduction Program.** The Office of Cooperative Threat Reduction Policy<sup>47</sup> was considering expanding the Biological Threat Reduction Program, funded by the Nunn-Lugar Cooperative Threat Reduction Act of 2005, into Afghanistan and Pakistan. This program is intended to rebuild public health and disease surveillance capacity and includes infrastructure, training, and external support. CSTC-A could leverage the Biological Threat Reduction Program activities in such a way that ANSF public health equities are met.

**Centers for Disease Control and Prevention Maternal Care.** The

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<sup>46</sup> An organization that reported to the Department of Health and Human Services.

<sup>47</sup> An organization that reported to the Office of the Under Secretary of Defense for Policy.



Centers for Disease Control and Prevention<sup>48</sup> was developing a quality assurance initiative for emergency childbirth and community-based prenatal care at the Rabia Balkhi and Malalai Women's Hospitals, in collaboration with the U.S. Agency for International Development. Partnering among CSTC-A, the Centers for Disease Control and Prevention, and the U.S. Agency for International Development would provide valuable technical expertise that is not available within DoD and would result in higher quality medical mentoring and medical care for ANSF personnel and family members.

**U.S. Military Center for Disaster and Humanitarian Assistance Medicine.** The Center for Disaster and Humanitarian Assistance Medicine had been providing reach-back support for several training initiatives at the request of CSTC-A and had funded several maternal-child health projects at Malalai Women's Hospital. The Malalai Hospital had no major donor support and received approximately 8 percent of its required resources from the MoPH. There are more than 80 babies born per day at Malalai Hospital.

## Afghan Civilian Health Care System

**Public Health System.** The management of the Afghan public health system for disease surveillance, control, and reporting was marginally functional. A sustainable ANSF health care system requires an effective civilian infectious disease surveillance, control, and reporting system to provide adequate force health protection to ANA and ANP personnel in the field and effective support to central and regional public health institutions for the civilian population.

Other required aspects of the public health care system, such as specialty care, maternal and child care, primary care in geographically remote areas, and public health services were under development in the civilian sector. This development was proceeding very slowly because multiple international donors were not coordinating their efforts.

**Emergency Medical Services and Disaster Preparedness and Response.** There was a paucity of ground ambulance services in Kabul and such services were almost nonexistent elsewhere in Afghanistan. The ANA and ANP provided most of the national ground and air evacuation capacity within Afghanistan since a robust civilian emergency medical service and evacuation system were not present.

The ANA provided logistical and communication support in the event of a natural disaster. The ANA medical infrastructure and rotary wing assets have already been used for civilian mass casualty care and disasters, such as the flooding that occurred in early 2007 in northern Afghanistan. Additionally, the ANA sent a medical team to assist in the international response to the October 2005 Pakistani earthquake.

CSTC-A, ISAF, the International Red Crescent, the Kabul Ambulance Association, and the Ministries of Defense, Interior, and Public Health have established an initial framework for cooperation as evidenced by two annual Emergency Preparedness workshops in Kabul in December 2006 and January

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<sup>48</sup> An organization that reported to the Department of Health and Human Services.

2008.

These workshops included tabletop exercises and provided valuable opportunities for building collaborative partnerships between these agencies, though resources committed to this area were still inadequate. While much remains to be done for effective disaster response, these Afghan agencies have taken the initial steps towards cooperation.

**Supporting Services for Afghan National Security Forces Combat Casualty Care and Rehabilitation.** Supporting health services such as physical therapy, prosthetics, and occupational and vocational therapy were only marginally available within the ANA system. To meet the initial needs of the ANA, CSTC-A had contracted with the Kabul Orthopedics Organization<sup>49</sup> to develop physical therapy and prosthetics capacity within the ANA National Military Hospital. Occupational and vocational therapy services are also essential to return injured service members to duty or to provide retraining for a civilian job but were unavailable in the ANA system.

**Maternal and Child Care for Female Afghan National Security Forces Personnel.** Maternal and child care services for female ANSF personnel and dependents were obtained from civilian women's and pediatrics hospitals. Due to cultural norms, females were reluctant to seek care at ANA medical facilities.

The two women's hospitals in Kabul have a very high maternal and infant mortality rate due primarily to inadequate training of medical and nursing personnel. For example, a female ANA Air Corps pilot bled to death during an emergency Cesarean section in the fall of 2006 at one of these hospitals, bringing to light systemic problems in staffing, training, and management of obstetrical emergencies.

CSTC-A had contracted with a hospital managed by CURE International<sup>50</sup> for occupational health screening of Afghan workers. CURE International provided advanced fellowship training for family medicine, obstetrics and gynecology, and surgery and has developed proposals for several collaborative training initiatives with Kabul Medical University and Malalai Women's Hospital in an effort to improve maternal and child care in Kabul.

## **Afghan Medical Education and Training in the Civilian Sector**

Development of a stand-alone ANSF health care system requires a pipeline of trained physicians, nurses, dentists, and allied health care professionals to staff regional and central ANSF hospitals. Civilian health care personnel must undergo military-unique orientation training upon accession into ANSF and must receive further entry-level and upgraded technical training in their particular specialty.

**Physician and Nurse Training.** The pipeline for newly trained physicians for the ANA depends on Kabul Medical University students voluntarily signing up to serve as medical officers in the ANA upon graduation. In exchange for a

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<sup>49</sup> A local non-governmental organization.

<sup>50</sup> A local non-governmental organization.

commitment to serve 15 years upon graduation, they receive a small stipend while in training and additional military-unique training while attending medical school.

In the past, approximately 30 newly graduating physicians have signed up annually to enter ANA upon graduation. In the past 3 years, no incoming medical students have signed up to serve, so this source of new physicians for ANA will cease in an estimated 3 years. CSTC-A had recently started the first class of officer basic training for new medical officers.

There were no national training programs for psychiatrists, anesthesiologists, or obstetricians/gynecologists; all these specialties are under-strength in the ANSF. Nursing positions were also severely understaffed within ANSF medical facilities with no identified training solutions.

**Training for Combat Medics and Allied Health Care Technical Skills.**

CSTC-A had developed and implemented entry-level training for ANA combat medics. However, anecdotal reports suggest that ANA personnel trained as combat medics were redirected to non-medical tasks once assigned to ANA Corps and below levels. CSTC-A had developed a separate Trauma Assistance Personnel class that trained ANP enlisted staff with similar skills to those of ANA combat medics.

CSTC-A had developed plans for building an Allied Health Professions Institute next to the ANA Combat Medic School to train biomedical equipment technicians, medical logisticians, and technicians in several other allied health areas.

**U.S. Medical Training.** CSTC-A had sent ANA and ANP medical personnel to the U.S. for short and long courses of medical instruction in key areas. However, no evidence was available to demonstrate that these personnel were generally being utilized in a fashion that made the most use of this additional medical training.

Several medical personnel had received extensive 12 to 24 month courses of instruction in the United States, but when they returned to their previous position in Afghanistan they were not able to implement any improvements to build upon their training. Anecdotal reports suggested that selection for U.S.-based training was based more on favoritism than on competence and potential to contribute to improving the health care system.

**Training Tracking System.** The shortage of trained Afghan medical personnel dictates that systematic follow-up efforts be made to ensure that personnel trained inside and outside the country are assigned to appropriate medical positions with the ANSF. We believe that the first step is for CSTC-A to develop and implement a tracking system to ensure that ANSF medical personnel trained for specialty medical tasks are appropriately utilized in ANSF health care positions. Such a tracking system would be used to alert MoD and MoI medical leadership when trained personnel are not being assigned to critical medical positions and identify the need to make appropriate assignment corrections.

## **U.S. Funding Sources for the Afghan Health Care System**

Funding sources are also needed to provide for and develop a sustainable, integrated civilian-military-police Afghan health care system. This funding will support expansion of medical education and training programs, a civilian public health and disease surveillance system at the national, regional and local levels that benefits all Afghans, and emergency medical and disaster preparedness services. Obviously, the U.S. can not provide funding to complete all these efforts but certainly can assist in some of the initiation, coordination, and sustainment of these efforts in collaboration with U.S. and international donors.

We believe that one approach to additional health care funding is to add a medical budget category to the Afghanistan Security Forces Fund spending plan. The spending plan would be submitted during the legislative process to permit Afghanistan Security Forces Fund appropriated funds to be used to support the improvement of civilian health care systems in Afghanistan that provide direct support to ANSF, such as civilian health care provided by MoPH in remote areas.

## **DoD Health Sector Reach -Back Support Office**

U.S. Government resources have not been effectively marshaled to prepare and implement planning to build partnerships and train Afghan medical personnel. The effective coordination of health care initiatives has been hampered by the lack of a single U.S. government focal point, such as a health sector reach back support office.

The disparate DoD elements engaged in the establishment of policies, the management of health care, the study of health care and disease control issues, the design and construction of health care facilities, and the implementation of health care goals in locations such as Afghanistan make coordinated and timely action difficult. Further, civilian U.S. Government agencies are engaged in health sector activities in Afghanistan where collaboration with DoD may directly or indirectly provide support for improving the ANSF health care delivery system.

**Health Sector Reach Back Support Office.** Many U.S., international, and Afghan organizations already have or could have a role in the development of Afghan health care systems to the benefit of ANSF personnel and their families, and civilians. However, there is no single U.S. government entity today that serves as a “nerve center” to coordinate the delivery of war-time health sector reconstruction assistance by the U.S. government to Afghanistan. For example, some of the organizations currently involved include:

- DoD and Coalition organizations such as:
  - The Office of the Assistant Secretary of Defense for Health Affairs
  - U.S. Military Center for Disaster and Humanitarian Assistance Medicine
  - Office of Cooperative Threat Reduction Policy
  - CSTC-A
  - ISAF

- Other U.S. Government agencies such as:
  - U.S. Agency for International Development
  - U.S. Department of State
  - U.S. Department of Health and Human Services
  - U.S. Public Health Service
  - Centers for Disease Control and Prevention
- International organizations and non-governmental organizations such as:
  - World Health Organization
  - International Red Crescent
  - CURE International
- Afghan organizations such as:
  - Ministries of Defense, Interior, and Public Health
  - Kabul Medical University
  - Rabia Balkhi and Malalai Women's Hospitals
  - Kabul Ambulance Association
  - Kabul Orthopedics Organization

A U.S. government health sector reach back support office that coordinates health care resources among DoD and other contributing U.S. government and private sector organizations could help achieve the goal of developing Afghanistan's health care system, including that of the ANSF. This office would provide a centralized, integrated, and properly resourced capability with the delegated responsibility for oversight of the development of Afghan health care systems. It would also be charged to ensure that initiatives and programs are pro-active, coordinated, responsive, and cost effective. Integrated civil-military-police health sector reconstruction that builds management capacity and intellectual capital within Afghan Ministries would then be supportive of the priorities of the Afghanistan Compact and the Afghanistan National Development Strategy.

## Summary

Development of an efficient, cost effective, and integrated ANSF health care system focused on quality combat casualty care, from the point of wounding through field medical care and evacuation, resuscitative and definitive surgery, rehabilitation, and return to duty may be achievable in the next three-to-five years -- with appropriate U.S. Government assistance.

A sustainable, integrated ANSF health care system requires effective civilian central and regional public health systems, civilian educational institutions that provide support and training for ANSF health care system personnel, and development of a civilian health care delivery system that is adequate for the country of Afghanistan as a whole.

Partnering between an integrated ANSF health care system and the civilian MoPH for services would maximize scarce national health care resources and

avoid creating an expensive, two-tiered system where some ANA and ANP personnel and privileged officials receive care within a well-funded ANSF health care system, but the vast majority of the population receives care in a poorly-funded public system.

The MHS Strategic Plan, under “Purpose, Vision, and Strategy,” as we have noted elsewhere in this report, states “We have a singular opportunity to build bridges to peace in hostile countries. In many circumstances, the MHS will serve as the tip of the spear and a formidable national strategy tool for the nation. And, we can take advantage of a one-time opportunity to design and build health facilities that promote a healing environment during the clinical encounter, empower our patients and families, relieve suffering, and promote long-term health and wellness. We will employ evidence-based design principles that link to improved clinical outcomes, patient and staff safety, and long-term operational efficiencies.”

DoDD 3000.05 states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning. . . .

Many stability operations tasks are best performed by indigenous, foreign, or U.S. civilian professionals. Nonetheless, U.S. military forces shall be prepared to perform all tasks necessary to establish or maintain order when civilians cannot do so. Successfully performing such tasks can help secure a lasting peace and facilitate the timely withdrawal of U.S. and foreign forces.

Additionally, the MHS Strategic Plan, under “Purpose, Vision, and Strategy,” also states “We must have a willingness to experiment, to create a learning support capacity, and to challenge our assumptions constantly in light of new challenges. We must take rational risks to move our system forward....risks that will place us in uncharted environments.”

We believe that it is now time to implement the goals and guidance provided by DoDD 3000.05 and the MHS Strategic Plan by initiating operations to build health care systems that support the people of Afghanistan in their efforts to rebuild their country and repel terrorism.

## **Recommendations**

W.1. We recommend that the Commander, U.S. Central Command, in coordination with the U.S. Mission-Afghanistan; the Assistant Secretary of Defense for Health Affairs; the Commander, Combined Security Transition Command-Afghanistan; and the North Atlantic Treaty Organization-International Security Assistance Force:

a. Develop and implement a comprehensive, integrated, multi-year plan to build strategic partnerships. These would be forged with other U.S. Government agencies, academic partners, international and non-governmental organizations,

and key Afghan government ministries with the goal of fostering the development of an integrated Afghanistan National Security Forces health care system and civilian health care system capabilities that adequately complement the Afghanistan National Security Forces health care system.

**Management Comments to Recommendation W.1.a.** USCENTCOM concurred, noting that the ASD(HA), in concert with the CENTCOM Surgeon, recommended the establishment of a health attaché position at U.S. Mission-Afghanistan to synchronize and focus the interagency health sector activities in support of the civilian health care system Afghanistan. The U.S. Ambassador, Afghanistan did not support this recommendation from the USCENTCOM Surgeon and ASD(HA). As a result, USCENTCOM recommended that the U.S. Embassy Kabul re-evaluate the decision on the health attaché position and be given the lead for all U.S. sponsored civilian health care development with regard to the Ministry of Public Health (MoPH) in Afghanistan.

**Assessment Response.** The management comments partially met the intent of the recommendation. The Commander, USCENTCOM, in coordination with ASD(HA) and the Joint Staff, should work through Department of State and USAID Liaison Officers to formally request that U.S. Mission-Afghanistan identify a single point of contact to coordinate all U.S. government health sector development activities, act as a focus for Coalition health activities, and act as the single point of contact for health-related activities with Afghan ministries and international organizations. We request that USCENTCOM fully respond to this recommendation.

Based on the comments provided, we are adding an additional recommendation.

W.1.b. We recommend that the Commander, U.S. Central Command, establish a Command Surgeon position at the grade of O-7 on the staff of the Commander, US Forces-Afghanistan, to proactively coordinate all Defense Department health sector activities in Afghanistan, including:

- Oversight of long-term joint planning, coordination, and development of the ANSF health care system with U.S. Mission-Afghanistan, across all NATO ISAF components, with NATO ISAF member nations, and with NATO Allied Command Operations;
- Advocating for resources and authorities to properly develop sustainable civilian health sector capacity where needed to support the ANSF.
- Oversight of ANSF medical mentoring and training across all ISAF components, with NATO ISAF member nations, and with NATO Allied Command Operations, as further described in Recommendation T.4.

W.1.c. We recommend that the Commander, U.S. Central Command, in coordination with the U.S. Mission-Afghanistan; the Assistant Secretary of Defense for Health Affairs; the Commander, Combined Security Transition Command-Afghanistan; and the North Atlantic Treaty Organization-International Security Assistance Force develop and implement a multi-year plan to increase collaborative interaction with the Ministries of Public Health and Higher Education to plan and implement new training programs for nurses, enlisted technicians, and medical specialties needed within the Afghanistan National Security Forces medical corps, and to leverage U.S., North Atlantic Treaty Organization-International Security Assistance Force partner countries, and

Afghanistan-based training.

**Management Comments to Recommendation W.1.c.** USCENTCOM concurred, noting that CSTC-A has developed an action plan as follows:

- Command Surgeon has crafted a 1-year advance medical technician (licensed professional nurse) program for 30-45 students to increase the nursing pool within ANA. This program, the Allied Health Professional Institute, is scheduled to begin its first class on 1 October 2008. The curriculum has been developed. All materials have been translated into Dari. All equipment has been purchased and is undergoing installation.
- Temporary housing has been provided which is managed by the ANA. Permanent billeting is scheduled (construction planned to begin next spring).
- Continue work on Tashkil per CSTC-A Tashkil tasker. Refine Tashkil to match education, growth, training and specialty need annually (revisions takes force at the beginning of the solar year in March).

**Assessment Response.** The management comments partially met the intent of the recommendation, but a multi-year plan to support this important effort should be developed by USCENTCOM. We commend CSTC-A for taking initial action in training medical technicians; however the full spectrum of health care workers still needs to be addressed. Please provide us with the dates that the plan will be developed and implemented.

The development of trained health care workers is a multi-year effort that will require long-term commitment of resources and expertise to develop vocational, undergraduate, and graduate training programs. Academic partnerships and multi-year funding sources must be identified so sustainable training programs can be developed to meet long-term health care worker needs in both the ANSF and in the civilian health sector. Such a broad-based effort will provide counterinsurgency benefits and strengthen governance, and requires the advocacy of the Commander, USCENTCOM, with support from ASD(HA).

W.1.d. We recommend that the Commander, U.S. Central Command, in coordination with the U.S. Mission-Afghanistan; the Assistant Secretary of Defense for Health Affairs; the Commander, Combined Security Transition Command-Afghanistan; and the North Atlantic Treaty Organization-International Security Assistance Force identify, access, and leverage subject matter experts and existing DoD efforts and those of other U.S. Government, international, and private sector organizations (such as the Department of State, the Department of Health and Human Services, and the U.S. Agency for International Development) to promote:

- Development of a sustainable integrated Afghanistan National Security Forces health care system.
- Improved civilian medical education and public health systems.
- Development of civilian health care system capabilities that adequately complement the Afghanistan National Security Forces health care system.
- U.S. Mission-Afghanistan, Combined Security Transition Command-



Afghanistan Command Surgeon, and North Atlantic Treaty Organization-International Security Assistance Force efforts to implement these goals.

**Management Comments to Recommendation W.1.d.** USCENTCOM concurred, noting the need for further emphasis on the development of training programs for anesthesiologists, and psychiatrists within the ANSF Healthcare System Mission. They also noted the following CSTC-A comments and actions:

- ANSF Allied Health Professions Institute is under development. Radiology, Laboratory, Ultra-sound and Advanced Medical Technicians programs are targeted.
- Curriculum developments are completed as of July 08. Future collaborations with MoPH and Ministry of Education pending.
- First develop the Allied Health Professional Institute for ANSF then review opportunities to collaborate with other agencies.
- ANA and Kabul Medical University (Ministry of Higher Education) has a current medical education partnering agreement with students actively attending medical school and ANA Medical Command residencies.
- As noted in the last IG response, there is yet no training programs for Obstetricians/Gynecologists, anesthesiologists, and psychiatrists in Afghanistan. Out of scope for the ANSF Healthcare System Mission of CSTC-A.

**Assessment Response.** The management comments partially met the intent of the recommendation, but a multi-year plan to support this important effort should be developed by USCENTCOM. CSTC-A does not appear to have identified and leveraged subject matter experts and existing DoD efforts and those of other U.S. Government, international, and private sector organizations. We believe that such leveraging of outside expertise will be particularly valuable in the development of the Allied Health Professions Institute and future initiatives. Please provide us with the dates that the plan will be developed and implemented. For further discussion, see Assessment Response provided to Recommendation W.1.e.

W.1.e. ( This recommendation was originally directed to the Assistant Secretary of Defense for Health Affairs. After we evaluated the management comments, we re-directed it to USCENTCOM.) We recommend that the Commander, U.S. Central Command prepare, in coordination with the Under Secretary of Defense for Policy, the Under Secretary of Defense (Comptroller)/Chief Financial Officer, and the Assistant Secretary of the Army (Financial Management & Comptroller), an Afghanistan Security Forces Fund spending plan that includes a separate medical budget category and submit to the United States Congress to request appropriated funding for building and improving civilian Afghan health care systems that adequately complement and support the Afghanistan National Security Forces health care system.

**Management Comments to Recommendation W.1.e.** The Assistant Secretary of Defense for Health Affairs (ASD(HA)) non-concurred with this recommendation as originally written, which designated ASD(HA) as the Office of Primary Responsibility. He noted that submitting an ANSF Spending Plan was

properly an issue for the USCENTCOM Commander and his Congressional liaison. The ANSF Spending Plan funding line for Afghan civilian health care development, as related to ANSF health care, belongs to USCENTCOM, in cooperation with the State Department. The ASD(HA) should have staff input into formulating the ANSF Spending Plan health budget.

USCENTCOM also non-concurred, noting that such an effort should be a Department of State lead, vice DoD, and that civilian health care is out of scope for the USCENTCOM/CSTC-A mission in Afghanistan.

The Under Secretary of Defense, Comptroller/Chief Financial Officer also non-concurred, noting that providing for civilian health care in Afghanistan is a Department of State mission.

**Assessment Response.** Based on the comments provided by ASD(HA), we are redirecting this recommendation to USCENTCOM. However, the USCENTCOM response does not meet the intent of the recommendation.

A sustainable, independent ANSF depends on adequately functioning civilian medical education and training, public health systems, emergency medical services, disaster preparedness and response, physical therapy and rehabilitation, and maternal and child health services. It is prohibitively expensive, inefficient, and time consuming to attempt to develop these capabilities within the ANSF for use only by the Army and/or Police.

All Department of State civilian health sector reconstruction activities in Afghanistan are implemented by USAID. The USAID health portfolio in Fiscal Year 2008 was approximately \$80 million, with about half of this going to direct health services delivery via contracts with non-governmental organizations in the 11 provinces for which USAID is responsible. USAID funds about \$20 million nationally for health facility construction and rehabilitation, and invests about \$20 million nationally for training midwives and community health workers. Neither the Department of State nor USAID is funding other civilian medical education and training, public health systems, emergency medical services, disaster preparedness and response, physical therapy and rehabilitation, or comprehensive maternal and child health services. The Department of Health and Human Services and the Centers for Disease Control and Prevention are funding a maternal health project at the Rabia Balkhi Women's Hospital in Kabul, but they are not funded to address comprehensive maternal and child health care services in Kabul.

We believe that the Department of Defense mission to develop enduring national military and police forces in the resource-constrained Afghanistan environment includes the identification of all funding requirements to develop Afghan civilian health care system capabilities to support the ANSF. Development of these civilian capabilities will determine whether the ANSF health care system will ever be sufficiently comprehensive and sustainable. We request that USCENTCOM respond to this re-directed recommendation.

W.2. We recommend that the Assistant Secretary of Defense for Health Affairs:

a. Develop a U.S.-based health sector reach back support office within the Department of Defense, in coordination with the Chairman of the Joint Chiefs of Staff and the Commander, United States Central Command, to identify, access, and leverage subject matter experts and future DoD efforts and those of other U.S. Government, international, and private sector organizations (such as the Department of State, the Department of Health and Human Services, and the U.S.

Agency for International Development) to promote:

- Development of a sustainable integrated Afghanistan National Security Forces health care system,
- Improved civilian medical education and public health system care,
- Development of civilian health care system capabilities that will support the Afghanistan National Security Forces health care system development,
- U.S. Mission-Afghanistan, Combined Security Transition Command-Afghanistan Command Surgeon, and North Atlantic Treaty Organization-International Security Assistance Force efforts to implement these goals.

**Management Response to Recommendation W.2.a.** ASD(HA) concurred, noting that the International Health Division (IHD) within OASD(HA) is developing expertise and staffing for reach-back support to Combatant Commands and the Interagency. IHD calls upon other USG agencies (such as Department of State, Department of Health and Human Services, and the U.S. Agency for International Development, etc.), non-government organizations, and international organizations (United Nations, World Health Organization) for complementary strengths and expertise. This includes ongoing efforts to co-locate interagency personnel within the IHD.

**Assessment Response.** The management comments partially met the intent of the recommendation. We request that ASD(HA) provide dates for the completion of the establishment of the U.S.-based health sector reach back office. See recommendations W.4 and W.5 for additional comments.

W.2.b. We recommend that the Assistant Secretary of Defense for Health Affairs recommend to interagency counterparts the establishment of a U.S.-based health sector reach back support office which would coordinate all U.S. government health sector reconstruction activities in Afghanistan.

**Management Comments to Recommendation W.2.b.** ASD(HA) concurred with the recommendation.

**Assessment Response.** The management comments met the intent of the recommendation. We request that ASD(HA) initiate coordination with their interagency counterparts and develop a timeline to meet the intent of this recommendation.

W.3. We recommend that the Commander, Combined Security Transition Command-Afghanistan:

a. Develop and implement a tracking system, in coordination with the Ministers of Defense and Interior, to ensure Afghanistan National Security Forces medical personnel trained for specialty medical tasks are appropriately utilized in Afghanistan National Security Forces health care positions.

**Management Comments to Recommendation W.3.a.** USCENTCOM concurred, providing the recommendation is implemented within the scope of the CSTC-A mission.

CSTC-A concurred and provided the following comments.

- The MoD has identified combat medic as an intensively managed Military Occupational Specialty (MOS). In August of 2007, the ANA Surgeon General, secondary to CSTC-A mentoring, reported problems with inappropriate use of trained personnel to the MoD. A subsequent directive (December 2007) from the MoD stated that this MOS must not be mal-assigned and tasked his Chief of Staff (CoS) to periodically monitor the situation to assure compliance.
- Similarly, CSTC-A is supporting staff development visits within the MoI to periodically assess appropriate assignment of trained Trauma Assistance Personnel (TAP)—combat medic equivalent.
- In March 2008, CSTC-A conducted 100% inventory of authorizations of ANA medical personnel.
- CSTC-A subsequently evaluated and redefined all medical occupational specialties (MOS, ASI).
- Plan for Solar Year 1308 is to formulate a management plan for each medical specialty within the ANA.

**Assessment Response.** The management comments partially met the intent of the recommendation. CSTC-A should broaden this tracking and oversight to include Afghan military and police medical personnel who participate in U.S.-funded training programs in the United States. Please provide dates for the completion of the tracking system.

W.3.b. We recommend that the Commander, Combined Security Transition Command-Afghanistan alert Minister of Defense and Minister of Interior medical leadership when medical personnel trained for specialty medical tasks are not being appropriately utilized in Afghanistan National Security Forces health care positions and advise that these practices be curtailed.

**Management Comments to Recommendation W.3.b.** CSTC-A concurred.

**Assessment Response.** The management comments met the intent of the recommendation.

W.4. We recommend that the Deputy Secretary of Defense designate the Assistant Secretary of Defense for Health Affairs as the lead to:

a. Develop policy for all Defense Department stability operations with a medical component, health-related security and health sector reconstruction activities, medical capacity building, and medical components of humanitarian assistance and disaster response actions;

b. Develop policy to form strategic partnerships and cooperative mechanisms with other U.S. Government agencies for stability operations with a medical component, health-related security and health sector reconstruction activities, medical capacity building, and medical components of humanitarian assistance and disaster response actions;

c. Develop, in cooperation with other U.S. Government agencies and non-governmental organizations, non-kinetic strategies for Combatant Commanders

and U.S. Embassy country teams to use medical resources in stability operations with a medical component, health-related security and health sector reconstruction activities, medical capacity building, and medical components of humanitarian assistance and disaster response actions.

- d. Develop measures of performance and outcomes to meet end state goals;
- e. Identify and program for resources required to support these tasks.

W.5. We recommend that the Chairman, Joint Chiefs of Staff designate the Joint Staff Surgeon as the lead to develop a mechanism to provide operational oversight and ensure implementation of policies regarding stability operations with a medical component, health-related security and health sector reconstruction activities, medical capacity building, and medical components of humanitarian assistance and disaster response actions.

# Appendix A. Scope, Methodology, and Acronyms

**Background.** The DoD Office of the Inspector General performed an assessment of the control and accountability of Arms, Ammunition, and Explosives (AA&E)<sup>51</sup> in Iraq in September and October 2007. The results of that assessment and recommendations for corrective actions were published in DoD IG Report No. SPO-2008-001, “Assessment of the Accountability of Arms and Ammunition Provided to the Security Forces of Iraq,” July 3, 2008.

During the 2007 trip, we made survey visits of approximately one week each to Afghanistan and Kuwait to gain a theater-wide perspective of the AA&E accountability and control situation in Southwest Asia, which is the U.S. Central Command (USCENTCOM) area of responsibility. We identified issues in Afghanistan that we did not fully address during this effort but which merited follow-up. Subsequent to the Afghanistan and Kuwait visits, the assessment team traveled to Iraq for the remainder of the trip.

**Expansion of Scope.** The scope of the initial assessment in 2007 was expanded to assess issues involving the accountability and control of AA&E in Afghanistan, the responsiveness of U.S. Foreign Military Sales processes supporting the Afghan National Security Forces (ANSF) and the Iraqi Security Forces (ISF), and the development of logistics sustainment capability for ANSF and ISF, to include a related issue on building the Afghan and Iraqi military health care systems and its sustainment base.

**Establishment of the 2008 Assessment Team.** The Inspector General assembled an assessment team in February 2008 to determine the status of the corrective actions being implemented for the accountability and control of AA&E in Iraq and to conduct further work on the same issue in Afghanistan. We visited with officials from DoD staff components, USCENTCOM, the Army Materiel Command, and the Defense Security Cooperation Agency to finalize our objectives and methodology.

The assessment team deployed to Afghanistan on April 14, 2008 and completed its field visit on April 18, 2008. Subsequent to the Afghanistan visit, the assessment team traveled to Iraq for the second leg of the trip, from April 26, 2008 to May 17, 2008. The results of the Iraq portion of this trip will be reported separately.

**Methodology.** We contacted, visited, or conducted interviews with officials (or former officials) from organizations of the U.S. Government, the U.S. DoD, the Government of the Islamic Republic of Afghanistan, and the North Atlantic Treaty Organization. Appendix D provides a complete list of those organizations.

We also contacted, visited, or conducted interviews with officials (or former officials) from organizations supporting the train and equip mission in Afghanistan. Appendix E provides a complete list of those organizations. We reviewed public laws, DoD policies (directives, instructions, regulations, manuals, and strategic plans), Army regulations, and Combined Security

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<sup>51</sup> We did not include an evaluation of explosives in our assessment.

Transition Command-Afghanistan (CSTC-A) operations and fragmentary orders that were relevant to the four major areas we assessed (accountability of AA&E, foreign military sales, logistics sustainment, and medical sustainment). Appendix F provides a complete list of those documents.

Within organizations supporting the train and equip mission in Afghanistan, we examined or sought out policies and procedures concerning:

- Accountability, control, and physical security of U.S.-supplied AA&E and captured, confiscated, abandoned, recovered, and turned-in weapons and the appropriate reporting of these weapons' serial numbers
- Data input controls and quality assurance reviews regarding the processes used to manage AA&E inventories
- Management of security assistance programs
- Plans for the development of ANSF logistics and medical sustainability
- Guidance and plans on missions, roles, responsibilities applicable to U.S. training teams and mentors that were training and mentoring the Ministry of Defense, Ministry of Interior, and ANSF organizations
- Guidance on the training, development of the skill sets, and personnel practices related to U.S. training team and mentor personnel
- Plans for the integration of medical functions within the Afghan National Army and the Afghan National Police into a common ANSF medical corps
- Plans to develop key the Afghan civilian health care system capabilities needed to support ANSF
- Plans to develop a comprehensive, integrated, multi-year program to build strategic medical partnerships among organizations such as the:
  - U.S. Mission-Afghanistan
  - Office of the Assistant Secretary of Defense for Health Affairs
  - USCENTCOM
  - North Atlantic Treaty Organization-International Security Assistance Force
  - CSTC-A
  - Afghan Ministries of Defense, Interior, Public Health, and Higher Education
  - Other U.S. Government, international, and private sector organizations (e.g. the Department of State, the Department of Health and Human Services, and the U.S. Agency for International Development) to support broad reconstruction of the health sector

Our success in finding existing policies and procedures and the validity of the contents, if determined, are discussed in the observations of this report.

We assessed the management and results of programs for the accountability of AA&E, foreign military sales, logistics sustainment, and medical sustainment. We believe that the documents reviewed, personnel interviewed, and other

evidence obtained provides a reasonable basis for our conclusions, based on our assessment objectives.

**Use of Technical Assistance.** We did not use Technical Assistance to perform this assessment.

**Acronyms Used in this Report.** The following is a list of the acronyms used in this report.

AA&E	Arms, Ammunition, and Explosives
ANA	Afghan National Army
ANP	Afghan National Police
ANSF	Afghan National Security Forces
ARSIC	Afghan Regional Security Integration Command
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
CMA	Central Movement Agency
CSTC-A	Combined Security Transition Command-Afghanistan
DoDD	DoD Directive
DoDI	DoD Instruction
DoD IG	Department of Defense Inspector General
DGR	Designated Government Representative
DRD-Log	Defense Reform Directorate – Logistics
DTG	Date / Time / Group
ETT	Embedded Training Team
FMS	Foreign Military Sales
FRAGO	Fragmentary Order - a change to an Operations Order
GAO	Government Accountability Office
GIRoA	Government of the Islamic Republic of Afghanistan
IHD	International Health Division
IMET	International Military Education and Training
IMS	Information Management System
ISAF	North Atlantic Treaty Organization-International Security Assistance Force
ISF	Iraq Security Forces
JMD	Joint Manning Document
JTD	Joint Tables of Distribution
JMETLs	Joint Mission Essential Task Lists
KRMH	Kandahar Regional Military Hospital
LOA	Letter of Offer and Acceptance
LSOC	Logistics support Operations Center
MHS	Military Health System
MMU	Multi-National Medical Unit
MNSTC-I	Multi-National Security Transition Command-Iraq
MoD	Ministry of Defense (Afghanistan)
MoI	Ministry of Interior (Afghanistan)
MoPH	Ministry of Public Health
MOS	Military Occupational Specialty
NMH	National Military Hospital
OMLT	Operational Mentor and Liaison Team
PMT	Police Mentor Team
PRT	Provincial Reconstruction Team
RFF	Request for Forces
RH	Regional Hospital
SA/LW	Small Arms/Light Weapons



SAO	Security Assistance Office
SIGIR	Special Inspector General for Iraq Reconstruction
SSTR	Stability, Security, Transition, and Reconstruction
UNANBP	United Nations Afghan New Beginnings Program
U.S.C.	United States Code
USCENTCOM	U.S. Central Command
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USG	United States Government
USJFCOM	U.S. Joint Forces Command

## Appendix B. Summary of Prior Coverage

During the last 5 years, the Government Accountability Office (GAO), the Special Inspector General for Iraq Reconstruction (SIGIR), and the Department of Defense Inspector General (DoD IG) have issued four reports and testimony discussing the accountability and control over munitions and other equipment provided to the Iraq Security Forces. Unrestricted GAO reports can be accessed over the Internet at <http://www.gao.gov>. Unrestricted SIGIR reports can be accessed over the Internet at <http://www.sigir.mil>. Unrestricted DoD IG reports can be accessed at or at <http://www.dodig.mil/audit/reports> or at <http://www.dodig.mil/inspections/ie/reports>

### GAO

GAO Report No. GAO-07-711, "STABILIZING IRAQ: DOD Cannot Ensure That U.S.-Funded Equipment Has Reached Iraqi Security Forces," July 2007

GAO Report No. GAO-07-582T, "OPERATION IRAQI FREEDOM: Preliminary Observations on Iraqi Security Forces' Logistical Capabilities," March 2007

GAO Report No. GAO-07-308SP, "SECURING, STABILIZING, AND REBUILDING IRAQ: Key Issues for Congressional Oversight," January 2007

### SIGIR

SIGIR Report No. SIGIR-06-033, "Iraqi Security Forces: Weapons Provided By the U.S. Department of Defense Using the Iraq Relief and Reconstruction Fund," October 2006

### DoD IG

DoD IG Report No. SPO-2008-001, "Assessment of the Accountability of Arms and Ammunition Provided to the Security Forces of Iraq," July 3, 2008

DoD IG Report No. D-2008-026, "Management of the Iraq Security Forces Fund in Southwest Asia - Phase III," November 2007

DoD IG Report No. IE-2005-002, "Interagency Assessment of Iraq Police Training," July 2005 (the Department of State Office of Inspector General participated in this assessment and issued Report No. ISP-IQO-05-72)

**Summary of DoD IG Report No. SPO-2008-001.** This classified report resulted from a request by the Secretary of Defense, the Chairman of the Joint Chiefs of Staff, and congressional leadership that the DoD Inspector General send a team to review the current accountability and control over arms and ammunition provided to the Iraq Security Forces (ISF). The assessment resulted in 45 recommendations on policies and procedures, personnel resources, and infrastructure related to:

- Accountability of arms and ammunition destined for or turned over to ISF
- Effectiveness of the Foreign Military Sales program with regard to ISF

- Effectiveness of the effort to develop the logistics capability of ISF

**Summary of DoD IG Report No. D-2008-026.** This report showed that:

- The **Multi-National Security Transition Command-Iraq** (MNSTC-I) was not always able to demonstrate proper accountability for and management of Iraq Security Forces Fund purchases and could not always demonstrate that the delivery of services, equipment, and construction was properly made to ISF.
- This occurred because the MNSTC-I did not have sufficient controls and procedures in place, did not maintain adequate oversight, and did not maintain accountable property records. In addition, the Multi-National Security Transition Command-Iraq did not have adequate resources for efficient management of services, equipment, and construction purchased through the Iraq Security Forces Fund.
- As a result, the MNSTC-I was unable to provide reasonable assurance that funds appropriated for ISF achieved the intended results that resources were used in a manner consistent with the mission, and that resources were protected from waste and mismanagement.

**Summary of Government Accountability Office Report No. GAO-07-711.**

This report showed that:

- DoD and the Multi-National Force-Iraq (MNF-I) had not specified which DoD accountability procedures, if any, applied to the train and equip program for Iraq as of July 2007.
- The MNF-I did not have orders that comprehensively specified accountability procedures for equipment distributed to ISF as of July 2007.
- DoD and the MNF-I could not fully account for ISF receipt of U.S.-funded equipment.
- A discrepancy of at least 190,000 weapons existed between data reported by the former MNSTC-I commander and the MNSTC-I property books.

**Summary of Special Inspector General for Iraq Reconstruction Report No. SIGIR-06-033.**

This report showed that:

- Twelve types of small arms (a total of 370,251 weapons) had been purchased for ISF, using Iraq Relief and Reconstruction Fund funds, through 19 contracts issued as of April 26, 2005. The report also showed that 12 types of small arms (a total of 134,842 weapons) had been procured using funding sources other than Iraq Relief and Reconstruction Fund for a total of 505,093 weapons<sup>52</sup> issued and warehoused (pending issue) as of September 4, 2006.
- Weapons accountability was questionable in two property books maintained by the MNSTC-I for the Iraqi MoD and the MoI. The property books did not show a

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<sup>52</sup> The report noted that this is the total issued and on-hand quantity (pending issue) as reflected in the two MNSTC-I maintained property books as of September 4, 2006.

combined inventory quantity of sufficient numbers to account for the three types of weapons procured for ISF using Iraq Relief and Reconstruction Fund funds. Iraq Relief and Reconstruction Fund funds were used to purchase 178,135 of the 3 types of weapons but the two property books totals showed only 164,105 on record, a variance of 14,030 weapons or about 7.9 percent.<sup>53</sup>

- Serial numbers were not always registered in the DoD Registry of the Small Arms Serialization Program for the weapons purchased by DoD and provided to ISF. Only 2 of the 19 Iraq Relief and Reconstruction Fund -funded contracts contained requirements specifying that the contractor provide weapons serial numbers for the DoD Small Arms Serialization Program. The report noted that this information suggested that only 10,000 of the 370,251 Iraq Relief and Reconstruction Fund -funded weapons, or about 2.7 percent, may have been recorded in the DoD Registry. MNSTC-I property books contained serial numbers for only 12,128 of the total 505,093 weapons issued and warehoused or about 2 percent of the weapons provided.<sup>54</sup>

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<sup>53</sup> The report noted that the combined quantity of these three items from the two MNSTC-I maintained property books could reasonably be expected to also include weapons from a variety of sources; such as weapons donated, captured, and purchased with funds other than the Iraq Relief and Reconstruction Fund.

<sup>54</sup> The report noted that this is the total issued and on-hand quantity (pending issue) as reflected in the two MNSTC-I maintained property books as of September 4, 2006. The property books reflect all weapons, regardless of funding source, and the counts were not exclusive to Iraq Relief and Reconstruction Fund -procured weapons.

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## Appendix C. Glossary

This appendix provides definitions of terms used in this report.

**Accountability** - DoD Instruction 5000.64, “Accountability and Management of DoD-Owned Equipment and Other Accountable Property,” November 2, 2006, states that accountability is the obligation imposed by law, lawful order, or regulation, accepted by an organization or person for keeping accurate records, to ensure control of property, documents, or funds, with or without physical possession. The obligation, in this context, refers to the fiduciary duties, responsibilities, and obligations necessary for protecting the public interest. However, it does not necessarily impose personal liability upon an organization or person.

**Arms, Ammunition, and Explosives** – The “Department of Defense Strategic Plan for the Distribution of Arms, Ammunition, and Explosives,” (AA&E Strategic Plan) May 2004, states:

Arms, Ammunition, and Explosives (AA&E) is a broad categorical concept, which can have multiple interpretations and definitions. Each of the DoD military services and agencies, plus the federal government (through the Code of Federal Regulations), have various definitions which can apply to material that may be considered AA&E, yet there is no standard definition.

For the AA&E Strategic Plan, AA&E is a term used to inclusively mean weapons, components requiring special controls, ammunition or munitions for those weapons, and other conventional items or materials with explosive, chemical, or electro-explosive properties designed for and/or capable of inflicting property damage, and death or injury to humans and animals. Items should be considered for inclusion in the AA&E category if they meet any of the following tests:

- a. Possession of, or access to the item is controlled due to potential risk associated with loss of the item, or its use for unintended purposes by unauthorized persons.
- b. The handling, transporting, storage, or use of the item presents a potential safety risk for the general population, and the risk must be controlled through visibility and specific procedures.
- c. The handling, transporting, storage, or use of the item presents a potential or known security risk. Exceptional care must be taken to maintain accountability over the item and information about it, to preclude disclosure of classified or sensitive information, or to prevent unauthorized persons from accessing or acquiring the item intentionally or unintentionally.

**DoD Military Health System** - The DoD Military Health System (MHS) mission is to provide optimal health services in support of our nation’s military mission—anytime, anywhere. The MHS is a partnership of medical educators, medical researchers, healthcare providers, and their support personnel worldwide. The MHS consists of the Office of the Assistant Secretary of Defense for Health Affairs; the medical departments of the Military Services, and Joint Chiefs of Staff; the Combatant Command surgeons; and TRICARE providers (including private sector healthcare providers, hospitals and pharmacies).

**DoD Small Arms/Light Weapons Registry** - DoD 4000.25-M, “Defense Logistics Management System,” Volume 2, Chapter 18 (“Small Arms and Light Weapons Serial Number Registration and Reporting”), Change 5, March 25, 2008, states that the DoD Small Arms/Light Weapons Registry is the DoD central repository for small arms and light weapons serial numbers. The registry serves as the single point of access for inquires relating to the last known record of small arms and light weapons serial numbers. Serial numbers are provided by the Component Registries on a scheduled and as required basis.

**Force Multiplier** – Joint Publication 1-02, “DoD Dictionary of Military and Associated Terms,” as amended through October 17, 2007, states that a force multiplier is a capability that, when added to and employed by a combat force, significantly increases the combat potential of that force and thus enhances the probability of successful mission accomplishment.

**Foreign Military Sales Cases** - The Foreign Military Sales (FMS) Program is that part of security assistance authorized by the Arms Export Control Act and conducted using formal agreements between the U.S. Government and an authorized foreign purchaser or international organization.

These agreements, called Letters of Offer and Acceptance (LOA), are signed by both the U.S. Government and the purchasing government or international organization. The LOA provides for the sale of defense articles and/or defense services (to include training) usually from DoD stocks or through procurements under DoD-managed contracts. As with all security assistance, the FMS program supports U.S. foreign policy and national security objectives.

DoD Financial Management Regulation Volume 15, Definitions, April 2002 (current as of July 17, 2008), defines a FMS case as a U.S. DoD LOA and associated supporting and executing documents.

**Foreign Military Sales Pseudo Cases** – According to personnel at the Defense Security Cooperation Agency, the pseudo LOA or case is used by the U.S. Government to track the sale of defense articles and/or services (to include training and design and construction services) and are generally funded by a U.S. Government entity (for example, the U.S. Government DoD funding provided to the Afghanistan Security Forces Fund is used to fund pseudo FMS cases for Afghanistan).

The pseudo LOA itemizes the defense articles and services included in the Letter of Request. However, the pseudo LOA is not signed by the foreign purchaser or international organization receiving the articles and/or services. The pseudo LOA is authorized by public law and the Arms Export Control Act.

**Foreign Military Sales Trust Fund** – According to the “FMS Customer Financial Management Handbook (Billing),” Defense Institute of Security Assistance Management and Defense Finance and Accounting Service Center, Tenth Edition, March 2006, a fund established for each FMS customer country for recording all financial transactions for use in carrying out our specific purposes and programs in accordance with an agreement. The Trust Fund does not include monies on deposit in an approved Federal Reserve Bank New York account or in a commercial interest bearing account until withdrawn by Defense Finance and Accounting Service.

**Implementing Agency** - According to the “FMS Customer Financial Management Handbook (Billing),” the U.S. Military Department or Defense Agency responsible for the execution of military assistance programs. With respect to FMS, the Military Department or Defense Agency assigned responsibility by the Defense Security Assistance Agency to prepare an LOA and to implement an FMS case. The implementing agency is responsible for the overall management of the actions which will result in delivery of the materials or services set forth in the LOA which was accepted by a foreign country or international organization.

**Joint Manning Document** – Chairman of the Joint Chiefs of Staff Instruction 1301.01C, “Individual Augmentation Procedures,” January 1, 2004 (current as May 1, 2006) states that a manning document of unfunded temporary duty positions constructed for or by a supported combatant commander that identifies the specific individual augmentation positions to support an organization during contingency operations.

Joint manning documents (JMDs) for permanent activities with a joint table of distribution or joint table of mobilization distribution should only identify individual augmentation positions for temporary military or DoD personnel.

JMDs for activities without a joint table of distribution or joint table of mobilization distribution (e.g., some joint task forces) should identify all positions required for that activity to support the mission. Positions should be identified as unit fill, coalition fill, civilian/contractor fill, or individual augmentation fills on the JMD.

**Letter of Offer and Acceptance** - DoD Financial Management Regulation Volume 15, Definitions, April 2002, defines a LOA as the authorized document for use by the U.S. Government to offer to sell defense articles and defense services to a foreign country or international organization and notes that a signature by the purchaser represents acceptance of the offer.

**Letter of Request** - According to the “FMS Customer Financial Management Handbook (Billing),” the term used to identify a request from an eligible FMS participant country for the purchase of U.S. defense articles and services.

**Logistics** - Joint Publication 1-02 states that logistics is the science of planning and carrying out the movement and maintenance of forces. In its most comprehensive sense, those aspects of military operations that deal with:

- a. design and development, acquisition, storage, movement, distribution, maintenance, evacuation, and disposition of materiel
- b. movement, evacuation, and hospitalization of personnel
- c. acquisition or construction, maintenance, operation, and disposition of facilities
- d. acquisition or furnishing of services.



**Military Support to Stability, Security, Transition and Reconstruction** - DoD Directive 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations," November 28, 2005, defines military support to SSTR as DoD activities that support U.S. Government plans for stabilization, security, reconstruction and transition operations, which lead to sustainable peace while advancing U.S. interests.

**Munitions** – Joint Publication 1-02 states that munitions, in common usage, can be military weapons, ammunition, and equipment.

**Security** - Joint Publication 1-02 defines security as a condition that results from the establishment and maintenance of protective measures that ensure a state of inviolability from unintentional or directly hostile acts or influences. For the purpose of the AA&E Strategic Plan, security entails visibility over and physically keeping AA&E in the custody of only those with specific authorization, and the ability to quickly identify and respond to situations or incidents of actual or potential compromise of AA&E while in the logistics chain.

**Security Assistance Organizations** - DoD Directive 2055.3, "Manning of Security Assistance Organizations and the Selection and USDP Training of Security Assistance Personnel," March 11, 1985, defines security assistance organizations as all DoD Component elements, regardless of actual title, located in a foreign country with assigned responsibilities for carrying out security assistance management functions under Section 515 of Public Law 87-195, "Foreign Assistance Act of 1961," September 4, 1961 (22 U.S.C. 2151 et seq.)

**Small Arms** - Joint Publication 1-02 defines small arms as man portable, individual, and crew-served weapon systems used mainly against personnel and lightly armored or unarmored equipment.

**Small Arms and Light Weapons** - DoD 4000.25-M states that for the purpose of DoD small arms and light weapons reporting, small arms and light weapons are defined as man-portable weapons made or modified to military specifications for use as lethal instruments of war that expel a shot, bullet or projectile by action of an explosive.

Small Arms are broadly categorized as those weapons intended for use by individual members of armed or security forces. They include handguns; rifles and carbines; sub-machine guns; and light machine guns.

Light weapons are broadly categorized as those weapons designed for use by two or three members of armed or security forces serving as a crew, although some may be used by a single person. They include:

- Hand-held under-barrel and mounted grenade launchers
- Heavy machine guns
- Man-portable launchers of missile and rocket systems
- Mortars
- Portable anti-aircraft guns
- Portable anti-tank guns
- Recoilless rifles

**Small Arms and Light Weapons Serial Number** - DoD 4000.25-M states that the serial number is the total series of characters appearing on the firing component part of a small arm or light weapon.

**Stability Operations** – DoD Directive 3000.05 defines stability operations as military and civilian activities conducted across the spectrum from peace to conflict to establish or maintain order in States and regions.

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## **Appendix D. Organizations Contacted and Visited**

We visited, contacted, or conducted interviews with officials (or former officials) from organizations of the U.S. Government, the U.S. DoD, the Government of the Islamic Republic of Afghanistan, and the North Atlantic Treaty Organization.

### **U. S. Government Non-DoD Organizations**

#### **Department of State**

- The Charge d' Affaires to the Government of Afghanistan and officials assigned to the U.S. Embassy Afghanistan
- Officials assigned to the Office of International Health

#### **Department of Health and Human Services**

- Officials assigned to the U.S. Public Health Service

#### **Government Accountability Office**

- International Affairs and Trade Team

#### **U.S. Agency for International Development**

- Officials assigned to the Bureau for Global Health

### **U. S. Government DoD Organizations**

#### **Office of the Secretary of Defense**

- The Secretary of Defense and the Deputy Secretary of Defense
- Officials assigned to the Office of the Under Secretary of Defense for Acquisition, Technology, and Logistics
- The Under Secretary of Defense (Comptroller)/Chief Financial Officer
- Officials assigned to the Office of the Under Secretary of Defense for Personnel and Readiness
- Officials assigned to the Office of the Under Secretary of Defense for Policy

#### **The Joint Staff**

- The Chairman of the Joint Chiefs of Staff and the Vice Chairman of the Joint Chiefs of Staff
- The Director, Joint Staff

### **Department of the Army**

- Officials assigned to the U.S. Army Materiel Command
- Officials assigned to the U.S. Army Materiel Command Logistics Support Activity
- Officials assigned to the U.S. Army Security Assistance Command

### **Department of the Navy**

- Officials assigned to the Navy International Programs Office

### **Department of the Air Force**

- Officials assigned to the Office of the Deputy Under Secretary for International Affairs
- Officials assigned to the Air Force Security Assistance Center

### **U.S. Central Command**

- The Acting Commander, U.S. Central Command; the Acting Deputy Commander, U.S. Central Command; and key senior staff members
- The Commander, Combined Security Transition Command-Afghanistan and key staff members
- Key members of the Afghanistan office, Joint Contracting Command-Iraq/Afghanistan

### **U.S. Transportation Command**

- Officials from U. S. Transportation Command

### **Defense Agencies**

- Officials assigned to the Defense Finance and Accounting Service Indianapolis – Security Assistance Accounting office
- Officials assigned to the Defense Logistics Agency
- Officials assigned to the Defense Security Cooperation Agency

## **Government of the Islamic Republic of Afghanistan**

### **Ministry of Defense**

- Minister of Defense and staff
- Assistant Minister of Defense for Acquisition, Technology, and Logistics
- Inspector General and staff
- Surgeon General

- Afghan National Army Logistics Command
- Central Movement Activity
- Depot 1 – main supply depot for the Afghan National Security Forces
- 22 Bunkers – National Ammunition Depot for Afghan National Army and the National Weapons and Ammunition Depot for Afghan National Police

**Ministry of Interior**

- Minister of Interior
- Inspector General

**Ministry of Health**

- Deputy Minister of Public Health

**Ministry of Higher Education**

- Chancellor of Kabul Medical University

**North Atlantic Treaty Organization**

- Officials from the Office of the Medical Advisor; Headquarters, North Atlantic Treaty Organization-International Security Assistance Force; Kabul, Afghanistan

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## Appendix E. Organizations Supporting the Train and Equip Mission in Afghanistan

### Government of the Islamic Republic of Afghanistan Organizations.

**Ministry of Defense.** Ministry of Defense forces are primarily the Afghan National Army (ANA), a basic light-infantry force that was currently 55,000 strong with an ultimate end-state of 80,000 troops. The ANA was organized into five ground maneuver corps<sup>55</sup> and a supporting air corps. The ANA is dependent on partnering with Coalition forces to conduct counterinsurgency operations.

Supporting organizations include the ANA Training Command, which is comprised of the National Military Academy of Afghanistan, the Command and General Staff College, the Kabul Military Training Center, the Regional Basic Warrior training center, the Drivers and Mechanics School, and the National Military High School.

**Ministry of Interior.** Ministry of Interior forces are primarily the Afghan National Police (ANP) that is currently 78,000 strong with an ultimate end-state of 82,000 police. The ANP force is comprised of the Afghan Uniformed Police (law enforcement patrolmen); the Afghan Border Police, which staff border checkpoints, control the passage of personnel departing and entering the country, and collect tariffs; the Afghan Civil Order Police, which acts as a national Quick Reaction Force and performs crowd control throughout Afghanistan; the Counter Narcotics Police; the Criminal Investigation Police; the Counter Terrorism Police; and the Afghan National Auxiliary Police, which are policemen trained and deployed to address the security threat throughout Afghanistan while serving on one-year contracts.

**Afghan National Security Forces.** Afghan National Security Forces are comprised of ANA and ANP.

### DoD Organizations in Southwest Asia.

**U.S. Central Command.** The U.S. Central Command (USCENTCOM) is one of the combatant commands and is headquartered at MacDill Air Force Base, Tampa, Florida. Its area of responsibility includes 27 nations that stretch from the Horn of Africa, throughout the Arabian Gulf Region, into Central Asia. The mission of USCENTCOM is:

U.S. Central Command, working with national and international partners, promotes development and cooperation among nations, responds to crises, and deters or defeats state and transnational aggression in order to establish regional security and stability.

**Combined Security Transition Command-Afghanistan.** Formerly the Office of Military Cooperation-Afghanistan, the Combined Security Transition Command-Afghanistan (CSTC-A) is headquartered at Camp Eggers, Kabul, Afghanistan, and is a subordinate command of USCENTCOM.

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<sup>55</sup> An Afghan corps is a division-sized organization.



The mission of CSTC-A is:

The mission of CSTC-A, in partnership with the Government of the Islamic Republic of Afghanistan and the international community, is to plan, program and implement structural, organizational, institutional and management reforms of the Afghanistan National Security Forces in order to develop a stable Afghanistan, strengthen the rule of law, and deter and defeat terrorism within its borders.

CSTC-A also manages the use of appropriated Afghanistan Security Forces Funds in Afghanistan.

## **Appendix F. United States Code and DoD Policies**

The United States Code (U.S.C.) requires accountability and control over U.S. Government property. DoD policies that apply to the accountability, control, and physical security of property are outlined in this appendix, as well policies governing certain aspects of the management of stability, security, transition, and reconstruction operations; training; security assistance and foreign military sales; logistics; and medical functions.

### **Stability, Security, Transition, and Reconstruction**

DoD Directive (DoDD) 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations,” November 28, 2005, provides guidance on stability operations that will evolve over time as joint operating concepts, mission sets, and lessons learned develop and establishes DoD policy and assigns responsibilities within the DoD for planning, training, and preparing to conduct and support stability operations. The Directive also states it is DoD policy that:

Stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support. They shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities including doctrine, organizations, training, education, exercises, materiel, leadership, personnel, facilities, and planning.

Stability operations are conducted to help establish order that advances U.S. interests and values. The immediate goal often is to provide the local populace with security, restore essential services, and meet humanitarian needs. The long-term goal is to help develop indigenous capacity for securing essential services, a viable market economy, rule of law, democratic institutions, and a robust civil society.

Many stability operations tasks are best performed by indigenous, foreign, or U.S. civilian professionals. Nonetheless, U.S. military forces shall be prepared to perform all tasks necessary to establish or maintain order when civilians cannot do so. Successfully performing such tasks can help secure a lasting peace and facilitate the timely withdrawal of U.S. and foreign forces.

### **Training**

DoDD 1322.18, “Military Training”, September 3, 2004, states that: This Directive updates policies and responsibilities for training military personnel, units, and staffs; and for training DoD personnel and the DoD Components that support the operational needs of the Combatant Commanders.

## Arms, Ammunition, and Explosives

**The Arms, Ammunition, and Explosives Strategic Plan.** The “Department of Defense Strategic Plan for the Distribution of Arms, Ammunition, and Explosives,” (AA&E Strategic Plan) May 2004, was developed to improve the oversight, management, control, safety, and security of AA&E across the entire DoD logistics chain.<sup>56</sup>

The AA&E Strategic Plan states:

The Department of Defense faces a significant challenge as it seeks to protect and safely test, acquire, produce, store, transport, maintain, and dispose of its arms, ammunition and explosives (AA&E) while it effectively meets the requirements of warfighters for timely supplies of AA&E worldwide. Meeting these demands must be effective and efficient in the face of an ever-changing and growing threat environment. Terrorists, or other individuals or entities pursuing their own agenda, seek to exploit the vulnerabilities of the United States and use our nation's AA&E and conveyances in ways never conceived before.

**Accountability and Control for U.S. Government Property.** Title 40 U.S.C., section 524 states:

(a) Required. - - Each executive agency shall - -

(1) maintain adequate inventory controls and accountability systems for property under its control

**Accountability and Control for DoD Property.** DoD Instruction (DoDI) 5000.64, “Accountability and Management of DoD-Owned Equipment and Other Accountable Property,” November 2, 2006:

- Provides policy and procedures for DoD-owned equipment and other accountable property and establishes policy and procedures to comply with 40 U.S.C. section 524.
- Requires that accountable property records shall be established for all property purchased, or otherwise obtained, that are sensitive as defined in DoD 4100.39-M, “Federal Logistics Information System,” Volume 10, Table 61, November 2007.

Memorandum, “CENTCOM Weapons and Munitions Accountability Awareness,” July 3, 2008, reiterates existing guidance related to weapons and munitions control within the USCENTCOM area of responsibility.

**Sensitive Equipment Items.** DoD 4100.39-M, “Federal Logistics Information System,” Volume 10, Table 61, November 2007, states that sensitive items are materiel that requires a high degree of protection and control due to statutory

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<sup>56</sup> The DoD AA&E logistics chain comprises a partnership of commercial and internal DoD (organic) capabilities, assets and infrastructure, business processes, and technologies. While this [AA&E Strategic] plan does not specifically address actions involving tactical in-theater movement of AA&E, it is the responsibility of the theater combatant commander to implement AA&E safety and security measures commensurate with his mission and the threats and risks within his assigned geographic area of responsibility (see DoD 5100.76-M, Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives,” August 12, 2000).

requirements or regulations. It defines sensitive items as items of high value, highly technical or of a hazardous nature, and small arms, ammunition, explosives, and demolition material.

**Physical Security of Arms, Ammunition, and Explosives.** DoDI 5100.76, “Safeguarding Conventional Arms, Ammunition, and Explosives (AA&E) and the AA&E Physical Security Review Board,” October 8, 2005, and related guidance cited in the Instruction apply to the accountability and control of AA&E and other designated sensitive items. DoDI 5100.76 outlines the authorities, responsibilities, and functions relative to worldwide uniform policy, standards, and guidance for the physical security of conventional AA&E in the possession or custody of the DoD Components.

DoD 5100.76-M, “Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives,” August 12, 2000, prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E and prescribes minimum standards and criteria for the physical security of DoD sensitive conventional AA&E, including non-nuclear missiles and rockets.

DoD 5200.08-R, “Physical Security Program,” April 9, 2007, implements DoD policies and minimum standards for the physical protection of DoD personnel, installations, operations, and related resources, to include the security of weapons systems and platforms.

**Small Arms and Light Weapons Serialization Program.** DoDD 4140.1, “Supply Chain Materiel Management Policy,” April 22, 2004, states

DoD materiel management shall be structured to be responsive to customer requirements during peacetime and war” and that the Under Secretary of Defense for Acquisition, Technology, and Logistics shall “Monitor the overall effectiveness and efficiency of the DoD logistics system, and continually develop improvements.

DoD 4000.25-M, “Defense Logistics Management System,” Volume 2, Chapter 18 (“Small Arms and Light Weapons Serial Number Registration and Reporting”), Change 5, March 25, 2008:

- Implements DoDD 4140.1 and states that the provisions of Chapter 18 apply to the DoD Components responsible for inventory management of small arms and light weapons (SA/LW) and other activities involved in the shipment, registration, or receipt of SA/LW.
- Provides procedures for reporting SA/LW serial number data between the DoD Components and the DoD Registry. SA/LW, including those mounted on aircraft, vehicles, and vessels, that are accounted for in unclassified property records, will be reported (included will be foreign and commercial weapons, museum pieces with serial numbers, and captured, confiscated, or abandoned enemy SA/LW).

DoD 4000.25-2-M, “Military Standard Transaction Reporting and Accounting Procedures,” September 2001, Chapter 12 (“Small Arms Serial Number Registration and Reporting,”), Change 5, January 2006, and DoD 4140.1-R, “DoD Supply Chain Materiel Management Regulation,” May 23, 2003, also implement DoDD 4140.1. However, these documents are less current than DoD 4000.25-M.

- DoD 4000.25-2-M, “Military Standard Transaction Reporting and Accounting Procedures,” September 2001, Chapter 12 (“Small Arms Serial Number Registration and Reporting,”), Change 5, January 2006, also implements DoDD 4140.1 and states that the provisions of Chapter 12 apply to the DoD Components responsible for inventory management of small arms and provides procedures for reporting small arms serial number data between the DoD Components and the DoD Registry (now the DoD SA/LW Registry).
- DoD 4140.1-R, "DoD Supply Chain Materiel Management Regulation," May 23, 2003:
  - Implements also DoDD 4140.1 and establishes requirements and procedures for DoD materiel managers and others who need to work within or with the DoD supply system.
  - Chapter 5 states that the DoD Small Arms Serialization Program (now the DoD SA/LW Serialization Program) shall provide special emphasis on, and visibility of, small arms by tracking, reporting, validating, and registering the status of each small arm by serial number and physical custodian.
  - Appendix 11 established the DoD Joint Small Arms Coordinating Group (now the DoD Joint SA/LW Coordinating Group) to develop, maintain, and improve the DoD program for tracking, reporting, validating, and registering the status of small arms by serial number.

Army Regulation 710-3, “Inventory Management Asset and Transaction Reporting System,” March 25, 2008, implements applicable provisions of DoD 4140.1-R and DoD 4000.25-2-M, and:

- Establishes policy, responsibilities, and procedures for Department of the Army asset and transaction reporting systems. The reporting systems were developed solely to provide high visibility on selected, difficult to manage items; and to provide the opportunity to intensively manage those items.
- Provides Department of the Army standard procedures for reporting small arms serial number data under the DoD Small Arms Serialization Program (now the DoD SA/LW Serialization Program) as defined and required per DoD 4000.25-2-M.

Memorandum, Under Secretary of Defense for Intelligence, “Department of Defense Inspector General (DoD IG) Assessment of the Accountability of Arms and Ammunition Provided to the Security Force of Iraq (Report SPO-2008-001/Project D2007-D000IG-0239.000), August 27, 2008, issues clarification on the physical security of AA&E while under U.S. control until formal transfer to a foreign nation.

## **Security Assistance and Foreign Military Sales**

**Security Assistance Manning.** DoDD 2055.3, “Manning of Security Assistance Organizations and the Selection of USDP Training of Security Assistance Personnel,” March 11, 1985, provides guidance for the staffing of security assistance organizations. This Directive updated DoD policy, procedures, and

responsibilities for the selection and training of personnel to serve in security assistance positions and for processing and approving security assistance organizations joint manpower programs, in accordance with DoDD 5105.38, "Defense Security Assistance Agency (DSAA)," August 10, 1978; DoDD 5132.3, "DoD Policy and Responsibilities Relating to Security Assistance," March 10, 1981; DoDD C-5105.32, "Defense Attache System," March 23, 1973; and Public Law 87-195, "Foreign Assistance Act of 1961," September 4, 1961 (22 U.S.C. 2151 et seq.)

**Security Assistance** – DoD 5105.38-M, "Security Assistance Management Manual," October 3, 2003, provides guidance for the administration and implementation of security assistance and related activities in compliance with the Foreign Assistance Act, the Arms Export Control Act, and related statutes and directives. DoD 5105.38-M states that:

Security assistance is a group of programs, authorized by law, that allows the transfer of military articles and services to friendly foreign governments. Security assistance transfers may be carried out via sales, grants, leases, or loans and are authorized under the premise that if these transfers are essential to the security and economic well-being of allied governments and international organizations, they are equally vital to the security and economic well-being of the U.S.

Security assistance programs support U.S. national security and foreign policy objectives. These programs increase the ability of our friends and allies to deter and defend against possible aggression, promote the sharing of common defense burdens, and help foster regional stability.

[T]itle to FMS [foreign military sales] materiel normally transfers from the USG [U.S. Government] to the purchaser immediately upon its release from a DoD supply activity<sup>57</sup> (point of origin). However, USG security responsibility does not cease until the recipient Government's or international organization's Designated Government Representative (DRG) assumes final control of the consignment.

DoD 5100.76-M defines sensitive AA&E and outlines mandatory procedures for handling, storing, protecting, securing, and transporting it. The AA&E procedures in DoD 5100.76-M also apply to FMS transfers. Sensitive AA&E are items such as small arms weapons, various types of ammunition, explosives, and special items, such as night vision sights and goggles that pose a special danger to the public if they fall into the wrong hands.

## Logistics

Combined Security Transition Command – Afghanistan (CSTC-A) Operations Order 08-006, "Afghan National Security Forces (ANSF) Development Program," January 14, 2008. This order provides guidance for the development and execution of current United States Fiscal Year 2008 program that generates the Afghan National Security Force. It bridges the gaps between strategic aims of the "Islamic Republic of Afghanistan (IRoA) Campaign Plan for the Development of Afghan National Security and Police Forces (Coordinating Draft)," dated July

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<sup>57</sup> DoD 5105.38-M states a supply activity can be either a DoD storage depot or a commercial vendor that furnishes materiel under a DoD-administered contract.

28, 2007, subordinate development strategies, and budget execution with program guidance focused on annual objectives. The order describes a program to achieve the currently approved ANSF force structure and is a document that serves as a basis of record to direct changes to the program as required.

## **Medical**

**The Military Health System Strategic Plan.** “The Military Health System Strategic Plan – A Roadmap for Medical Transformation,” May 29, 2008, was developed to:

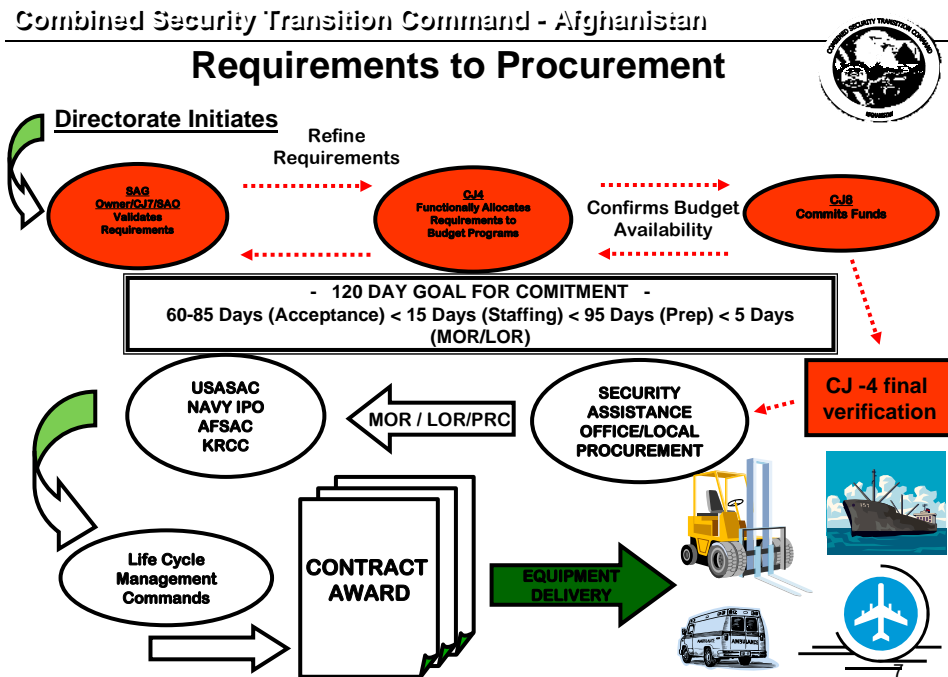
[R]e-examine our fundamental purpose, our vision of the future, and strategies to achieve that vision. We are refocusing our efforts on the core business in which we are engaged - creating an integrated medical team that provides optimal health services in support of our nation's military mission - anytime, anywhere. We are ready to go in harm's way to meet our nation's challenges at home or abroad - to be a national leader in health education, training, research and technology. We build bridges to peace through humanitarian support when and wherever needed, across our nation and the globe, and we provide premier care for our warriors and the military family.

**Afghan National Security Forces Medical Mentoring.** CSTC-A FRAGO (Fragmentary Order) 427, “Afghan National Security Forces Medical Mentoring,” March 26, 2007. This order assigns functional responsibility and authority for all ANSF medical mentoring activities to the CSTC-A Command Surgeon to permit efficient training across all Corps and police units, enabling more rapid networking and distribution of personnel, effective practices, and lessons learned.

In addition, the order stated the CSTC-A Command Surgeon will have coordinating and approval oversight on all matters relating to the training, development, and sustainment of the ANSF health care system, including the assignment of medical ETT personnel, orientation and training of new medical ETT personnel, and defining roles and responsibilities of medical ETT personnel. This applies to U.S. military and contractor personnel.

# Appendix G. Foreign Military Sales Process in Afghanistan

The Combined Security Transition Command-Afghanistan provided an outline of the Foreign Military Sales process in Afghanistan. The figure below shows that process.





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# Appendix H. Management Comments



DEPUTY UNDER SECRETARY OF DEFENSE FOR  
LOGISTICS AND MATERIEL READINESS  
3500 DEFENSE PENTAGON  
WASHINGTON, DC 20301-3500

SEP 15 2008

MEMORANDUM FOR PRINCIPAL DEPUTY, SPECIAL PLANS & OPERATIONS,  
OFFICE OF THE INSPECTOR GENERAL,  
DEPARTMENT OF DEFENSE

THROUGH: DIRECTOR, ACQUISITION RESOURCES AND ANALYSIS

*MB  
9/16/08*

SUBJECT: Report on the Assessment of Arms, Ammunition, and Explosives Accountability and Control; Security Assistance; and Sustainment for the Afghan National Security Forces (Project No. D2008-D000IG-0141.001)

As requested, I am providing responses to the general content and recommendations contained in the subject report.

**Recommendation K.2:** We recommend that the Under Secretary of Defense for Acquisition, Technology, and Logistics, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement comprehensive logistics training for the logistics mentors deploying to Afghanistan that meets the requirements of the Commander, U.S. Central Command.

**Response:** Non-concur. As stated on Page 50 of subject report, USD P&R, Joint Chiefs of Staff, Geographic Combatant Commands, and the Military Departments have a role in future mentor training. Suggest recommendation be re-directed as AT&L does not develop and implement specific training for deploying personnel and units. If there is a need for joint logistics training not already provided by DoD sources, we can certainly assist in coordinating that requirement with the Defense Acquisition University.

Please contact Ms. Lisa Roberts, 703-601-4478, Lisa.Roberts@osd.mil, if additional information is required.

*Erel Bayantouy*  
for Jack Bell ADUSD (Transp. Policy)





COMPTROLLER

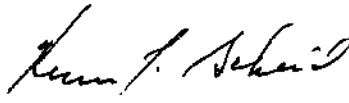
UNDER SECRETARY OF DEFENSE  
1100 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1100

SEP 18 2008

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Report on the Assessment of Arms, Ammunition, and Explosives  
Accountability and Control; Security Assistance; and Sustainment for the Afghan  
National Security Forces (Project No. D2008-D000IG-0141.001)

We appreciate the opportunity to review and comment on this draft DoD-IG assessment. Regarding recommendation W.2.a, we must strongly nonconcur. The U.S.CENTCOM response points out that civilian health care in Afghanistan is not a CENTCOM mission. We must clarify that providing for civilian health care in Afghanistan is not a DoD mission. The Department of State, not Defense, would be responsible for requesting U.S. appropriated funding for Afghan civilian health care issues.

  
Tina W. Jonas *TWJ*



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
5000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-5000

SEP 10 2008

INTELLIGENCE


MEMORANDUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF  
DEFENSE

SUBJECT: Draft Report: Department of Defense Inspector General (DoD IG)  
Assessment of Arms, Ammunition, and Explosives Accountability and  
Control; Security Assistance; and Sustainment for the Afghan National  
Security Forces (Project Number D2008-D000IG-0141.001)

In response to your draft report, our office concurs with the assessment and the actions taken by United States Central Command (USCENTCOM) to increase protection of Arms, Ammunition, and Explosives (AA&E) under their control or the control of the Afghan National Security Forces. The draft report did not cite any critical issues requiring a response from our office. However, we do provide editorial comments, which clarify the report. (TAB A)

We agree USCENTCOM needs to reissue their awareness guidance with more emphasis on AA&E security. Guidance must also include the measures outlined in DoD 5100.76-M, Physical Security of Sensitive Conventional Arms, Ammunition, and Explosives. In addition, USD(I) published a memorandum further reiterating the proper safeguarding AA&E in accordance with the DoD 5100.76-M and the provisions of the DoD Instruction 5100.76, Safeguarding Conventional Arms, Ammunition, and Explosives (AA&E) and the AA&E Physical Security Review Board. (TAB B)

The physical security of conventional AA&E is essential as the theft, sabotage, exploitation or misuse of AA&E would gravely jeopardize the safety and security of personnel and installations worldwide. My point of contact is Keith Minard at [keith.minard@osd.mil](mailto:keith.minard@osd.mil) or (703) 604-2770.

  
Ellen E. McCarthy  
Acting Director of Security

Attachments:  
As stated



**OUSD(I) SECURITY DIRECTORATE  
EDITORIAL COMMENTS  
DRAFT REPORT**

Recommendation: Page 6 remove third paragraph from bottom which begins with DoD 5100.76-M. Page has two references to the DoD 5100.76-M. The bottom paragraph accurately states the purpose of the policy listed.

Justification: Correctness.

Recommendation: Standardize order of listing reference by its number and name through observation. References listed on page 6 are not in a standardized format throughout document.

Justification: Standardization.

Recommendation: Page 6 change wording and title in paragraph second from bottom that begins with Physical Security of Arms, Ammunition, and Explosives. Change title to "Safeguarding Conventional Arms, Ammunition, and Explosives (AA&E) and the AA&E Physical Security Review Board".

Justification: Correctness.

Recommendation: Page 6 second paragraph from bottom, add change paragraph change paragraph to ...'relative to the formulation of'.

Justification: Correctness.

Recommendation: Page 6 second paragraph from bottom, spell out (AA&E) change to Arms, Ammunition, and Explosives, as this is the title of the referenced material.

Justification: Correctness.

Recommendation: Page 7 second paragraph from bottom, recommend in addition that USCENTCOM include the following references:

DoDI 5100.76, Safeguarding Conventional Arms, Ammunition, and Explosives (AA&E) and the AA&E Physical Security Review Board.

DoD 5200.8-R, Physical Security Program

DoDI 5200.8, Security of DoD Installations and Resources

Justification: Completeness

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**Recommendation:** Page 10 remove second paragraph from top which begins with DoD 5100.76-M. Page has two references to the DoD 5100.76-M. The second entry for reference accurately states the purpose of the policy listed.

**Justification:** Correctness.

**Recommendation:** Page 10 third paragraph from top, add change paragraph change paragraph to ...'relative to the formulation of'.

**Justification:** Correctness.



INTELLIGENCE

UNDER SECRETARY OF DEFENSE  
5000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-5000

AUG 27 2008

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
COMMANDERS OF THE COMBATANT COMMANDS

SUBJECT: Department of Defense Inspector General (DoD IG) Assessment of the  
Accountability of Arms and Ammunition Provided to the Security Force  
of Iraq (Report No. SPO-2008-001/Project D2007-D000IG-0239.000)

The DoD IG published an Assessment of the Accountability of Arms and Ammunition Provided to the Security Forces of Iraq on July 3, 2008. Observation A, Executive Summary, recommends USD(I) issue clarification on the physical security of Arms, Ammunition, and Explosives (AA&E) while under U.S. control until formal handover to Iraqi Security Forces, or as appropriate, to other Coalition partners within the U.S. Central Command area of responsibility. The following clarification is provided:

"DoD Instruction 5100.76, Safeguarding Conventional Arms, Ammunition, and Explosives (AA&E) and the AA&E Physical Security Review Board govern general physical security requirements for conventional AA&E. The policy remains unchanged as it applies to all DoD Components involved in any procurement, use, shipment, storage, inventory control, disposal by sale, or destruction of any conventional AA&E. DoD Components possessing or having custody of conventional AA&E shall comply with protection requirements until formal transfer to a foreign nation. DoD policy mandates safeguards for conventional AA&E to protect against theft, loss, damage, sabotage, or unauthorized use, in accordance with DoD 5100.76-M, Physical Security of Sensitive Conventional AA&E, August 12, 2000, and DoD 5200.08-R, Physical Security Program, April 9, 2007."

The security of conventional AA&E is paramount as the theft or misuse of this material would gravely jeopardize the safety and security of personnel and installations world-wide. My point of contact is Donna Rivera at [donna.rivera@osd.mil](mailto:donna.rivera@osd.mil) or (703) 604-1176.

  
James R. Clapper, Jr.

cc:  
DoD IG  
USD(AT&L)





HEALTH AFFAIRS

**THE ASSISTANT SECRETARY OF DEFENSE**  
1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

SEP 12 2008

**MEMORANDUM FOR INSPECTOR GENERAL, DEPARTMENT OF DEFENSE**

**SUBJECT: Draft Report, "Assessment of Arms, Ammunition, and Explosives  
Accountability and Control; Security Assistance; and Sustainment for the  
Afghan National Security Forces" (Project No. D2008-D000IG-0141.001)**

Thank you for the opportunity to review and provide comments on the subject draft report, dated August 11, 2008. We concur or partially concur with many of the draft report's conclusions and recommendations. Specific comments are attached for those recommendations concerning medical sustainability. In addition, we do not concur with recommendation on submitting an Afghan National Security Forces Spending Plan. We believe this is properly an issue for the Commander, U.S. Central Command.

My points of contact for this subject are Dr. Warner Anderson (Functional) (703) 681-3279, ext.123 and Mr. Gunther Zimmerman (Audit Liaison) at (703) 681-4360.

A handwritten signature in black ink, appearing to read "S. Ward Casscells".

S. Ward Casscells, MD

Attachment:  
As stated



**Department Of Defense Inspector General Draft Report, August 11, 2008, "Assessment of Arms, Ammunition, and Explosives Accountability and Control; Security Assistance; and Sustainment for the Afghan National Security Forces"  
(Project No #2008-D000IG-0141.001)**

**Comments of the Office of the Assistant Secretary of Defense  
for Health Affairs (OASD (HA))**

**Recommendation R.1.** We recommend that the Commander, U.S. Central Command (USCENTCOM) and the Chairman of the Joint Chiefs of Staff, in coordination with the Commander, North Atlantic Treaty Organization (NATO)-International Security Assistance Force, establish a requirement for comprehensive medical pre-deployment and in-country training for the medical mentors supporting Coalition efforts in Afghanistan.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation R.2.** We recommend that the Assistant Secretary of Defense (HA), in coordination with the Under Secretary of Defense for Personnel and Readiness and using the assets of the Military Health System and the Center for Disaster and Humanitarian Assistance Medicine at the Uniformed Services University of the Health Sciences, develop and implement comprehensive medical pre-deployment training for the medical mentors deploying to Afghanistan that meets the requirements of the Commander, USCENTCOM.

**OASD (HA) Response:** We concur.

**Recommendation R.3.** We recommend that the Secretary of the Army, through the Commander, 1<sup>st</sup> Infantry Division, implement the medical pre-deployment training developed by the ASD (HA) for the medical mentors deploying to Afghanistan.

**OASD (HA) Response:** We concur.

**Recommendation R.4.** We recommend that the Commander, Combined Security Transition Command-Afghanistan, develop and implement an in-country mentoring orientation for medical mentors that describes and clarifies current mentoring practices, the Afghan National Security Forces medical development objectives and priorities, and meets the requirements of the Commander, USCENTCOM.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation S.1.** We recommend that the Surgeon General of the Navy change Joint Force and Ad-hoc medical personnel practices within the U.S. Navy to ensure that the Combined Security Transition Command-Afghanistan Command Surgeon has the maximum flexibility

necessary to assign Naval personnel where needed to accomplish the medical mentoring mission in Afghanistan.

**OASD (HA) Response:** We partially concur with the comment as written. We agree with the thrust of the recommendation, but the Chief of Naval Personnel rather than the Navy Surgeon General has control over Navy assignment policies.

**Recommendation S.2.** We recommend that the Surgeon General of the Air Force change the Joint Force and Ad-hoc medical personnel practices within the U.S. Air Force (USAF) to ensure that the Combined Security Transition Command-Afghanistan Command Surgeon has the maximum flexibility necessary to assign Air Force personnel where needed to accomplish the medical mentoring mission in Afghanistan.

**OASD (HA) Response:** We partially concur with the comment as written. We agree with the thrust of the recommendation, but the Chief of Air Force Personnel rather than the Air Force Surgeon General has control over USAF assignment policies.

**Recommendation S.3.** We recommend that the Commander, Combined Security Transition Command-Afghanistan:

**Recommendation S.3.a.** Develop and implement an in-country tracking system to identify medical mentor personnel that are not appropriately trained and utilized and billets that are not filled in medical Embedded Training teams and Police Mentoring Teams.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation S.3.b.** Inform USCENTCOM of deficiencies identified by the tracking system and request appropriate remedies.

**OASD(HA) Response:** We concur with the comment as written.

**Recommendation T.** We recommend that the Commander, Combined Security Transition Command-Afghanistan:

**Recommendation T.1.** Develop and implement a comprehensive, detailed, and integrated multi-year medical mentoring plan that prioritizes and synchronizes mentoring efforts; coordinates those efforts within the Combined Security Transition Command-Afghanistan, between the Combined Security Transition Command-Afghanistan and Task Force Phoenix, and between the Combined Security Transition Command-Afghanistan and NATO-International Security Assistance Force; and links together strategic, operational, and tactical mentoring steps required in the mentoring plan.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation T.2.** Share this medical mentoring plan with the NATO-International Security Assistance Force, and in coordination with the Commander, USCENTCOM, with the NATO Allied Command Operations to develop synchronized medical mentoring between Combined Security Transition Command-Afghanistan Embedded Training Teams and Police Mentoring Teams and NATO-International Security Assistance Force Operational Mentoring and Liaison Teams.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation T.3.** Establish internal coordination and synchronization procedures on a weekly basis within the Combined Security Transition Command-Afghanistan, between the Combined Security Transition Command-Afghanistan and Task Force Phoenix, and between the Combined Security Transition Command-Afghanistan and NATO-International Security Assistance Force to achieve unity of effort during the implementation of the mentoring plan.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation T.4.** Establish a process by which the Afghan National Army and the Afghan National Police report medical readiness results and issues within their organizations, and coordinate the results with the Combined Security Transition Command-Afghanistan, Task Force Phoenix, and the NATO-International Security Assistance Force to identify and correct Afghan National Army and Afghan National Police medical problems.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation U.** We recommend that the Commander, Combined Security Transition Command-Afghanistan advise the Ministry of Defense and the Afghanistan National Army General Staff that Supply Class VIII medical logistics should remain under the control of the Afghanistan National Army Surgeon General.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation V.** We recommend that the Commander, Combined Security Transition Command-Afghanistan

**Recommendation V.1.** Develop and implement a comprehensive integration and implementation plan to establish a common ANSF medical corps comprised of the medical functions of the Afghan National Army and the Afghan National Police. This plan should be based on the elements developed by the Center for Disaster and Humanitarian Assistance Medicine, and should include facility construction, logistical support, and civilian partnerships for staffing and management. United States government funds should be expended to support only an integrated health care system, as opposed to separate Army and Police systems.

**OASD (HA) Response:** We partially concur with the comment as written. The information presented, combined with anecdotal information, leads to the conclusion that a combined ANSF Health System may be the most desirable outcome. US funds that are used for direct construction and operation of health facilities and services can be limited by the US and targeted to joint Afghan National Army and Afghan National Police activities. On the other hand, funds that are passed through sovereign Afghan ministries cannot reasonably be conditional upon compliance with US requirements that may be in violation of the Islamic Republic of Afghanistan Constitution, legislation or policies on division of power and jurisdictions.

**Recommendation V.2.** Develop and implement a medical mentoring plan to advise and assist the Ministries of Defense and Interior, and the Surgeons General of the Afghan National Army and Afghan National Police on the strategy, effectiveness, sustainability, and economic benefits of unified force structures for providing effective health care and for building an integrated ANSF medical corps.

**OASD (HA) Response:** We partially concur with comment as written. This recommendation like the previous one must be predicated on successful negotiations with the relevant Afghan Ministries.

**Recommendation V.3.** Develop and implement procedures to collect and track Afghan National Army and Afghan National Police battle casualties from the point of wounding through rehabilitation and return to duty. These procedures should include all patients admitted to all Afghan National Army hospitals by beneficiary category to ensure Afghan National Police personnel have access to appropriate care. They should also clarify the degree of shared facility use between the Afghan National Army and the Afghan National Police.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation W.1.** We recommend that the Commander, USCENTCOM, in coordination with the U.S. Mission – Kabul; ASD for Health Affairs(HA); the Commander, Combined Security Transition Command-Afghanistan; and the NATO-International Security Assistance Force:

**Recommendation W1.a.** Develop and implement a comprehensive, integrated, multi-year plan to build strategic partnerships. These would be forged with other U.S. Government agencies, academic partners, international and non-governmental organizations, and key Afghan government ministries with the goal of fostering the development of an integrated ANSF health care system and civilian health care system capabilities that adequately complement the ANSF health care system.

**OASD (HA) Response:** We partially concur with comment as written. This recommendation can be carried out in full only if negotiations with the relevant Afghan Ministries on

consolidating the Afghan National Army and Afghan National Police Medical Systems into an ANSF Medical System are successful.

**Recommendation W.1.b.** Develop and implement a multi-year plan to increase collaborative interaction with the Ministries of Public Health and Higher Education to plan and implement new training programs for nurses, enlisted technicians, and medical specialties needed within the ANSF Forces medical corps, and to leverage U.S., NATO-International Security Assistance Force partner country, and Afghanistan-based training.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation W.1.c.** Identify, access, and leverage subject matter experts and existing Department of Defense (DoD) efforts and those of other U.S. Government, international, and private sector organizations (such as the Department of State, the Department of Health and Human Services, and the U.S. Agency for International Development) to promote:  
Development of a sustainable integrated ANSF health care system  
Improved civilian medical education and public health systems  
Development of civilian health care system capabilities that adequately complement the Afghanistan National Security Forces health care system  
U.S. Mission – Kabul, Combined Security Transition Command-Afghanistan Command Surgeon, and NATO-International Security Assistance Force efforts to implement these goals

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation W.2.** We recommend that the Assistant Secretary of Defense for Health Affairs:

**Recommendation W.2.a.** Prepare, in coordination with the Under Secretary of Defense for Policy, the Under Secretary of Defense (Comptroller)/Chief Financial Officer, and the Assistant Secretary of the Army (Financial Management & Comptroller), an Afghanistan Security Forces Fund spending plan that includes a separate medical budget category and submit to the United States Congress to request appropriated funding for building and improving civilian Afghan health care systems that adequately complement and support the ANSF health care system.

**OASD (HA) Response:** We non-concur with the comment as written. Submitting an ANSF Spending Plan is properly an issue for the USCENTCOM Commander, USCENTCOM, and his Congressional liaison. The ANSF Spending Plan funding line for Afghan civilian health care development, as related to ANSF health care, belongs to USCENTCOM in cooperation with the State Department. The OASD (HA) should have staff input into formulating the ANSF Spending Plan health budget.

**Recommendation W.2.b.** Develop a U.S.-based health sector reach back support office within DoD, in coordination with the Chairman of the Joint Chiefs of Staff and the Commander, USCENTCOM, to identify, access, and leverage subject matter experts and future DoD efforts

and those of other U.S. Government, international, and private sector organizations (such as the Department of State, the Department of Health and Human Services, and the U.S. Agency for International Development) to promote:

Development of a sustainable integrated ANSF health care system,  
Improved civilian medical education and public health system care,  
Development of civilian health care system capabilities that will support the Afghanistan National Security Forces health care system development,  
U.S. Mission – Kabul, Combined Security Transition Command-Afghanistan Command Surgeon, and NATO-International Security Assistance Force efforts to implement these goals

**OASD (HA) Response:** We concur with the comment as written. The International Health Division (IHD) within the OASD (HA) is developing expertise and staffing for reach back support to Combatant Commands and the Interagency. IHD calls upon other U.S. Government agencies ( such as the Department of State, the Department of Health and Human Services, and the U.S. Agency of for International Development, etc.), non-government organizations, and international organizations (United Nations, World Health Organization), for complementary strengths and expertise. This includes ongoing efforts to collocate interagency personnel within the IHD.

**Recommendation W.2.c.** Recommend to interagency counterparts the establishment of a U.S.-based health sector reach back support office which would coordinate all U.S. government health sector reconstruction activities in Afghanistan.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation W.3.** We recommend that the Commander, Combined Security Transition Command-Afghanistan:

**Recommendation W.3.a.** Develop and implement a tracking system, in coordination with the Ministers of Defense and Interior, to ensure Afghanistan National Security Forces medical personnel trained for specialty medical tasks are appropriately utilized in ANSF health care positions.

**OASD (HA) Response:** We concur with the comment as written.

**Recommendation W.3.b.** Alert Minister of Defense and Minister of Interior medical leadership when medical personnel trained for specialty medical tasks are not being appropriately utilized in Afghanistan National Security Forces health care positions and advise that these practices be curtailed.

**OASD (HA) Response:** We concur with the comment as written.



SECRETARY OF THE ARMY  
WASHINGTON DC 20310

14 OCT 2008

MEMORANDUM FOR INSPECTOR GENERAL, DEPARTMENT OF DEFENSE

SUBJECT: Responses to Department of Defense Inspector General Draft (DoD IG)  
Report D2008-D000IG-0141.001

The U.S. Army appreciates the opportunity to comment on the DoD IG Draft Report on the Assessment of Arms, Ammunition, and Explosives Accountability and Control; Security Assistance; and Sustainment for the Afghan National Security Forces (Project No. D2008-D000IG-0141.001 (FOUO)), dated August 11, 2008.

While the majority of the issues are focused on the Combined Security Transition Command-Afghanistan, several observations and recommendations in the draft report are of interest to the U.S. Army. Comments and recommendations applicable to the U.S. Army are addressed in the enclosure.

Pete Geren

Enclosure

DEPARTMENT OF DEFENSE INSPECTOR GENERAL (DOD IG) DRAFT REPORT  
ASSESSMENT OF  
ARMS, AMMUNITION, AND EXPLOSIVES ACCOUNTABILITY AND CONTROL;  
SECURITY ASSISTANCE; AND SUSTAINMENT FOR THE AFGHAN NATIONAL  
SECURITY FORCES

PROJECT NO. D2008-D000IG-0141.001

**Recommendation C.2., page 15:** "We recommend that the Commander, U.S. Army Materiel Command Logistics Support Agency assist the Combined Security Transition Command-Afghanistan (CSTC-A) with installing data input quality controls in its database of weapons serial numbers to ensure compatibility with the requirements of the Department of Defense Small Arms/Light Weapons Registry."

**Army Response:** The U.S. Army concurs. The U.S. Army Materiel Command Logistics Support Activity (LOGSA) will review CSTC-A CORE information Management System (IMS) (an off-the-shelf system purchased for the inventory management of Afghan equipment) and any subsidiary systems. Upon submission to LOGSA by CSTC-A of the CORE IMS and subsidiary systems documentation and standard operating procedures LOGSA will review and make recommendations concerning data input quality controls within thirty days.

**Recommendation D.2., pages 17-18:** "We recommend that the Commander, U.S. Army Materiel Command Logistics Support Agency assist the CSTC-A in reporting serial numbers for U.S.-supplied weapons provided to the Afghan National Security Forces to ensure compatibility with the requirements of the Department of Defense (DoD) Small Arms/Light Weapons Registry."

**Army Response:** The Army concurs. The CSTC-A and LOGSA are in the process of identifying and documenting procedures for CSTC-A to report weapon serial numbers to the Department of Defense (DoD) Small Arms/Light Weapons Registry. The target completion date for finalization of reporting procedures with CSTC-A is October 1, 2008.

**Observation G, Foreign Military Sales--Personnel, page 30:** "The U.S. Army Security Assistance Command uses a rotation policy for Army security assistance personnel and believes that this new policy enhances the effectiveness of its personnel in contingency operations such as Afghanistan. U.S. Army Security Assistance Command personnel deploy for six months to Afghanistan, gain experience working in Afghanistan, and return to work on the Afghanistan program in the U.S.-based U.S. Army Security Assistance Command office. Following a six month U.S. rotation tour, those personnel return to the Security Assistance Organization (SAO) office in Afghanistan."

"This rotation policy provides continuity to U.S. Army Security Assistance Command efforts to support security assistance in Afghanistan and results in stronger internal controls. The use of this personnel process helps develop a base of experienced SAO



personnel that understands the Afghanistan program and can effectively address issues in-country."

"The U.S. Army Security Assistance Command rotation policy provides one solution to this problem as would requiring all SAO personnel to serve one year tours of duty."

**Army Response:** The Army concurs.

**Observation H, Foreign Military Sales (FMS)-Performance, page 33:** "FMS standard case processing time standards for the pseudo-FMS cases used to equip Afghan National Security Forces (ANSF) were inadequate for wartime operations in Afghanistan and were not meeting the train and equip requirements of CSTC-A and ANSF. Further, U.S. Army Central Command and CSTC-A do not have sufficient visibility of FMS case processing to enable managers to monitor and react to program metrics."

"This has occurred because the 120 day case processing time standard has not been adjusted for wartime operations in Afghanistan. Further, a Common Operating Procedure was not established for the use of the security assistance function within CSTC-A."

**Army Response:** The Army nonconcur. The "standard level of service" for FMS case development is 120 days as outlined in DoD 5105.38-M (Security Assistance Management Manual). The Army changed its standard to a maximum of 75 days for Iraq and Afghanistan. Further, at the request and funding of the Commander, CSTC-A, dedicated personnel at the U.S. Army Security Assistance Command and at selected Life Cycle Management Commands provide "above standard level of service" by intensively managing Afghan requirements. As a result, most Afghan Memorandums of Request are developed and implemented within weeks of receipt. Indefinite Delivery/Indefinite Quantity contracts are utilized to the maximum extent possible to expedite contracting. As required, the Army Requirements and Resourcing Board (AR2B) reviews and to the fullest extent possible, approves requests to divert assets from Army inventory or production. The AR2B review is a significant enabler and occurs in parallel with case development.

**Recommendation K.3., page 52:** "We recommend that the Secretary of the Army, through the Commander, 1<sup>st</sup> Infantry Division, implement the logistics pre-deployment training developed by the Under Secretary of Defense for Acquisition, Technology and Logistics for the logistics mentors deploying to Afghanistan."

**Army Response:** The Army requests clarification. The U.S. Army provides mentors and trainers to the Combatant Commander based on theater requirements. Any shortfall identified by the Combatant Command should be communicated to the Service for analysis and corrective action. The pre-deployment training plan developed by the

Under Secretary of Defense for Acquisition, Technology and Logistics is not provided in the draft report. The U.S. Army is obtaining the plan from the DoD IG for review.

**Recommendation R.3., page 73:** "We recommend that the Secretary of the Army, through the Commander, 1<sup>st</sup> Infantry Division, implement the medical pre-deployment training developed by the Assistant Secretary of Defense for Health Affairs for the medical mentors deploying to Afghanistan."

**Army Response:** The Army requests clarification. The U.S. Army provides mentors and trainers to the Combatant Commander based on theater requirements. Any shortfalls identified by the Combatant Command should be communicated to the Service for analysis and corrective action. The pre-deployment training plan developed by the Assistant Secretary of Defense for Health Affairs is not provided in the draft report. The U.S. Army is obtaining the plan from the DoD IG for review.

"G.4 We recommend that the Chairman of the Joint Chiefs of Staff, the Director, Defense Security Cooperation Agency, the Assistant Secretary of the Army for Manpower and Reserve Affairs, the Assistant Secretary of the Navy (Manpower and Reserve Affairs), and the Assistant Secretary of the Air Force for Manpower and Reserve Affairs ensure that personnel assigned to security assistance positions in Afghanistan receive adequate security assistance training before deployment, but at a minimum they attend the Defense Institute of Security Assistance Management course."

-----Original Message-----

From: Brosky, James M Mr ASA(ALT)  
Sent: Friday, October 03, 2008 10:14 AM  
To: Searight, Leigh Ann Ms AAA; 'Meyer, Stanley E., OIG DoD'  
Cc: 'Moorefield, Kenneth, OIG DoD'; 'Corn, David, OIG DoD'  
Subject: RE: Request for extension for D2008IG-0141.001: DODIG Afghan draft report (UNCLASSIFIED)

Mr. Meyer-

Just to be clear---I am pretty certain training requirements for all SAO billets worldwide are driven by the COCOM. I believe all SAO personnel are supposed to attend DISAM. CENTCOMs manning document should direct exactly what the training requirements are for each SAO billet. The Army always has and continues to fully support not only DISAM training, but also providing personnel with the right skill sets and background (e.g FAO's) in order to be effective in these billets. However, this has not been the case for SAO personnel operating in Afghanistan and Iraq over the past several years. Mainly due to turbulence in turnover and the transition with actual SAOs on the ground. SAO's did not previously exist and with the urgency to fill billets as they stood up I suspect that training requirements were not enforced. The Department has made OSD and CENTCOM fully aware of this as have the other MILDEPS. I think CENTCOM will report improvement in this area if asked. I have observed a vast improvement in Iraq over the past year.

Again--from an Army perspective I believe the answer to your observation should come from DoD. If however the IG insists we respond my recommendation to SA will be that we fully concur with your recommendation. Since the response to the draft is already at the EOH I think it too late to address now. However, we can address when the final is published if required.

Call me if you have any additional questions.

James M. Brosky

Office of the Deputy Assistant Secretary of Army for Defense Exports and Cooperation

703-588-8071  
DSN 425-8071



DEPARTMENT OF THE NAVY  
OFFICE OF THE ASSISTANT SECRETARY  
(MANPOWER AND RESERVE AFFAIRS)  
1000 NAVY PENTAGON  
WASHINGTON, D.C. 20350-1000

SEP 26 2008

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

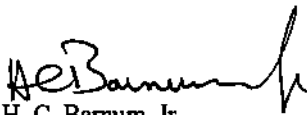
SUBJECT: DOD Draft Report: Assessment of Arms, Ammunition, and Explosives  
Accountability and Control; Security Assistance; and Sustainment of the Afghan  
National Security Forces

The Department of the Navy has reviewed the August 11, 2008 Draft DODIG Report: "Assessment of Arms, Ammunition, and Explosives Accountability and Control; Security Assistance; and Sustainment of the Afghan National Security Forces" and provides comment on recommendations G.4 and S.1 as requested.

Regarding recommendation G.4, the Navy concurs as written.

On recommendation S.1, Navy requests that the paragraph be changed to read: "We recommend that the Surgeon General of the Navy, in coordination with United States Fleet Forces (USFF) and Chairman, Joint Chiefs of Staff (CJCS) Surgeon, change medical personnel practices within the U.S. Navy to ensure that the Combined Security Transition Command-Afghanistan Command Surgeon has the maximum flexibility necessary to assign Navy medical personnel where needed to accomplish the medical mentoring mission in Afghanistan." This change is recommended to ensure coordination with the Joint Staff (JS) Surgeon and USFF.

Thank you for the opportunity to comment on this report.

  
H. C. Barnum, Jr.  
Assistant Secretary of the Navy  
(Manpower and Reserve Affairs)  
Acting



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
WASHINGTON DC

OCT 2 2008

MEMORANDUM FOR DEPARTMENT OF DEFENSE OFFICE OF THE INSPECTOR  
GENERAL  
ATTN: MR. THOMAS GIMBLE

FROM: HQ USAF/SG  
1780 Air Force Pentagon  
Washington, DC 20330-1780


SUBJECT: Draft Assessment Report - Munitions Assessment Team II - Afghanistan (Project  
No. D2008-D000IG-0141)

Thank you for the opportunity to review this draft report. My office has reviewed this report and non-concurs with the following comments:

a. The U.S. Air Force (USAF) presents forces to meet the combatant commander's (COCOM) Request-For-Forces (RFF). If Combined Security Transition Command-Afghanistan (CSTC-A) clearly defines its requirements via the COCOM, then the RFF process will fill them.

b. Additionally, Recommendation S-2 requests the USAF allow the CSTC-A command surgeon to reallocate personnel to positions for which they were not requested, trained, or prepared. This level of authority is not commensurate with a command surgeon's staff officer status.

My point of contact for this issue is Colonel Rudolph Cachuela, DSN 297-5581, (202) 767-5581, rudolph.cachuela@pentagon.af.mil or Major Tim Gacioch, DSN 297-5577, (202) 767-5577, timothy.gacioch@pentagon.af.mil.

  
JAMES G. ROUDEBUSH  
Lieutenant General, USAF, MC, CFS  
Surgeon General



DEPARTMENT OF THE AIR FORCE  
WASHINGTON, D.C.

OFFICE OF THE ASSISTANT SECRETARY

OCT 8 2008

MEMORANDUM FOR OSD/IG

FROM: SAF/MR

SUBJECT: Arms, Ammunition, and Explosives Accountability and Control; Security Assistance; and Sustainment for Afghan National Security Forces: Project No. D2008-D000IG-0121.001

Air Force strongly supports that all personnel deployed in support of combatant command requirements be properly trained prior to deployment. As such, Air Force concurs that personnel assigned to security assistance positions in Afghanistan should receive adequate security assistance training before being deployed. Where feasible, Air Force will have service members attend the Defense Institute of Security Assistance Management course prior to the deployment.

CRAIG W. DUEHRING  
Assistant Secretary  
(Manpower and Reserve Affairs)



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
WASHINGTON DC

9 Oct 08

MEMORANDUM FOR OSD IG

FROM: HQ USAF/A3O  
1480 AF Pentagon  
Washington DC 20330-1480

SUBJECT: Draft Assessment of Arms, Ammunition, and Explosives Accountability and Control;  
Security Assistance; and Sustainment for the Afghan National Security Forces

1. Air Force concurs on the draft assessment for U.S. Personnel Rotation Policies. Depending on the notification timeline, the AF may require an additional 179-day tour, followed by enduring 365-day tours if not notified of the tour length change with sufficient time to source the 365-day tours.
2. Air Force has already implemented the Defense Institute of Security Assistance Management training prior to deployment for these positions.
3. Please contact Lt Col Tim Stong at DSN 223-4711 or email [timothy.stong@pentagon.af.mil](mailto:timothy.stong@pentagon.af.mil) if you have any questions/concerns.

A handwritten signature in black ink, appearing to read "Marke F. Gibson".

MARKE F. GIBSON, Maj Gen, USAF  
Director of Operations  
DCS, Operations, Plans, and Requirements



**THE JOINT STAFF  
WASHINGTON, DC**

Reply ZIP Code:  
20318-0300

DJSM-0948-08  
9 October 2008

**MEMORANDUM FOR THE INSPECTOR GENERAL OF THE DEPARTMENT OF  
DEFENSE**

**Subject: Report on the Assessment of Arms, Ammunition, and Explosives  
Accountability and Control; Security Assistance; and Sustainment for  
the Afghan National Security Forces (Project No. D2008-D000IG-  
0141.001)**

1. Thank you for the opportunity to respond to the subject memorandum.<sup>1</sup>  
The Joint Staff concurs with the report as written. USCENTCOM will forward  
its comments to your office through separate correspondence.
2. The Joint Staff point of contact is Commander Doug LaCoste, USN;  
J-5/DDGSA; 703-695-5114.

W. E. GASKIN  
Major General, USMC  
Vice Director, Joint Staff

**Reference:**

- 1 DOD(IG) memorandum, 11 August 2008, "Report on the Assessment of  
Arms, Ammunition, and Explosives Accountability and Control;  
Security Assistance; and Sustainment for the Afghan National Security  
Forces (Project No. D2008-D000IG-0141.001)"





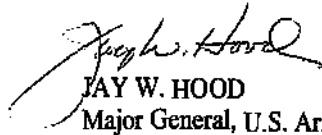
UNITED STATES CENTRAL COMMAND  
OFFICE OF THE CHIEF OF STAFF  
7115 SOUTH BOUNDARY BOULEVARD  
MACDIBBE AIR FORCE BASE, FLORIDA 32621-5101

16 September 2008

**TO: DEPARTMENT OF DEFENSE INSPECTOR GENERAL**

**SUBJECT: United States Central Command Response to Department of Defense Inspector General (DoDIG) Draft Report, "Assessment of Arms, Ammunition, and Explosives Accountability and Control; Security Assistance; and Sustainment for the Afghan National Security Forces", dated 11 August 2008**

1. Thank you for the opportunity to respond to the recommendations presented in the DoDIG draft report.
2. Attached is the CENTCOM consolidated response to the recommendations.
3. The Point of Contact is Colonel Mario V. Garcia, Jr., USCENTCOM Inspector General, (813)827-6660.

  
**JAY W. HOOD**  
Major General, U.S. Army

Enclosure  
TAB A: CENTCOM Consolidated Response

Department of Defense Office of Inspector General  
Project No. D2008-D0001G-0141.001 August 11, 2008

Assessment of  
Arms, Ammunition, and Explosives Accountability and Control; Security Assistance; and  
Sustainment for the  
Afghan National Security Forces

USCENTCOM COMMENTS  
TO THE RECOMMENDATIONS

**Part 1 – Arms, Ammunition and Explosives**  
(Supporting documents attached at end of section)

**DOD IG Observation A:** The U.S. Central Command (USCENTCOM) had not clearly defined the procedures for the accountability, control, and physical security of U.S. supplied AA&E to ANSF.

**DOD IG Recommendation: A1:** Commander, U.S. Central Command issue formal guidance governing the accountability, control, and physical security of arms, ammunition, and explosives under U.S. control from the point of entry into and transport through the U.S. Central Command area of responsibility until formal handover to the Afghan National Security Forces.

**USCENTCOM Staff Response:** Concur with recommendation A-1 provided in this Draft DOD IG Report. CENTCOM will revise current guidance (CENTCOM LTR, date 03 July, 2008) from an awareness memorandum to a format more directive in nature which applies to all components within the AOR, including Afghanistan.

**CSTC-A Proposed Response A1:**

- Recommend the following be included in USCENTCOM guidance development for CSTC-A AOR. Once arms, ammunition and explosives arrive in KAIA and are downloaded from the aircraft, coordination is made in accordance with the updated Standard Operating Procedures for Weapons Transactions to transfer responsibility of transporting the assets to the appropriate Depot. Once items arrive at the depot, the SOP for “Weapons Transactions” further outlines the required process to ensure reception, serialization and entry into the official stock record account system to transfer ownership to the ANSF.

**DOD IG Recommendation: A2:** Commander, U.S. Central Command issue formal guidance coordinating the efforts of the Combined Security Transition Command-Afghanistan, the rotating Combined Joint Task Forces operating in Afghanistan, and any other applicable command components to provide accountability, control, and physical security of arms, ammunition, and explosives under U.S. control from point of entry into and transport through Afghanistan until formal handover to the Afghan National Security Forces.

**USCENTCOM Response:** Concur. CENTCOM will coordinate with CSTC-A to ensure local procedures coincides with new/existing guidance for the physical control of Arms, Ammunition, and Explosives (AA&E). Although the revised guidance will be directive in nature, it will allow component commanders the ability to apply more stringent policies and controls. Specifically, with the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, Afghanistan National Security

Forces, and law enforcement organizations. This guidance will not be spelled out by HQ CENTCOM, but will ensure that CSTC-A institutes specific control measures to account for captured, confiscated, abandoned, recovered, and turned-in weapons.

**CSTC-A Response A2:**

- Refer to CSTC-A Response A1. CSTC-A is now following procedures outlined in response A1.

**DOD IG Observation B:** CSTC-A had not clearly defined the procedures for the accountability, control, and physical security of U.S. supplied AA& E to ANSF.

**DOD IG Recommendation B1:** Commander, Combined Security Transition Command Afghanistan, issue formal guidance governing the accountability, control, and physical security of arms, ammunition, and explosives under U.S. control from the point of entry into and transport through the Combined Security Transition Command-Afghanistan area of responsibility in Afghanistan until formal handover to the Afghan National Security Forces.

**CSTC-A Response B1:**

- CSTC-A CONCURS.
- Refer to CSTC-A Response A1.

**DOD IG Recommendation B2:** Commander, Combined Security Transition Command Afghanistan, issue formal guidance describing the missions, roles, and responsibilities applicable to U.S. training teams and senior mentors involved in advising and assisting the Ministry of Defense, the Ministry of Interior, and subordinate Afghanistan National Security Forces organizations on the accountability, control, and physical security of U.S.-supplied or Afghanistan National Security Forces procured Arms, Ammunition, and Explosives.

**CSTC-A Response B2:**

- CSTC-A CONCURS with comments on corrective actions ongoing.
- Formal MoD guidance exists in Decrees 4.0, 4.2 and 4.6. MoD Decree 4.0 is currently in rewrite, the updated document will contain more fidelity for all processes including weapons processing and accountability. The Solar Year 1387 Work plan was approved and published Feb 08. CSTC-A Arms, Ammunition and Explosives Standard Operating Procedure is in draft and will be published Oct 08. MoI Logistics Policy was approved in Jul 08 and is currently being printed and disseminated for ANP implementation. CSTC-A is currently coordinating with Task Force Phoenix J3 regarding a logistics course for Embedded Training Teams and Police Mentoring teams. The course would highlight MoD Decree 4.0, 4.2 and 4.6 which outline accountability, control and physical security of MoD arms, ammunition and explosives. The course would also highlight MoI Policy 4.0 which addresses MoI logistics and describe mentor roles and responsibilities.

**DOD IG Recommendation B3:** Commander, Combined Security Transition Command Afghanistan issue formal guidance coordinating the efforts of the Embedded Training Teams and the Police Mentoring Teams to advise and assist the Afghanistan National Security Forces in its efforts to account, control, and physically secure U.S. supplied or Afghanistan National Security Forces-procured Arms, Ammunition, and Explosives.

**CSTC-A Response B3:**

- **CSTC-A CONCURS with comments on corrective actions ongoing.**
- CSTC-A issued FRAGO 08-047, Command and Control Realignment of CSTC-A ANSF Logistics Advisors which align command and control of ANSF logistics mentors across Afghanistan. MoD and MoI Integrated Process Teams were established and meet weekly with representatives from national level logistics organizations, tactical level units and the CSTC-A staff to address logistics issues and ensure a common operating picture for all echelons. Additionally, CSTC-A and TF Phoenix have initiated a bi-weekly newsletter (Logogram) to inform mentors at all echelons, highlight policy changes and increase coordination. CSTC-A Arms, Ammunition and Explosives Standard Operating Procedure is in draft and should be published Oct 08.

**DOD IG Observation C:** Combined Security Transition Command Afghanistan had not accurately recorded the serial numbers of weapons that were to be issued to ANSF in its official Stock Record Inventory System.

**DOD IG Recommendation C.1.a:** Commander, Combined Security Transition Command Afghanistan, issue formal procedures governing data input controls and quality assurance reviews to ensure weapons serial numbers are accurately recorded in the CORE Information Management System and any subsidiary systems for weapons to be and already delivered to the Afghan National Security Forces.

**CSTC-A Response C.1.a:**

- **CSTC-A CONCURS with comments on corrective actions ongoing.**
- CORE IMS is the official stock record account system for the ANA, at Depot 1. In May 2008, the CJ4 established an internal audit "Tiger Team". This internal audit team was put into place to validate the serial numbers of weapons and the accuracy of the stock record account system. The "Weapons Transaction Standard Operating Procedure" was revamped and implemented to ensure that all weapons are serialized upon reception at the Depot and entered into the system. Audits were conducted May and June of 2008 by the CJ4 Operations Division Support Operations Officer (SPO). Full inventories of the small arms weapons were accomplished, duplicate and unprocessed serial numbers were identified, corrected and annotations/corrections were made into the official stock records account system by the CJ4 "Tiger Team" led by the SPO. In addition, audits will be performed quarterly on property account books to ensure proper documentation. We have directed that MPRI develop a comprehensive proposal to upgrade CORE IMS to enable easier and more accurate accounting and control of assets.

**DOD IG Recommendation C.1.b:** Commander, Combined Security Transition Command Afghanistan establish and document a process to identify all previously recorded erroneous, incomplete, and duplicative serial numbers and identify missing serial numbers and enter the correct information into the CORE Information Management System and any subsidiary systems.

**CSTC-A Response C.1.b:**

- **CSTC-A CONCURS with comments on corrective actions taken.**
- The "Weapons Transaction Standard Operating Procedure" was revamped and implemented to ensure that all weapons are serialized upon reception at the Depot and entered into the system. A system of regular audits and inspection of the process has

been implemented to ensure the SOP is followed and that CORE IMS stock record account remains accurate. During audits that occurred during May and June of 2008, full inventories of the small arms weapons were accomplished; duplicate and unprocessed serial numbers were identified and corrected in the official stock records account system by CJ4 "Tiger Team." In addition, audits are scheduled to be performed on property account books to ensure proper documentation.

**DOD IG Recommendation C.1.c:** Commander, Combined Security Transition Command Afghanistan modify the contract(s) with MPRI, Inc. concerning the operation of the CORE Information Management System, as applicable, to implement Recommendations C.1.a. And C.1.b.

**CSTC-A Response C.1.c:**

- **CSTC-A CONCURS with comments on corrective actions taken.**
- CSTC-A CJ4 is pursuing an upgrade to the scope and function of CORE IMS to maintain the official stock record accounts and accurate inventory. Locations for this upgrade include ANA Depot 0, 1, 2 and all Forward Support Depots. MPRI's contract will be modified accordingly. CSTC-A CJ4 is reviewing the purchase of CORE IMS or comparable system as the stock record account for the ANP.

**DOD IG Recommendation C.2:** Commander, U.S. Army Materiel Command Logistics Support Activity assist the Combined Security Transition Command Afghanistan with installing data input quality controls in its database of weapons serial numbers to ensure compatibility with the requirements of the DoD Small Arms/Light Weapons Registry.

**CSTC-A Response C.2:**

- **CSTC-A CONCURS.**

**DOD IG Observation D:** Combined Security Transition Command Afghanistan did not report the serial numbers of weapons it controlled to the DoD SA/LW Registry maintained by the U.S. Army Materiel Command Logistics Support Activity, to include donated weapons.

**DOD IG Recommendation D.1.a:** Commander Combined Security Transition Command Afghanistan issue formal procedures to comply with the DoD Small Arms/Light Weapons Serialization Program as required by DoD 4000.25-M, "Defense Logistics Management System," Volume 2, Chapter 18, Change 5, March 25, 2008, and Army Regulation 710-3, "Inventory Management Asset and Transaction Reporting System," March 25, 2008, to ensure weapons serial numbers are accurately reported to the DoD Small Arms/Light Weapons Registry.

**CSTC-A Response D.1.a:**

- **CSTC-A CONCURS with comments on corrective action ongoing.**
- CSTC-A is developing a long-term solution to this issue with the 401<sup>st</sup> AFSB and LOGSA and will complete development of formal procedures to ensure compliance with this regulation. Estimated completion date of Nov 08.

**DOD IG Recommendation D.1.b:** Commander Combined Security Transition Command Afghanistan modify the contract(s) with MPRI, Inc. concerning the operation of the CORE Information Management System, as applicable, to implement recommendations D.1.a.

**CSTC-A Response D.1.b:**

- **CSTC-A CONCURS with comment on corrective action taken.**
- CSTC-A is coordinating with the LOGSA and the Joint Munitions Command (JMC) for guidance on how to proceed under the new regulatory guidelines contained in AR 710-3 dated 25 Feb 2008. CSTC-A recommends that LOGSA execute an automation skip that accepts Cyrillic characters. CSTC-A further recommends that DSCA add specification line for Alpha/Numeric stamping at point of origin in FMS cases for weapons. There is not capacity or capability to do stamping in country.

**DOD IG Recommendation D.2:** Commander, U.S. Army Material Command Logistics Support Activity assist the Combined Security Transition Command-Afghanistan in reporting serial numbers for U.S.-supplied weapons provided to the Afghanistan National Security Forces to ensure compatibility with the requirements of the DoD Small Arms/Light Weapons Registry.

**CSTC-A Response D.2:**

- **CSTC-A CONCURS.**

**DOD IG Observation E:** Combined Security Transition Command Afghanistan had not clearly defined procedures for the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, ANSF, and law enforcement organizations, to include the recording of the serial numbers of those weapons.

**DOD IG Recommendation E.1:** Commander, Combined Security Transition Command Afghanistan, issue formal procedures governing the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, Afghanistan National Security Forces, and law enforcement organizations, to include the recording of the serial numbers of those weapons.

**CSTC-A Response E.1:**

- **CSTC-A NON-CONCURS.**
- This is beyond the scope of the CSTC-A mission and resources to accomplish. However, during Solar Year 1385 the Disarmament of Illegally Armed Groups (DIAG) system developer prepared a written procedure for control and final disposition of captured weapons. This procedure was translated into Dari and provided to Assistant Minister of Defense for Acquisition, Technology, and Logistics (AMoD AT&L) and Logistics Command and was disseminated to other units of the ANA and ANP. This procedure required the captured weapons to be turned over to an UN Afghan New Beginnings Program (UNANBP) location for consolidation and eventual release to the AMoD AT&L at which time the serial number would be captured by AMoD (AT&L). The current procedure requires the captured weapon to be taken to a UNANBP location where the UNANBP representative monitors as a MoD representative signs for control of the weapon. The weapon serial number is captured at this time.
- The following explains procedures for processing of captured weapons when they are turned over to AMoD-AT&L: (1) the weapon is forwarded to Depot 0 for holding; (2) the weapon is sent to the Central Workshop (CWS) for inspection, repair, test, re-inspection, and acceptance; (3) the weapon is returned to Depot 0.

- Furthermore, the process for managing the DIAG program transitioned to the ANSF as of May 2008. The process itself remains intact with all forces, ANSF or Coalition, turning in captured weapons to UNANBP. CSTC-A will continue to aid the ANSF in the accomplishment of this mission by providing oversight at direct mentor resourced areas, i.e. Central Workshop, Forward Support Depots, and National Depots.

**DOD IG Recommendation E.2:** Commander, U.S. Central Command, issue formal procedures to coordinate the efforts of the Combined Security Transition Command Afghanistan and the rotating Combined Joint Task Forces operating in Afghanistan for the accountability, control, physical security, and final disposition of captured, confiscated, abandoned, recovered, and turned-in weapons held by U.S. forces, Afghanistan National Security Forces, and law enforcement organizations, to include the recording of the serial numbers of those weapons.

**CENTCOM Response:** Partially concur: See A-2 response.

**CSTC-A Response E2:**

- CSTC-A PARTIALLY CONCURS.
- CSTC-A is not currently resourced to accomplish the full range of tasks implied in the recommendations.

**Part II – Foreign Military Sales**  
(Supporting documents attached at end of section)

**DOD IG Observation F:** The National Ammunition Depot for the Afghan National Army (ANA) and the National Weapons and Ammunition Depot for Afghan National Police (ANP) were identified collectively as “22 Bunkers”. Although there were ANA personnel assigned to the ANA side of 22 Bunkers, there were no ANP personnel assigned to manage and operate the ANP side of 22 bunkers.

**DOD IG Recommendation F:** Commander, Combined Security Transition Command Afghanistan coordinate with senior officials of the Afghan National Police and request the assignment of police logistics personnel to the National Weapons and Ammunition Depot for the Afghan National Police at 22 Bunkers so that they may be trained and mentored in the management and operation of a national-level weapons and ammunition depot.

**CSTC-A Response F:**

- CSTC-A CONCURS.
- Previous attempts by MOI to post ANP officers to weapons depot for accountability purposes were not successful due to rank, literacy, language barriers and computer skills deficiencies.
- Senior MoI and Log ETT mentors will continue to engage with MOI leadership to strongly recommend posting appropriately skilled personnel to account for munitions.

**DOD IG Observation G:** The number of SAO personnel billets in the CSTC-A Joint Manning Document (JMD) was inadequate to accomplish the U.S. security assistance mission in Afghanistan, which has an important and strategic role with respect to training and equipping the ANSF. Specifically, the CSTC-A SAO was not adequately staffed with sufficient numbers of

personnel and those personnel that were assigned did not possess the requisite security assistance skills and experience. In addition, short personnel tours of duty and different rotation policies among the military services hindered program execution and did not support development of the necessary program stability and continuity. This occurred because the current JMD had not been updated to reflect the scope of the current security assistance program in Afghanistan and the size of the SAO staff needed to manage it. Moreover, the Joint Staff and the Military Services have not provided sufficient personnel to staff the existing JMD.

**DOD IG Recommendation G.1.a:** Commander, U.S. Central Command, in coordination with the Commander, Combined Security Transition Command Afghanistan increase the rank level of leadership of the security assistance officer commensurate with the mission, size and scope of the security assistance program and level of Foreign Military Sales funding in Afghanistan.

**USCENTCOM Response**

**CENTCOM RESPONSE :** Partially-concur. Current authorizations do provide for leadership of the security assistance officer commensurate with the mission, size and scope of the security assistance program and level of Foreign Military Sales funding in Afghanistan. In August 2002, the Director of the Joint Staff (DJS) authorized establishment of a temporary joint GO billet to serve as U.S. Security Coordinator and Chief. The SAO is Combined Security Transition Command – Afghanistan (CSTC-A) commanded by a Major General and supported by a Brigadier General PolMil officer. The current Afghanistan SAO JTD dated Aug 2008 reflects a total of (9) billets which includes (1) USA O-6 Deputy Chief, OSC-A; (1) USA O-5; (4) USAF and (1) USA O-4; (1) USAF E-7 and (1) USA E-6 billets. Effective in FY09, The JTD will reflect 10 authorized billets with a breakout as follows: (1) USA O-6; (2) USA O-5; (4) USAF & (1) USA O-4; (1) USAF E-7 and (1) USA E-6 billets. How these personnel are utilized are a function of Service fills and CSTC-A assignment.

**CSTC-A Response G.1.a:**

- CSTC-A CONCURS.
- We recommend sourcing an O-6 to fill position #10653.

**DOD IG Recommendation G.1.b:** Commander, U.S. Central Command, in coordination with the Commander, Combined Security Transition Command Afghanistan revise, updates, and approves authorized positions in a new Joint Manning Document for the Combined Security Transition Command Afghanistan security assistance office that reflects the scope of the security assistance program in Afghanistan and provides sufficient personnel with the requisite skills and experience levels.

**USCENTCOM Response:** Partially-concur. In addition to the Afghanistan SAO JTD as stated above, the CSTC-A JMD (Mod 12-Jun 08) reflects an additional 514 billets. Twelve of these 514 billets have remarks as "SEC COOP PRGM." These (12) augmentation billets breakout as: (1) USN O-5; (7) O-4s (3-USAF, 2-USA, 1-USMC & 1-USN); (2) O-3 (1-USAF & 1-USA); and (2) USAF E-5 billets. CCJ1 and CCJ5 are working with CSTC-A to improve their SAO/FMS capability as required.

**CSTC-A Response G.1.b:**

- CSTC-A CONCURS.



**DOD IG Recommendation G.2.a:** Chairman of the Joint Chiefs of Staff and the Commander, U.S. Central Command expedite approval of the revised Combined Security Transition Command Afghanistan Joint Manning Document.

**USCENTCOM Response:** Concur. Once inputs are received from CSTC-A, CCJI-MPA will expedite the JMD process.

**CSTC-A Response G.2.a:**

- CSTC-A CONCURS.

**DOD IG Recommendation G.2.b:** Chairman of the Joint Chiefs of Staff and the Commander, U.S. Central Command assign personnel with the requisite skills, experience levels, and rank to fill positions designated in the revised Joint Manning Document for the Combined Security Transition Command-Afghanistan security assistance office.

**USCENTCOM Response:** Concur. While it is the responsibility of Joint Forces Command and the services to assign personnel with the requisite skills, experience levels, and rank to fill these positions, we are in direct coordination with the JFCOM, JS, and the Services to ensure maximum sourcing for the Afghan JMDs.

**CSTC-A Response G.2.b:**

- CSTC-A CONCURS.
- Tour lengths for all SAO personnel should be one year. Inbound personnel must attend the Defense International Security Assistance Management (DISAM) course en-route or prior to deployment.

**DOD IG Recommendation G.3:** Director, Defense Security Cooperation Agency, in coordination with the Assistant Secretary of the Navy (Manpower and Reserve Affairs) and the Assistant Secretary of the Air Force for Manpower and Reserve Affairs, establish appropriate tour length policies for personnel assigned to the security assistance office in Afghanistan that provide the operational commander the personnel and resources necessary to perform the security assistance mission. Specifically, establish one year tours for Navy and Air Force security personnel assigned to the Combined Security Transition Command Afghanistan security assistance office or establish an alternate rotation policy (discussed in this observation) similar to that developed by the United States Army Security Assistance Command for Army security assistance personnel.

**CSTC-A Response G.3:**

- CSTC-A CONCURS.

**DOD IG Recommendation G.4:** Chairman of the Joint Chiefs of Staff, the Director, Defense Security Cooperation Agency, the Assistant Secretary of the Army for Manpower and Reserve Affairs, the Assistant Secretary of the Navy (Manpower and Reserve Affairs), and the Assistant Secretary of the Air Force for Manpower and Reserve Affairs ensure that personnel assigned to security assistance positions in Afghanistan receive adequate security assistance training before deployment, but at a minimum they attend the Defense Institute of Security Assistance Management course.

**CSTC-A Response G4:**

- **CSTC-A CONCURS.**

**Part III – Logistics Sustainability**  
(Supporting documents attached at end of section)

**DOD IG Observation H:** FMS standard case processing time standards for the pseudo-FMS cases used to equip the ANSF were inadequate for wartime contingency operations in Afghanistan and were not meeting the train and equip requirements of CSTC-A and ANSF. Further, USCENTCOM and CSTC-A do not have sufficient visibility of FMS case processing to

enable managers to monitor and react to program metrics. This has occurred because the 120-day case processing time standard has not been adjusted for wartime operations in Afghanistan. Further, a Common Operating Picture report was not established for the use of the security assistance function within CSTC-A. As a result, CSTC-A is hindered in efficiently and effectively achieving its train and equip mission for the ANSF.

**DOD IG Recommendation H.1:** The Under Secretary of Defense for Policy, in coordination with the Director, Defense Security Cooperation Agency establish a security assistance policy, in DoD 5105.38-M, “Security Assistance Management Manual,” October 3, 2003, for Foreign Military Sales case processing times that applies to wartime and contingency operations and, in this case, specifically to Afghanistan.

**CSTC-A Response H.1:**

- **CSTC-A CONCURS.**
- CSTC-A is currently paying for above standard level service (\$5.8M).
- DoD 5105.38-M currently does not contain wartime service timelines.
- Currently operating with average case development time of 50 days with an average contracting cycle of 45 days. This level of support is adequate.

**DOD IG Recommendation H.2:** The Under Secretary of Defense for Policy, in coordination with the Director, Defense Security Cooperation Agency develop a plan to provide the necessary personnel support and funding within the security assistance community to implement and process Foreign Military Sales cases at the established wartime standards for contingency operations in Afghanistan.

**CSTC-A Response H.2:**

- **CSTC-A CONCURS.**

**DOD IG Recommendation H.3:** The Under Secretary of Defense for Policy, in coordination with the Director, Defense Security Cooperation Agency develop a common operating picture report for the Foreign Military Sales program in Afghanistan and ensure that the report is provided to senior officials in the Office of the Secretary of Defense and the Combined Security Transition Command Afghanistan on a recurring basis.

**CSTC-A Response H.3:**

- **CSTC-A CONCURS.**

**DOD IG Observation I:** The plans for development of ANSF did not provide a clearly defined path to achieving an end state in which MOD, MOI and the ANSF will be capable of independently carrying out military and police logistics operations on a sustainable basis. Further, CSTC-A did not have formal approved plans for the development of ANSF logistics sustainability.

Specifically, the plans for development of ANSF logistics sustainment were not clearly linked in a single integrated plan, and did not provide a time-phased conditions-based approach for accomplishing end state objectives. Rather, the plans in many cases defined only broadly-stated objectives and milestones. Further, the plans generally did not identify a specific person or office responsible for the execution of specific tasks. Moreover, it was not clear in the plans the extent to which the Afghan ministries and security forces were directly engaged in the process of planning the establishment of their logistics system.

**DOD IG Recommendation I.1:** Commander, Combined Security Transition Command Afghanistan develop a single integrated logistics sustainment plan, in coordination with the Ministries of Defense and Interior, for each level of the ministries and Afghan National Security Forces with functional responsibility for supporting the logistics process.

**CSTC-A Response I.1:**

- **CSTC-A CONCURS with comment on corrective action ongoing.**
- The CSTC-A Campaign Plan was signed 29 January 2008. Additionally, it is currently under review as part of a periodic revision. The update campaign plan is expected to be signed Sept 2008. In the “Develop the Force” line of operation, the plan includes a specified Objective (3.3) that states “Efficient logistics systems capable of identifying acquiring and distribution required resources to the ANA and ANP without external assistance.” The updated plan also places added emphasis on sustainment during Phase 1. Field/Generate the Afghan National Security Capability, and Phase 2 Development of the Afghan National Security Capability. The long term goal for logistics remains as stated in Annex A, Inter-Ministerial Issues, “Establishment of a joint national logistics center with responsibilities for contract management, maintenance support, and the management of the strategic logistics assets and critical commodities.” The Campaign Plan is supported by Ministerial Development plans that include logistics development plans for both ANA and ANP. These Development plans will be reviewed in October 2008 as part of our periodic campaign plan assessment. In addition to the ministerial development plans, Logistics Management and Acquisitions & Procurement have been identified as systems to be developed across staff boundaries of the MoD and MoI. Estimated completion is December 2008.

**DOD IG Recommendation I.2:** Commander, Combined Security Transition Command Afghanistan ensure that future logistics sustainability plans link tasks, milestones, and metrics; identify specific accountable offices of primary responsibility for each action; and be made final and officially promulgated.

**CSTC-A Response I.2:**

- **CSTC-A CONCURS with comment on significant action ongoing.**
- A Sustainment Annex will be included in the CSTC-A OPORD, Authorization, Organization and Conduct of Operations, which is being updated for FY2009 and will be published in Oct 08. Additionally the Ministerial Development Plan and Action Plans

were approved by the CSTC-A DCG after the necessary concurrence from the Afghan MoD and MoI in spring 08 and continue to be used for development. Assessments are made monthly, reported to the DCG and the Ministerial Development Boards in formal briefings and submitted to the Joint Staff J5. The Ministerial Development plans will be reviewed in Oct/Nov 2008 as part of the Campaign Plan review and assessment process defined in Annex D to the Campaign Plan.

**DOD IG Observation J:** The commander of the Logistics Command reported that his organization had little or no formal visibility over equipment fielding plans and actions, assets, documentation, and types and quantities of equipment being provided to the ANA fielded force. The commander also asserted that decisions regarding the equipping of war fighting units (Corps, Brigades, and Kandaks) had been made without Logistics Command coordination.

**DOD IG Recommendation J.1:** Commander, Combined Security Transition Command Afghanistan ensure the Afghan Logistics Command and Afghan National Army General Staff leadership are provided supply information concerning fielding plans and actions, assets, documentation, and types and quantities of equipment being provided to field and equip the Afghan National Army that is sufficient for the Logistics Command to accomplish its logistics mission; and, that this logistics information is provided to Logistics Command by the Ministry of Defense and the Afghan National Army leadership on a timely and ongoing basis.

**CSTC-A Response J1:**

- **CSTC-A NON-CONCURS.**
- MoD representatives attend weekly meetings at CSTC-A where they are provided all the information necessary to perform their mission. Poor horizontal and vertical communications within the MoD are the primary barriers to more effective performance and greater situational awareness throughout the MoD and Logistics Command.
- The assignments of both the ANA and ANP LNOs have made a significant impact on our ability to both support and synchronize plans and operations. The CJ4 Requirements/Logistics Plans section has integrated two Afghan National Army (ANA) LNOs, a Captain with excellent English skills and a Colonel, who are on the GS G4 staff and works directly for LTG Azzizudin. This has synergized the link between the CJ4 and GS G4 staffs, which provides a consistent flow of logistics information between the two staffs.
- Also, we collaborate with these LNOs in order to solidify both our 18-month fielding plan and our 3-month equipment distribution plan. In addition, CJ4 Operations now created and distribute MoD 14s to the LSOC and Logistics Command mentors to give the ANA visibility over fielding plans. All of these documents are in Dari and English. There is also an Afghan Lt Colonel liaison at Depot 1 who is fully aware of all fielding and push plans and meets with Logistics Command once a week to go over distribution.
- The MoI has assigned a Lt Colonel with excellent English skills who is empowered to work directly with MoI staff General Officers and other leaders within the ANP. This LNO has a desk in the same office as our ANP Requirements planners and has real-time access to planning and fielding information CJ4 Requirements/Logistics Plans shop initiated a weekly meeting involving the CJ4 Operations section, Logistics Command/LSOC ETTs, and the Central Movement

- Agency (CMA) in order to facilitate the exchange of distribution timelines with regard to fielding plans, priority alignment, and current operations limiting factors. The meeting occurs weekly on days that the ANA LNOs are present so that they are able to project ANA issues that are high on the GS G4 priority list.

**DOD IG Recommendation J.2:** Commander, Combined Security Transition Command Afghanistan accelerate development of a functional, networked logistics information system that provides asset visibility and requisition and replenishment status to the appropriate logistics nodes within the Ministry of Defense, the General Staff, including the Logistics Command.

**CSTC-A Response J2:**

- **CSTC-A PARTIALLY CONCURS.**
- Implementation and expansion of CORE-IMS and LRAT will assist the ANA in understanding the value and accuracy of utilizing automation for logistics management. CSTC-A CJ4 concurs with the goal of a functional, networked logistics information system however, severe limiting factors exist across Afghanistan.
- Consistent and reliable power, coupled with lack of communication equipment, information technology architecture/backbone and literacy rates make it extremely difficult to develop any type of networked logistics system beyond the Kabul region. CORE-IMS will provide an interim solution at the National Depots for the ANA until infrastructure improves and a more permanent solution set is researched, programmed, and implemented.
- Because of the previously mentioned factors CSTC-A developed and implemented through the ANA, corps level and below, a completely manual supply system and outlined those procedures in the logistics Decrees. A UPR proposal to upgrade or expand CORE-IMS to Depots 0, 1 and 2 and the four Forward Support Depots is currently being staffed.

**DOD IG Observation K:** Combined Security Transition Command Afghanistan did not have a unified strategy for mentoring MOD and General Staff logistics organizations to achieve integrated logistics sustainability. Further, military logistics mentors were insufficiently trained for their logistics mentoring mission or in the Afghan logistics systems. In addition, a disconnect existed between senior mentors at ministerial levels and trainers at the operational levels in information sharing and coordination and also between the trainers assigned to MOD and to MOI.

This occurred because CSTC-A had not prepared or formally issued a unified strategy with detailed implementing guidance for mentoring the MOD, General Staff, and MOI logistics organizations in achieving an integrated logistics capability.

USCENTCOM and North Atlantic Treaty Organization-International Security Assistance Force (ISAF) had not established the requirement for, nor had the U. S. Army Chief of Staff developed, comprehensive pre-deployment training in logistics mentoring for Afghanistan and the Afghan logistics systems. Further, CSTC-A had not developed an in-country mentoring orientation program for logistics ETT or PMT personnel.

CSTC-A had not developed a venue or methodologies to interact and exchange information, ideas, experiences, and best practices and to coordinate between and among senior mentors at ministerial levels and trainers at the operational levels and also between the mentors and trainers

assigned to MOD and to MOI to achieve integration, common purpose, and sustainability of effort.

**DOD IG Recommendation K.1:** Commander, U.S. Central Command, in coordination with the Commander, North Atlantic Treaty Organization-International Security Assistance Force and the Chairman of the Joint Chiefs of Staff, establish a requirement for comprehensive logistics and in-country training for the logistics mentors supporting Coalition efforts in Afghanistan to include Afghan logistics systems.

**USCENTCOM Response:** Concur. We will work with CSTC-A and NATO to establish the appropriate training requirement and ensure standardized training occurs for all mentor personnel. CSTC-A will complete development of a unified strategy for ANA logistics mentorship by December 2008. From this strategy will evolve a detailed implementation and training plan to improve the quality of mentorship at all levels.

**CSTC-A Response KI:**

- CSTC-A CONCURS.

**DOD IG Recommendation K.2:** The Under Secretary of Defense for Acquisition, Technology, and Logistics, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement comprehensive logistics training for the logistics mentors deploying to Afghanistan that meets the requirements of the Commander, U.S. Central Command.

**USCENTCOM Response:** Partially concur. It is the responsibility of U.S. Joint Forces Command and the services to ensure that assigned mentors receive adequate training for their mission.

**CSTC-A Response K2:**

- CSTC-A CONCURS.

**DOD IG Recommendation K.3:** The Secretary of the Army, through the Commander, 1st Infantry Division, implement the logistics pre-deployment training developed by the Under Secretary of Defense for Acquisition, Technology, and Logistics for the logistics mentors deploying to Afghanistan.

**CSTC-A Response K3:**

- CSTC-A CONCURS.

**DOD IG Recommendation K.4.a:** Commander, Combined Security Transition Command Afghanistan develop and issue a formal, unified strategy with detailed implementing guidance for mentoring the Ministry of Defense, General Staff, and Ministry of Interior logistics organizations in achieving integrated logistics sustainability.

**CSTC-A Response K.4.a:**

- CSTC-A CONCURS with comment on corrective action ongoing.
- CSTC-A will complete development of a unified strategy for ANA logistics mentorship by December 2008. From this strategy will evolve a detailed implementation and training plan to improve the quality of mentorship at all levels. Development of an equivalent MoI mentorship strategy will follow. To ensure standardization across

ANA/ANP lines, mentors will use the basic construct, processes, and methods of the ANA plans and processes to begin development of an ANP logistics mentor strategy. Similarity between the two systems will facilitate the eventual transformation of the two supply chains into a single ANSF supply chain.

- Although there are ministerial development plans to guide senior logistics mentors and handbooks to guide unit-level mentors on logistics functions, a strategy for linking mentorship at tactical, operational, and strategic levels is still in its infancy. The CSTC-A FRAGO 08-047, Command and Control Realignment of CSTC-A ANSF Logistics Advisors defining the relationship between tactical and strategic logistics mentors was followed by data collection to determine logistics functions in Afghanistan to facilitate better communication and coordination.
- Mentors at all echelons continuously work together to facilitate logistics operations and implement procedures. CSTC-A is coordinating with CJTF Phoenix J3 regarding a logistics course for all logistics ETTs/PMTs who arrive in country. The Afghan logistics system is based on a U.S. Army model and fundamental concepts, processes and terminology are based on US Army doctrine. A baseline understanding is required for personnel from all services to efficiently mentor in Afghanistan. The bi-weekly publication of a logistics newsletter, the Log-O-Gram, increases cross-talk and information flow. Finally, an ETT mobile training team ensures unity of effort from national level logistics organizations to the tactical level.

**DOD IG Recommendation K.4.b:** Commander, Combined Security Transition Command Afghanistan develop a venue and methodologies for logistics mentors and trainers to interact and exchange information, ideas, experiences, and best practices and to coordinate between and among senior mentors at ministerial levels and trainers at the operational levels and also between the mentors and trainers assigned to the Ministry of Defense and the Ministry of Interior to achieve integration, common purpose, and sustainability of effort.

**CSTC-A Response K.4.b:**

- CSTC-A CONCURS with comment on corrective action ongoing.
- CSTC-A issued a FRAGO 08-047, Command and Control Realignment of CSTC-A ANSF Logistics Advisors aligning command and control of ANSF logistics mentors across Afghanistan. MoD and MoI Integrated Process Teams were established and meet weekly with representatives from national level logistics organizations, tactical level units and the CSTC-A staff to address logistics issues and ensure a common operating picture for all echelons.
- Additionally, CSTC-A and TF Phoenix have initiated a bi-weekly newsletter (Logogram) to inform mentors at all echelons, highlight policy changes and increase coordination. CSTC-A is currently coordinating with Task Force Phoenix J3 regarding a logistics course for Embedded Training Teams and Police Mentoring Teams. National level ETTs/PMTs also travel to Corps areas to provide training and gather feedback.

**DOD IG Observation L:** There were insufficient numbers of logistics mentors assigned to ETTs that advised ANA and PMTs that advised ANP. This has occurred because the requirements for PMT mentors identified in Request for Forces (RFF) 620 Modification 2 (approved by the Joint Staff in February 2007) had not been sourced.

**DOD IG Recommendation L:** The Chairman of the Joint Chiefs of Staff and the Commander, U.S. Central Command expedite the assignment of personnel with the requisite skills, experience levels, and rank to fill positions designated in the Combined Security Transition Command Afghanistan Request for Forces 620 Modification 2 for Embedded Training Teams and Police Mentoring Teams logistics mentors.

**USCENTCOM Response:** Concur. U.S. Central Command has submitted its request for forces for additional trainers in Afghanistan. While it is up to the Joint Forces Command and the services to provide the personnel with the requisite skills, experience levels, and rank to fill the positions, we are in direct coordination with the JFCOM, JS, and the Services to ensure maximum sourcing for the Afghan JMDs.

**CSTC-A Response L:**

- **CSTC-A CONCURS.**

**DOD IG Observation M:** Central Movement Agency (CMA) management was unaware of how many trucks were operational, how many were down for maintenance, or the status for repair parts or maintenance work. Further, CMA unit-level truck maintenance was sporadic, not performed to standards, and inadequate. In addition, CMA management was unaware of how many vehicles were on the premises or how many had been transferred to forward support depots.

This occurred because CMA had no reliable, accurate, internal tracking system that identified the readiness or supply status for vehicles. Further, the organization lacked an effective equipment maintenance schedule and established maintenance practices for vehicles, or a sufficient number of trained maintenance technicians, tools and equipment, and spare parts. In addition, CMA had not established a fleet parking plan or a tracking system to provide visibility of current vehicle location and status.

**DOD IG Recommendation M.1:** Commander, Combined Security Transition Command Afghanistan advised and assist appropriate officials at the Ministry of Defense, Logistics Command, and Central Movement Agency to establish a reliable and accurate internal tracking system that identifies the readiness and supply status for Central Movement Agency vehicles.

**CSTC-A Response M.1:**

- **CSTC-A PARTIALLY CONCURS with comment on corrective action ongoing.**
- Implementation of the Logistics Readiness Assessment Tool (LRAT) will provide a readiness snapshot to ANA and MoD senior leadership, which may encourage additional leadership focus.
- LRAT is a logistics performance reporting system, managed exclusively by the ANA, which enables key leaders to make sound supply chain management decisions thereby enhancing available combat power. Each critical node will collect and analyze stock status and logistics performance measure data at their level, and will submit a consolidated report to the next higher echelon of command. The reporting system will initially focus attention only on select critical line items (Shoot, Move, Communicate, food, Fuel, etc.) as well as key performance measures which will vary from critical node to another depending on customer / provider perspectives.



- Approximately two years ago CMA adopted the process of assigning a vehicle to an individual operator. CMA personnel are not well educated or proficient in maintenance tasks, and vehicle inspections standards are not stringent or rigorously enforced.
- Vehicle status is difficult to obtain under this system.
- The CMA Property Book Officer (PBO) has a good accountability of their assigned vehicles, the Movement Control Center (MCC) has a complete grasp of vehicles assigned on convoys, and the Company Commanders have visibility over vehicles in for maintenance. ETTs will work with CMA leadership to merge these into a single comprehensive system.

**DOD IG Recommendation M.2:** Commander, Combined Security Transition Command Afghanistan advise and assist appropriate officials at the Ministry, Logistics Command, and Central Movement Agency to establish effective equipment maintenance schedules and practices for vehicles.

**CSTC-A Response M.2:**

- **CSTC-A CONCURS with comment on corrective action ongoing.**
- The current system gives little centralized awareness of fleet maintenance status and does not allow the maintenance section to determine stock supply requirements early enough to order expendables. The ANA supply system opposes stocking items in adequate quantities to allow timely servicing of vehicles. Previously noted lack of enforcement of individual operator maintenance combined with lack of parts availability leads to greater down time when vehicles are turned in, reinforcing a resistance to preventative maintenance.
- A maintenance schedule for vehicles reported by company commanders would allow better fleet availability and supply requirements forecasting. Operator maintenance is 10-level maintenance responsibility. CSTC-A is developing an operator maintenance SOP with an ECD of Nov 08. ETTs will further develop a mentorship plan to ensure that operators understand maintenance requirements.

**DOD IG Recommendation M.3:** Commander, Combined Security Transition Command Afghanistan advise and assist appropriate officials at the Ministry, Logistics Command, and Central Movement Agency to obtain a sufficient number of trained maintenance technicians, maintenance tools and equipment, and spare parts to adequately maintain the vehicles.

**CSTC-A Response M.3:**

- **CSTC-A PARTIALLY CONCURS.**
- Operator maintenance is sporadic and not to standards.
- Secondary maintenance is difficult to access.
- A previously noted lack of parts supplies, as well as extremely long lead times to get parts discourages users from turning an otherwise operational vehicle in for cosmetic or minor repairs. This leads to cumulative damages that reduce the safety of operation and results in premature wear and tear that will require extended maintenance of the vehicle.

- CMA has 105 vehicle maintenance authorizations on its 1388 Tashkil which are divided equally between the five Companies. CMA's maintenance capability is designed to perform scheduled and operator-level maintenance, e.g. oil changes, light bulb replacements, brake pad replacements. Vehicles requiring repairs beyond this level are to be turned into the Central Workshop Vehicle Maintenance facility which is co-located on the CMA compound. The Central Workshop will repair the vehicle or turn the vehicle into RM Asia (vehicle maintenance contractor) for maintenance functions beyond their capability.
- RM Asia moved into a new facility on the CMA compound in May 08. In addition to providing vehicle maintenance RM Asia has been contracted to provide maintenance apprenticeship training. This training is primarily for Central Workshop personnel but slots have been reserved for CMA personnel.
- CMA also had 12 personnel graduate from the Anham LLC Contract Vehicle Maintenance School in Apr 08. These personnel are being utilized as trainers in the CMA vehicle maintenance facility. The ANA Logistics Branch School will be the long term solution for pipeline training of vehicle mechanics. The school is scheduled to reach initial operating capability in Jan 09, but has begun initial mechanics training.

**DOD IG Recommendation M.4:** Commander, Combined Security Transition Command Afghanistan advise and assist appropriate officials at the Ministry, Logistics Command, and Central Movement Agency to establish a fleet parking plan and tracking system to provide visibility of current vehicle location and status.

**CSTC-A Response M.4:**

- **CSTC-A CONCURS with comment on corrective action ongoing.**
- As previously noted, individual sections have tracking systems and visibility, however, no one office has a complete vehicle picture. ETTs will work with ANA leadership to merge these into a single comprehensive system. Additionally, logistics ETTs will develop a parking plan/tracking SOP.
- Parking space is also an issue. A fuel station construction project has reduced the amount of available space to organize and park tractor/trailers. CMA has submitted a request to obtain the land immediately east of their current compound. This area would serve two important purposes for CMA: 1) it would provide a secure area to conduct driver's training, both internal and advisor-led, and 2) would provide an area to stage convoys prior to departure to the applicable Regional Corps location.
- Log ETT advisors have submitted a request through CJ-ENG to initiate a Right of Entry survey on this land which is believed to be owned by the Ministry of Energy. Once land rights are obtained, CJ-ENG security funds can be utilized to complete a partially existing stone security wall and complete land grading on the area.

**DOD IG Observation N:** CMA had trained only 120 of 677 authorized drives. This occurred because insufficient numbers of drivers had received formal driver training through the German Driver and Mechanics School at the Kabul Military Training Center or from other qualified sources.

**DOD IG Recommendation N.1:** Commander, Combined Security Transition Command Afghanistan, in coordination with appropriate U.S. forces organizations, the North Atlantic

Treaty Organization-International Security Assistance Force, and the Ministry of Defense assess the driver-training requirements against the resources available to provide that training.

**CSTC-A Response N.1:**

- **CSTC-A CONCURS.**
- Current number of trained drivers is 180 of 519 drivers (35%) on the 1388 Tashkil.
- Fifty drivers are currently enrolled in the German Driving School class which runs through Sep 08.
- We will encourage ANSF to send CMA drivers to the maximum extent possible. This course trains licensed drivers up to the Medium Tactical Vehicle level.
- Additional training is required for tractor/trailer and convoy operations.
- A team of fifteen USAF vehicle operators were tasked to perform driver's familiarization to increase successful driver completion rates from the German Driving School and to build on the foundation of the German Driving School curriculum and develop lesson plans for convoy operations after a driver's graduation. They have been limited by 1) a lack of lesson plans and 2) a lack of a secure/safe area to conduct the driver's training. These lesson plans will be used as the basis for a future organic CMA training section.

**DOD IG Recommendation N.2:** Commander Combined Security Transition Command Afghanistan, in coordination with appropriate U.S. forces organizations, the North Atlantic Treaty Organization-International Security Assistance Force, and the Ministry of Defense ensures that adequate professional driver training is provided for Central Movement Agency drivers to eliminate qualification shortfalls.

**CSTC-A Response N.2:**

- **CSTC-A CONCURS.**
- Refer to CSTC-A Response N.1.

**DOD IG Recommendation N.3:** Commander Combined Security Transition Command Afghanistan in coordination with appropriate U.S. forces organizations, the North Atlantic Treaty Organization-International Security Assistance Force, and the Ministry of Defense develop a plan of action to increase the number of trained and qualified drivers to 100 percent of the Tashkil authorization.

**CSTC-A Response N.3:**

- **CSTC-A CONCURS.**
- Refer to CSTC-A Response N.1.

**DOD IG Observation O:** Formal logistics specialty training within ANA did not exist in Afghan military professional development schools. Further, ANA personnel working in logistics billets were not fully trained, although some functional training was provided to enlisted personnel.

**DOD IG Recommendation O:** Commander, Combined Security Transition Command-Afghanistan, in coordination with the Ministry of Defense and the Afghan National Army, develop and initiate formal logistics specialty training programs within the Afghan National Army that lead to formal designation of officers, noncommissioned officers, and enlisted personnel as logistics specialists.

**CSTC-A Response O:**

- **CSTC-A CONCURS.**
- Initial operational capability of the national logistics school is scheduled for Jan 2009 with full-operational capability scheduled for 2012. GAFTAG reports to the Combined Training Advisory Group (CSTC-A CTAG) and coordinate through CSTC-A CJ7 Training and Education. CSTC-A CJ4 provides overall policy and programming guidance and assistance for the logistics school stand-up. CSTC-A CJ4 developed/validated over 15,000 logistics positions for the Solar Year 1388 tashkil, building career path and duty descriptions for six MOSs and over 30 ASIs for officers, NCOs, and enlisted personnel, nesting career paths for each respective MOS.

**DOD IG Observation P:** Guidance clearly describing the logistics policies, processes, and procedures for MOI and ANP had not been developed and issued. This occurred because CSTC-A logistics mentors for MOI had not placed sufficient emphasis on assisting senior MOI and ANP leadership in developing and implementing systematic logistics directives and decrees that clearly described the policies, processes, and procedures for accomplishing the logistics functions within MOI and ANP. As a result, the logistics capability development for MOI and ANP has been delayed.

**DOD IG Recommendation P:** Commander, Combined Security Transition Command Afghanistan, in coordination with the Ministry of Interior and the Afghan National Police, expedite development and publication of detailed logistics directives and decrees that clearly describe the policies, processes, and procedures for accomplishing the logistics functions within the Ministry of Interior and the Afghan National Police.

**CSTC-A Response P:**

- **CSTC-A NON-CONCURS.**
- Deputy Assistant Minister for Administration and Support (Lt Gen equivalent) signed the Ministry of Interior Policies for logistics, transportation and maintenance in July.
- Mass reproduction of policies conducted in August 08.
- MoI conducted Senior Leader Logistics Seminar in August 08 to introduce the new policies and educate many of the new procedures for a demand based logistics system.
- CJ4 Log ETT Mentors/Advisors will facilitate another Log Seminar in September 08 to educate senior MOI Logisticians.

**DOD IG Observation Q:** Formal logistics and acquisition specialty training within MOI has been insufficient to develop a self-sustaining logistics capability. This occurred because comprehensive programs of instruction leading to the development of logistics and acquisition expertise for MOI officials and ANP police officers had not been established. Further, MOI organizational restructuring hampered the planning and delivery of needed logistics training.

**DOD IG Recommendation Q:** Commander, Combined Security Transition Command Afghanistan, in coordination with the Ministry of Interior and the Afghan National Police, develop and initiate logistics and acquisition specialty training programs to enable Ministry of Interior officials and Afghan National Police officers performing logistics and acquisition functions at the national, regional, and district levels to perform their missions effectively.

**CSTC-A Response Q:**

- CSTC-A CONCURS with corrective actions ongoing.
- Acquisition training will occur in Nov 2008 when Defense Acquisition University arrives and conducts certification training with MoD and MoI.
- Initial planning and development of more institutional logistics training can begin with approval of the logistics policies in July 2008 and the addition of contract and military mentors at the ministerial levels.
- In Aug 2008, CSTC-A received confirmation of the formal approval to begin NATO Codification in Afghanistan - This will allow MoI and MoD acquisition agencies to procure directly from the NATO catalogue.

**PART IV – Medical Sustainability**  
(Supporting documents attached at end of section)

**DOD IG Observation R:** The mentoring of ANSF medical personnel by coalition ETT, PMT, and ISAF OMLT personnel was seriously hampered by their inadequate training. This occurred because USCENTCOM and ISAF had not established the requirement for, nor had the U.S. Army Chief of Staff developed, comprehensive pre-deployment training in medical mentoring that emphasized, among other issue areas, the cross-cultural context in Afghanistan. Further, CSTC-A had not developed an in-country mentoring orientation program for medical ETT and PMT personnel.

**DOD IG Recommendation R.1:** Commander, U.S. Central Command and the Chairman of the Joint Chiefs of Staff, in Coordination with the Commander, North Atlantic Treaty Organization-International Security Assistance Force, establish a requirement for the comprehensive medical pre-deployment and in-country training for the medical mentors supporting Coalition efforts in Afghanistan.

**USCENTCOM Response:** Concur. The pre-deployment and in country training and transition programs for US medical ETT Forces are currently established at Fort Riley and further implemented via a right seat/left seat policy upon deployment in Afghanistan with CSTC-A Command Surgeon oversight. There is now a full day of medical ETT and PMT training with curriculum developed by CDHAM and approved by CDR, CSTC-A at Fort Riley.

**CSTC-A Response R.1:**

- CSTC-A CONCURS.

**DOD IG Recommendation R.2:** The Assistant Secretary of Defense for Health Affairs, in coordination with the Under Secretary of Defense for Personnel and Readiness and using the assets of the Military Health System and Center for Disaster and Humanitarian Assistance Medicine at the Uniformed Services University for the Health Sciences, develop and implement

comprehensive medical pre-deployment training for the medical mentors deploying to Afghanistan that meets the requirements of the Commander, U.S. Central Command

**USCENTCOM Response:** Concur.

**CSTC-A Response R.2:**

- CSTC-A CONCURS.

**DOD IG Recommendation R.3:** The Secretary for the Army, through the Commander, 1<sup>st</sup> Infantry Division, implements the medical pre-deployment training developed by the Assistant Secretary of Defense for Health Affairs for the medical mentors deploying to Afghanistan.

**USCENTCOM Response:** Concur. CDR CSTC-A in coordination with CSTC-A Surgeon and Commander 1<sup>st</sup> Infantry Division and CDHAM has developed a comprehensive training program for deploying Afghanistan ETTs.

**CSTC-A Response R.3:**

- CSTC-A CONCURS with comments on corrective actions taken.

**DOD IG Recommendation R.4:** Commander, Combined Security Transition Command Afghanistan, develop and implement an in-country mentoring orientation for medical mentors that describes and clarifies current mentoring practices, the Afghan National Security Forces medical development objectives and priorities, and meets the requirements of the Commander, U.S. Central Command.

**USCENTCOM Response:** Concur with CSTC-A Response.

**CSTC-A Response:**

- CSTC-A PARTIALLY CONCUR.
- CSTC-A Command Surgeon established an ongoing full day of training which has been injected into the curriculum at Fort Riley. This program began 2 months ago and will recur with each graduating class. The training was outlined by the Command Surgeon's office, curriculum was developed by CDHAM, and the instructors are both past Afghan mentors (one PMT, and one ETT).
- An ETT teleconference concerning logistics, finance and other issues is held every other week for training and as a venue for questions.
- An ETT strategic teleconference is held for ETT leads is held every other week (on the alternate week of the preceding topic).
- The Surgeon General will perform his own orientation process for incoming ETT's.
- CSTC-A Command Surgeon has been successful in mandating a 7 to 10 day overlap in incoming and outgoing ETT's as the single most important determinant in continuation of continued mentoring success and prevention of loss of momentum.
- CSTC-A Command Surgeon developed a doctrinal ETT handbook which is distributed to each incoming ETT.

- Each outgoing ETT member is tasked with constructing an exhaustive continuity book for provision to his replacement.
- CSTC-A has instituted an ETT sponsorship program between incoming ETT members and their outgoing counterparts.
- CSTC-A Command Surgeon and Deputy Surgeon visit each regional hospital ETT on a quarterly basis for training and supervision.
- Institution of quarterly traveling week long trauma seminar to the four regional hospitals consisting of NMH ETT specialists (General Surgery, Emergency Medicine, Anesthesiology, Critical Care) who will travel and teach with their Afghan mentees. First such seminar was two months ago.
- CSTC-A Command Surgeon also instituted a biannual 4 day ANA Leadership Conference (last one Feb 2008, next one planned for early October). The Team Leads and Chief Nurses from the regional hospitals as well as the ANA Corps Surgeon mentors from each of the 5 regions (along with their mentees) come to Kabul for training and cross pollination of ideas.

**DOD IG Observation S:** U.S. Navy and U.S. Air Force medical personnel practices in Afghanistan restrict relocation of medical ETT and PMT personnel assigned in ad-hoc status (formally known as “in-lieu-of”) from the location and functional billet to which each service member was originally assigned. Further, many medical mentoring teams were not fully manned, particularly those assigned to work with ANP.

This occurred because U.S. Navy and U.S. Air force medical personnel practices have not evolved to meet the changing situation in Afghanistan and CSTC-A has requested Joint Staff and the U.S. Joint forces Command to move slowly in filling PMT medical mentoring billets.

**DOD IG Recommendation S.1:** The Surgeon General of the Navy change Joint Force and Ad-hoc medical personnel practices within the U.S. Navy to ensure that the Combined Security Transition Command-Afghanistan Command Surgeon has the maximum flexibility necessary to assign Naval personnel where needed to accomplish the medical mentoring mission in Afghanistan.

**USCENTCOM Response:** Concur.

**CSTC-A Response S1:**

- **CSTC-A CONCURS.**

**DOD IG Recommendation S.2 :** The Surgeon General of the Air Force change the Joint Force and Ad-hoc medical personnel practices within the U.S. Air Force to ensure that the Combined Security Transition command-Afghanistan Command Surgeon has the maximum flexibility necessary to assign Air Force personnel where needed to accomplish the medical mentoring mission in Afghanistan.

**USCENTCOM Response:** Concur.

**CSTC-A Response S.2:**

- **CSTC-A CONCURS.**

**DOD IG Recommendation S.3.a:** Commander, Combined Security Transition Command-Afghanistan develop and implement an in-country tracking system to identify medical mentor personnel that are not appropriately trained and utilized and billets that are not filled in medical Embedded Training teams and Police Mentoring Teams.

**USCENTCOM Response:** CSTC-A corrective action has been taken. In addition there is an un sourced RFF for Police Mentor Teams across all functional lines of operation, this is not specific to medical personnel.

**CSTC-A Response S.3.a:**

- **CSTC-A PARTIALLY CONCURS** with comments on corrective action taken.
- As noted in our last response the CSTC-A Surgeon's office is tracking its ETT personnel. An Operations Officer was added to our staff approximately one month ago which will further increase the fidelity of this tracking. Except for JMD and the ETT's associated with the Central and the 4 regional hospitals, all other ETT's are mentoring at the Corps and below level.

**DOD IG Recommendation S.3.b:** Commander, Combined Security Transition Command Afghanistan informs the U.S. Central Command of deficiencies identified by the tracking system and request appropriate remedies.

**USCENTCOM Staff Response:** Concur with CSTC-A comments below.

**CSTC-A Response S.3.b:**

- **CSTC-A CONCURS.**
- CSTC-A participates in monthly CENTCOM VTC.
- CSTC-A has added a new Army O-6 (August of 08) who has been tasked with tracking and optimizing the status of our mentors. He has established contact with the offices in charge of request for forces (RFF) for each service and retains close contact with each office.

**DOD IG Observation T:** Specific, prioritized medical objectives had not been developed for providing mentoring support to ANA and ANP. In addition, it was not evident that mentoring priorities had been synchronized with the appropriate levels of ANA and ANP medical leadership and actionable information had been developed on the difficulties with medical logistics, manpower, training, and readiness.

This occurred because the CSTC-A Command Surgeon has not developed a comprehensive, detailed, and integrated multi-year medical mentoring plan that prioritizes and synchronizes mentoring efforts; coordinates those efforts within CSTC-a, between CSTC-a and Task Force Phoenix, and between CSTC-A and ISAF; and links together strategic, operational, and tactical mentoring steps required in the mentoring plan.

**DOD IG Recommendation T.1:** Commander, Combined Security Transition Command-Afghanistan develop and implement a comprehensive, detailed and integrated multi-year medical mentoring plan that prioritizes and synchronizes mentoring efforts; coordinates those efforts within the Combined Security Transition Command-Afghanistan, between the Combined Security Command-Afghanistan and Task Force Phoenix, and between the Combined Security Transition Command-Afghanistan and the North Atlantic Treaty Organization-International



Security Force; and links together strategic, operational, and tactical mentoring steps required in the mentoring plan.

**USCENTCOM Response:** Concur with CSTC-A comments below. Challenges remain that are inherent in the NATO command construct with multiple national caveats and command authorities that constrain CSTC-A's ability to direct priorities and training standards within the ISAF deployed forces. The CSTC-A Campaign Plan is published for all to synchronize their lines of operation, priorities, engagement and training efforts with regards to ANSF.

**CSTC-A Response T.1:**

- CSTC-A CONCURS with comments on corrective actions ongoing.
- CSTC-A strategic planning offsite scheduled for 15 September 2008.
- CSTC-A CJ-Med has conducted weekly planning sessions for the last two years with North Atlantic Treaty Organization-International Security Force medical teams.
- CSTC-A participates and presents at biannual North Atlantic Treaty Organization-International Security Force medical team strategic planning conference. The last conference was held in JUL 2008.
- CSTC-A participates in monthly CSTC-A/TF 101 (includes TF Phoenix) synchronization and strategic planning meeting.
- Weekly tactical contact with Task Force Phoenix instituted July 2008.
- In accordance with its operational order and other directives, CSTC-A Surgeon's Office utilizes the Program Management Plan (PMP) compiled by CDHAM to aid in planning.

This 133 page document looks extensively at 3, 5, and 10 year Afghan healthcare mentoring goals and potential strategies for their attainment - will be completed 15 September 2008.

**DOD IG Recommendation T.2:** Commander, Combined Security Transition Command-Afghanistan share this medical mentoring plan with the North Atlantic Treaty Organization-International Security Force, and in coordination with the Commander, United States Central Command, with the North Atlantic Treaty Organization Allied Command Operations to develop synchronized medical mentoring between Combined Security Transition Command-Afghanistan

Embedded Training Teams and Police Mentoring Teams and the North Atlantic Treaty Organization-International Security Assistance Force Operational Mentoring and Liaison Teams.

**USCENTCOM Response:** Concur. The establishment of COMUSFOR future will further synchronize ISAF unity of effort.

**CSTC-A Response T.2:**

- CSTC-A CONCURS.

**DOD IG Recommendation T.3:** Commander, Combined Security Transition Command-Afghanistan establish internal coordination and synchronization procedures on a weekly basis within the Combined Security Transition Command-Afghanistan, between the Combined

Security Transition Command-Afghanistan and Task Force Phoenix, and between the Combined Security Transition Command-Afghanistan and the North Atlantic Treaty Organization-International Security Assistance Force to achieve unity of effort during the implementation of the mentoring plan.

**USCENTCOM Response: Ongoing.**

**CSTC-A Response T.3:**

- **CSTC-A CONCURS.**

**DOD IG Recommendation T.4:** Commander Combined Security Transition Command-Afghanistan establish a process by which the Afghan National Army and the Afghan National Police report medical readiness results and issues within their organizations, and coordinate the results with the Combined Security Transition Command-Afghanistan, Task Force Phoenix, and the North Atlantic Treaty Organization-International Security Assistance Force to identify and correct Afghan National Army and Afghan National Police medical problems.

**USCENTCOM Response: Concur. Ongoing efforts by the ANSF medical leadership in synchronization with CSTC-A SG.**

**CSTC-A Response T.4:**

- **CSTC-A CONCURS with comments on corrective action taken.**
- Daily reports of readiness data (i.e. bed status, blood available, etc.) are received from the regional hospitals (RH), collated and reviewed at a weekly (since June 2008) MEDCOM emergency operations center (EOC) meeting. This information is forwarded to the Afghan National Military Command Center (NMCC). This process will be much further improved by the planned implementation this year of the health information management system (HC Standard) between NMH and the RH's. CSTC-A personnel are present at all of these briefings. HC Standard also has the capability to generate reports which can be forwarded to CSTC-A, ISAF, CENTCOM. Reported information can be tailored to address medical readiness objectives in accordance with the SY Action Plan and the Program Management Plan (PMP).

**DOD IG Observation U:** The ANA Logistics Command (a non-medical organization) has not demonstrated effective requisition and delivery capacity necessary to support ANA medical logistics support for combat operations. This occurred because the ANA Logistics Command has not yet developed adequate effectiveness in the management of logistics functions.

**DOD IG Recommendation U:** Commander, Combined Security Transition Command Afghanistan advise the Ministry of Defense and the Afghanistan National Army General Staff that Supply Class VIII medical logistics should remain under the control of the Afghanistan National Army Surgeon General.

**USCENTCOM Response: Non-concur. Afghanistan leadership decision now inculcated into the strategic framework and development plan.**

**CSTC-A Response U:**

- **CSTC-A NON-CONCURS.**

- Ministry of Defense leadership decided to employ one single logistics framework, through which all logistics, including medical special supplies, pharmaceuticals and equipment will have a supply channel. This reflects the desire of Afghan MoD to focus efforts on the development of one capable logistics system that is more mature than a separate medical logistical system.

**DOD IG Observation V:** ANSF medical leadership was not clear as to the CSTC-A policy on the integration of ANA and ANP medical functions into a common ANSF medical corps. Further, ANSF force structures were not conducive to providing effective health care within an integrated ANSF health care system.

This occurred because CSTC-A had not established and conveyed a clear position on the integration of medical functions within ANA and ANP into a common ANSF medical corps, and because CSTC-A, the Ministry of Defense, and the Ministry of Interior had not concurred on a common position.

**DOD IG Recommendation V.1:** Commander, Combined Security Transition Command-Afghanistan develop and implement a comprehensive integration and implementation plan to

establish a common Afghan National Security Forces medical corps comprised of the medical functions of the Afghan National Army and the Afghan National Police. This plan should be based on the elements developed by the Center for Disaster and Humanitarian Assistance Medicine, and should include facility construction, logistical support, and civilian partnerships for staffing and management. United States government funds should be expended to support only an integrated health care system, as opposed to separate Army and Police systems.

**USCENTCOM Response:** Concur.

**CSTC-A Response V.1:**

- CSTC-A PARTIALLY CONCURS.

**SY 1386 Contributions**

- CJ Surgeon will continue to oversee the development of both the ANA and ANP medical functions.
- CSTC-A agrees that a single ANSF Healthcare System is desirable, however cannot accomplish this without a full court press on Afghan political leadership by the United States government and the International Community.

**DOD IG Recommendation V.2:** Commander, Combined Security Transition Command Afghanistan develop and implement a medical mentoring plan to advise and assist the Ministries of Defense and Interior, and the Surgeons General of the Afghan National Army and Afghan National Police on the strategy, effectiveness, sustainability, and economic benefits of unified force structures for providing effective health care and for building an integrated Afghan National Security Forces Medical corps.

**USCENTCOM Response:** Concur.

**CSTC-A Response V.2:**

- CSTC-A CONCURS.

- Readdress the need for one ANSF Healthcare System with Senior MOD and MOI leadership.
- In the last answers to this DoD IG it was noted that the ANP Surgeon General Leadership was ineffective, non-responsive to mentoring and focused on providing clinical care to his one clinic beneficiary population versus serving as the leader of a healthcare system. Three months ago he was replaced with a new SG who appears to be much more interested in integration, and more receptive to mentoring.

**DOD IG Recommendation V.3:** Commander, Combined Security Transition Command Afghanistan develop and implement procedures to collect and track Afghan National Army and

Afghan National Police battle casualties from the point of wounding through rehabilitation and return to duty. These procedures should include all patients admitted to all Afghan National Army hospitals by beneficiary category to ensure Afghan National Police personnel have access to appropriate care. They should also clarify the degree of shared facility use between the Afghan National Army and the Afghan National Police.

**USCENTCOM Response:** Concur with CSTC-A actions below.

**CSTC-A Response V.3:**

- CSTC-A CONCURS with corrective actions taken.

**CSTC-A has adopted a three phased multi-year approach to this recommendation:**

1. Three years ago CSTC-A began to collect data on admission and disposition of ANSF patients broken down by service (ANA, ANP, civilians), type of injury/illness, and medical treatment facility. This research in support of systems development and force structure requirements is ongoing.
2. Fielded (or in the process of being fielded) systems in support of the above analysis include implementation of communications (radios, automated systems) with the military health care system this year. Additionally the ANA has fielded initial medevac capability (first mission 6 months ago) and is currently fielding a ground ambulance fleet (over 1000 urban and tactical ambulances. 100 have been distributed thus far. The remainders are scheduled for delivery by January of 2009).
3. Associated doctrine, policies and training to govern the above process have been or are currently being written for final completion this fiscal year.

**DOD IG Observation W:** Inadequate long-term joint planning, coordination and engagement by the U.S. Mission – Kabul, CSTC-A and ISAF is limiting the development of key Afghan civilian health care system capabilities needed to support the ANSF. Some planning in this area had been developed by DoD elements, but implementation of these plans has been limited. Further, U.S. Government resources have not been effectively marshaled to build partnerships between Afghan civilian and military institutions in the health care sector.

This occurred because USCENTCOM and CSTC-A have not developed a comprehensive, integrated, multi-year plan, in coordination with the U.S. Mission-Kabul, ISAF, and the relevant Afghan ministries, to build strategic medical partnerships that support broad reconstruction of the health sector. In addition, there is no single focal point for accomplishing U.S. government health care goals in Afghanistan, and an interagency forum to coordinate the implementation of U.S. government health sector reconstruction activities has not been formed.

**DOD IG Recommendation W.1.a:** The Commander, U.S. Central Command, in cooperation with the U.S. Mission-Kabul; the Assistant Secretary of Defense for Health Affairs; the Commander, Combined Security Transition Command-Afghanistan; and the North Atlantic Treaty Organization-International Security Assistance Force develop and implement a comprehensive, integrated, multi-year plan to build strategic partnerships. These would be forged with other U.S. Government agencies, academic partners, international and non-governmental organizations, and key Afghan government ministries with the goal of fostering the development of an integrated Afghanistan National Security Forces health care system and civilian health care system capabilities that adequately complement the Afghanistan National Security Forces health care system.

**USCENTCOM Response:** Concur. The ASD (HA) in concert with the CENTCOM Surgeon recommended the establishment of a health attaché position at U.S. Mission-Kabul to synchronize and focus the interagency health sector activities in support of the civilian health care system Afghanistan. The US Ambassador, Afghanistan did not support. Recommend U.S. Embassy Kabul re evaluate the decision on the health attaché position and be given the lead for all U.S. sponsored civilian health care development with regards to the MoPH in Afghanistan.

**CSTC-A Response W.1.a:**

- CSTC-A CONCURS.

**DOD IG Recommendation W.1.b:** The Commander, U.S. Central Command, in coordination with the U.S. Mission – Kabul; the Assistant Secretary of Defense for Health Affairs; the Commander, Combined Security Transition command Afghanistan; and the North Atlantic Treaty Organization-International Security Assistance Force develop and implement a multiyear plan to increase collaborative interaction with the Ministries of Public Health and Higher Education to plan and implement new training programs for nurses, enlisted technicians, and medical specialties needed within the Afghanistan National Security Forces medical corps, and to leverage U.S., North Atlantic Treaty Organization-International Security Force partner country and Afghanistan-based training

**USCENTCOM Response:** Concur with CSTC-A action plan.

**CSTC-A Response W.1.b:**

- CSTC-A CONCURS.
- CJ Surgeon has crafted a 1-year advance medical technician (licensed professional nurse) program for 30-45 students to increase the nursing pool within ANA. This program, the Allied Health Professional Institute (AHPI) is scheduled to begin its first class on 1 October 2008. The curriculum has been developed. All materials have been translated into Dari. All equipment has been purchased and is undergoing installation.
- Temporary housing has been provided which is managed by the ANA. Permanent billeting is scheduled (construction planned to begin next spring).
- Continue work on Tashkil per CSTC-A Tashkil tasker. Refine Tashkil to match education, growth, training and specialty need annually (revisions takes force at the beginning of the solar year in March).

**DOD IG Recommendation W.1.c:** The Commander, U.S. Central Command, in coordination with the U.S. Mission – Kabul; the Assistant Secretary of Defense for Health Affairs; the Commander, Combined Security Transition command Afghanistan; and the North Atlantic Treaty Organization-International Security Assistance Force identify, access, and leverage subject matter experts and existing DoD efforts and those of other U.S. Government, international, and private sector organizations (such as the Department of State, the Department of Health and Human Services, and the U.S. Agency for International Development) to promote:

- Development of a sustainable integrated Afghanistan National Security Forces health care system
- Improved civilian medical education and public health systems
- Development of civilian health care system capabilities that adequately complement the Afghanistan National Security Forces health care system
- U.S. Mission-Kabul, Combined Security Transition Command-Afghanistan Command Surgeon, and North Atlantic Treaty Organization-International Security Assistance Force efforts to implement these goals

**USCENTCOM Response:** Concur with the CSTC-A action plan with further emphasis placed on the development of training programs for anesthesiologists, and psychiatrists within the ANSF Healthcare System Mission.

**CSTC-A Response W.1.c:**

- CSTC-A CONCURS with comment on corrective actions taken.
- ANSF Allied Health Professions Institute is under development. Radiology, Laboratory, Ultra-sound and Advanced Medical Technicians programs are targeted.
- Curriculum developments are completed as of July 08. Future collaborations with MOPH and MOE pending.
- First develop AHPI for ANSF then review opportunities to collaborate with other agencies.
- ANA and Kabul Medical University (Ministry of Higher Education) has a current medical education partnering agreement with students actively attending medical school and ANA MEDCOM residencies.
- As noted in the last IG response, there is yet no training programs for Obstetricians/Gynecologists, anesthesiologists, and psychiatrists in Afghanistan. Out of scope for the ANSF Healthcare System Mission of CSTC-A.

**DOD IG Recommendation W.2 .a:** The Assistant Secretary of Defense for Health Affairs prepare, in coordination with the Under Secretary of Defense for Policy, the Under Secretary of Defense (Comptroller)/Chief Financial Officer, and the Assistant Secretary of the Army (Financial Management & Comptroller), an Afghanistan Security Forces Fund spending plan that includes a separate medical budget category and submit to the United States Congress to request appropriated funding for building and improving civilian Afghan health care systems that adequately complement and support the Afghanistan National Security Forces health care system.

**USCENTCOM Response:** Non-concur. Recommend this be a DOS lead effort vice DOD. Civilian health care is not in the scope of the CSTC-A mission.

**CSTC-A Response W.2.a:**

- CSTC-A PARTIALLY CONCURS.
- Civilian Health Care is out of scope of CSTC-A mission.

**DOD IG Recommendation W.2 .b:** The Assistant Secretary of Defense for Health Affairs develop a U.S. -based health sector reach back support office within the Department of Defense, in coordination with the Chairman of the Joint Chiefs of Staff and the Commander, United States Central Command, to identify, access, and leverage subject matter experts and future DoD efforts and those of other U.S. Government, international, and private sector organizations (such as the Department of State, the Department of Health and Human Services, and the U.S. Agency for International Development) to promote:

- Development of a sustainable integrated Afghanistan National Security Forces Care system
- Improved civilian medical education and public health system care
- Development of civilian health care system capabilities that will support the Afghanistan National Security Forces health care system development
- U.S. Mission-Kabul, Combined Security Transition Command-Afghanistan Command Surgeon, and North Atlantic Treaty Organization-International Security Assistance Force efforts to implement these goals

**USCENTCOM Response:** Concur within the scope of the DoD mission.

**CSTC-A Response W.2.b:**

- CSTC-A PARTIALLY CONCURS.
- Civilian Health Care out of scope of CSTC-A mission.

**DOD IG Recommendation W.2.c:** The Assistant Secretary of Defense for Health Affairs recommend to interagency counterparts the establishment of a U.S.-based health sector reach back support office which would coordinate all U.S. government health sector reconstruction activities in Afghanistan.

**USCENTCOM Response:** Concur.

**CSTC-A Response W.2.c:**

- CSTC-A CONCURS.

**DOD IG Recommendation W.3 .a:** Commander, Combined Security Transition Command-Afghanistan develop and implement a tracking system, in coordination with the Ministers of Defense and Interior, to ensure Afghanistan National Security Forces medical personnel trained for specialty medical tasks are appropriately utilized in Afghanistan National Security Forces health care positions.

**USCENTCOM Response: Concurs if implemented within the scope of the CSTC-A mission. The ANA and ANP Surgeons duties and responsibilities must be recognized and the Afghanistan leadership empowered.**

**CSTC-A Response W.3.a:**

- **CSTC-A CONCURS with comment on corrective actions ongoing.**
- The MoD has identified combat medic as an intensively managed MOS. In August of 2007, the Surgeon General, secondary to CSTC-A mentoring, reported problems with inappropriate use of trained personnel to the MoD. A subsequent directive (December 2007) from the MoD stated that this MOS must not be mal-assigned and tasked his Chief of Staff (CoS) to periodically monitor the situation to assure compliance.
- Similarly, CSTC-A is supporting staff development visits within the MOI to periodically assess appropriate assignment of trained Trauma Assistance Personnel (TAP)—combat medic equivalent
- In March 2008 CSTC-A conducted 100% inventory of authorizations of ANA medical personnel
- CSTC-A subsequently evaluated and redefined all medical occupational specialties (MOS, ASI)
- Plan for SY 1308 is to formulate a management plan for each medical specialty within the ANA

**DOD IG Recommendation W.3.h: Commander, Combined Security Transition Command-Afghanistan alert Minister of Defense and Minister of Interior medical leadership when medical personnel trained for specialty medical tasks are not being appropriately utilized in Afghanistan National Security Forces health care positions and Advise that these practices be curtailed.**

**USCENTCOM Response: Concur.**

**CSTC-A Response W.3.h:**

- **CSTC-A CONCURS.**

### GENERAL COMMENTS

**Please change all references to CJTF-101 which are shown as Joint Task Force to Combined Joint Task Force. There is a huge difference between these two designations and the only way 101 should be referred to in AFG is as the Combined Joint Task Force – 101.**



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# **Appendix I. Report Distribution**

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Commander, U.S. Joint Forces Command  
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Comptroller of the United States  
Office of Management and Budget  
Administrator, U.S. Agency for International Development

## **North Atlantic Treaty Organization**

Commander, North Atlantic Treaty Organization-International Security Assistance Force

## **Congressional Committees and Subcommittees, Chairman and Ranking Minority Member**

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Senate Subcommittee on Defense, Committee on Appropriations  
Senate Committee on Armed Services  
Senate Committee on Foreign Relations  
Senate Committee on Homeland Security and Governmental Affairs  
House Committee on Appropriations  
House Subcommittee on Defense, Committee on Appropriations  
House Committee on Armed Services  
House Committee on Oversight and Government Reform  
House Subcommittee on Government Management, Organization, and Procurement  
House Subcommittee on National Security and Foreign Affairs  
House Committee on International Relations

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