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

[The following are excerpts from the *Executive Summary* of the Department of Defense (DoD) Office of Inspector General Report No. SPO-2009-001, Project No. D2008-D000IG-0141.001, October 24, 2008.]

Who Should Read This Report?

Personnel within the Office of the Secretary of Defense, the Joint Staff, the United States Central Command (CENTCOM) 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 (DoD IG) 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 Report No. SPO-2008-001, *Assessment of the Accountability of Arms and Ammunition Provided to the Security Forces of Iraq*, July 3, 2008.

The IG 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

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 that include:

- A logistics organization that is able to procure, receive, store, distribute, maintain, and re-supply its forces
- Maintenance of a sufficient logistical infrastructure
- 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, 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 CENTCOM, 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 [upon which a sustainable ANSF health care system must depend] may not develop. 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 CENTCOM in coordination with U.S. Mission-Afghanistan, Afghan medical leadership, NATO-ISAF, and multiple interagency and international partners need 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 full report for detailed discussions of the observations and recommendations at www.dodig.osd.mil/Audit/reports/.