

A military helicopter, likely a Black Hawk, is shown from a low angle, hovering in a dusty, overcast sky. Below the helicopter, several soldiers in full combat gear are positioned on a rocky, desert floor. The scene is hazy with dust or smoke in the air, suggesting a recent landing or extraction. The overall tone is somber and operational.

IMPROVING CASUALTY EVACUATIONS IN UN PEACEKEEPING:

**MINUSMA's Experience
of Decentralizing Launch Authority**

RECOGNIZE. PREVENT. PROTECT. AMEND.

January 2022

T +1 202 558 6958

E comms@civiliansinconflict.org

civiliansinconflict.org

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Cover:

August 9, 2018, Gao region, Mali:
Members of the Canadian medical team conduct an evacuation exercise.

Credit: MINUSMA/Marco Dormino

ORGANIZATIONAL MISSION AND VISION

Center for Civilians in Conflict (CIVIC) is an international organization dedicated to promoting the protection of civilians in conflict. CIVIC envisions a world in which no civilian is harmed in conflict. Our mission is to support communities affected by conflict in their quest for protection and strengthen the resolve and capacity of armed actors to prevent and respond to civilian harm.

CIVIC was established in 2003 by Marla Ruzicka, a young humanitarian who advocated on behalf of civilians affected by the war in Iraq and Afghanistan. Honoring Marla's legacy, CIVIC has kept an unflinching focus on the protection of civilians in conflict. Today, CIVIC has a presence in conflict zones and key capitals throughout the world where it collaborates with civilians to bring their protection concerns directly to those in power, engages with armed actors to reduce the harm they cause to civilian populations, and advises governments and multinational bodies on how to make life-saving and lasting policy changes.

CIVIC's strength is its proven approach and record of improving protection outcomes for civilians by working directly with conflict-affected communities and armed actors. At CIVIC, we believe civilians are not "collateral damage" and civilian harm is not an unavoidable consequence of conflict — civilian harm can and must be prevented.

ACKNOWLEDGEMENTS

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ACRONYMS

AAR: After-Action Review

AMET: Aeromedical Evacuation Team

CASEVAC: Casualty Evacuation

DMS/CMS: Director of Mission Support/Chief of Mission Support

EUTM: European Union Training Mission

GATA: Ground-to-Air Threat Assessment

GPS: Global Positioning System

HoM: Head of Mission

HQ: Headquarters

IED: Improvised Explosive Devices

MDSF: Malian Defense and Security Forces

MEDEVAC: Medical Evacuation

MINUSMA: United Nations Multidimensional Integrated Stabilization Mission in Mali

MINUSTAH: United Nations Stabilization Mission in Haiti

MONUSCO: United Nations Organization Stabilization Mission in the Democratic Republic of Congo

MTF: Mobile Task Force

PCC: Police Contributing Country

PECC: Patient Evacuation Coordination Cell

RMO: Regional Medical Officer

SOP: Standard Operating Procedure

SRSG: Special Representative of the Secretary-General

TCC: Troop Contributing Country

T/PCCs: Troop and Police Contributing Countries

TOB: Temporary Operating Base

TOC: Tactical Operations Center

UN: United Nations

US: United States

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MINUSMA/Gema Cortes

December 19, 2018, Mopti region, Mali: For troops patrolling in dangerous areas, the effectiveness of the CASEVAC system is vital.

I. EXECUTIVE SUMMARY

“It’s important we have effective CASEVAC procedures so that when people are wounded, they know they can get evacuated. It is critical to enable our troops to perform. They have to have confidence in the system.”

— MINUSMA civilian official¹

Casualty evacuation, or CASEVAC, is fundamentally about saving the lives of people engaged in or affected by armed conflict. The development of military systems to quickly transport wounded soldiers from the battlefield to a hospital dates back more than 200 years.² Being able to evacuate casualties and provide them with life-saving medical care has become a core capability for modern militaries. UN peacekeeping missions also need effective CASEVAC systems to enable peacekeepers to mitigate risk and undertake their core mandated activities with confidence in more remote and dangerous locations. Chief among these mandated tasks for the UN peacekeeping mission in Mali (MINUSMA) and for several other peacekeeping operations is the protection of civilians from physical violence. If peacekeepers themselves feel unsafe and have doubts about a mission’s ability to provide them with life-saving medical treatment, it inevitably constrains their willingness and capacity to protect local populations. As one military officer noted, “If we fail our troops once, no one will go out.”³

The need for effective CASEVAC processes and advanced medical care is particularly important in multilateral interventions such as UN peacekeeping missions, where nation states deploy their troops and police officers to serve under the command of a multinational body. Because countries that deploy their troops and police officers to UN peacekeeping missions do not usually have direct control over the evacuation of their wounded soldiers, they need to have faith in the ability of the multilateral mission to provide emergency care to injured people in a timely and effective manner. The speed of evacuation and the quality of care provided are critical elements in this process. If countries lack confidence in either aspect, national governments may be unwilling to send their uniformed personnel to support UN missions in the first place or refuse to allow their personnel to conduct certain operations (e.g., outside their operational sectors—see map on page 6).

As UN peacekeeping missions have been deployed to increasingly dangerous and deadly contexts over the past decade, the ability to evacuate wounded personnel to hospitals and provide them with advanced medical care has become more significant. In 2020, the UN updated its policy on casualty evacuations in the field based on lessons learned from these contexts.⁴ The policy emphasizes the 10-1-2 standard for medical care, which stipulates that “immediate life saving measures are applied by personnel trained in first aid within the first 10 minutes of injury/illness onset...; advanced resuscitation/treatment is commenced by emergency medical personnel within 1 hour of injury/illness onset; and damage control surgery is commenced as soon as practicable, but no later than 2 hours after injury/illness onset.”⁵ The 10-1-2 timeframe is difficult to achieve even for advanced militaries, but it is an important goal because faster responses have been proven to save lives. The policy also recommends devolving the decision-making authority to launch CASEVAC operations to the lowest practical level to help expedite medical interventions and achieve the 10-1-2 standard.⁶

The ability to evacuate casualties to hospitals and provide them with adequate medical treatment is especially salient for MINUSMA, which has seen more personnel killed by hostile actors than any other mission in the history of UN peacekeeping.⁷ In 2019, MINUSMA began developing a standard operating procedure (hereafter referred to as “the SOP”) in an attempt to speed up the evacuation of casualties. In line with the UN’s 2020 policy on casualty evacuations in the field, the SOP’s core reform was to decentralize responsibilities for authorizing and managing CASEVAC operations. Rather than having senior officials at Mission Headquarters in Bamako process and authorize every CASEVAC request, the new system is designed to allow senior peacekeepers in Mopti, Timbuktu, Kidal, and Gao to initiate CASEVACs within their operational sectors.

This policy brief examines the impact of MINUSMA’s decentralization of the CASEVAC process on the Mission’s ability to quickly and safely evacuate casualties to medical facilities. The brief begins with a series of recommendations based on CIVIC’s extensive interviews with MINUSMA officials as to how the Mission, the UN Secretariat, Member States, and troop and police contributing countries (T/PCCs) can support MINUSMA’s progress and continue to improve the CASEVAC system. **Section III** details the research methodology. **Section IV** provides a brief background to CASEVAC in UN peacekeeping and explains the 10-1-2 standard for medical care and the evacuation of casualties. **Section V** outlines MINUSMA’s reform of its CASEVAC procedures, including why it was done and how the decentralized system works in practice. **Section VI** identifies how these changes have rendered MINUSMA’s system more effective. **Section VII** highlights some areas for further improvement and contains much of the analysis that substantiates this brief’s recommendations. Finally, **Section VIII** focuses on the evacuations that MINUSMA undertakes for two categories of casualties beyond its own personnel: members of the Malian Defense and Security Forces (MDSF) and Malian civilians.

This brief concludes that the decentralization of launch authority has reduced the potential for delays when evacuating casualties. However, despite several notable improvements and MINUSMA’s ongoing efforts to improve CASEVAC, the Mission is not yet able to consistently achieve the 10-1-2 standard in the operational zones where it should be theoretically possible to do so. This problem is hindering MINUSMA’s ability to effectively protect civilians in the flexible and agile manner outlined in the Mission’s mandate and related adaptation plan. A central pillar of the adaptation plan is the establishment of a Mobile Task Force (MTF) designed to be deployable in multiple sectors. Yet the MTF currently comprises several European national contingents that are unwilling to conduct operations beyond Sector East, where they rely on non-UN capabilities for CASEVAC coverage and medical treatment.

More work needs to be done to enable troop and police contingents to perform the crucial first step of 10-1-2—namely, to accurately request CASEVACs and provide life-saving first aid within 10 minutes of an incident. Achieving this first step will require T/PCCs to put a much greater focus on the pre-deployment training of troops and police officers. The UN Secretariat and MINUSMA should also ensure regular in-mission practice exercises, including table-top simulation exercises. Investing in technological solutions, such as GPS locators to help the Mission and pilots determine the exact location of wounded and ill UN personnel, could also expedite responses. In addition, MINUSMA should consider simplifying its approval procedures, including the “9-LINE report” required to authorize the launch of CASEVAC helicopters.⁸

The Mission should also work with the civilian contractors who operate some of the CASEVAC helicopters to give pilots sufficient confidence that the CASEVAC authorization process will happen quickly. With this assurance, pilots could warm the helicopter’s engine before receiving formal approval. This step alone could allow the Mission to reduce launch times by up to 10 minutes. Furthermore, MINUSMA should refine its processes to enable CASEVAC helicopters to launch without having to wait for nonessential information that can be communicated to the pilot or Aeromedical Evacuation Team (AMET) during the flight. The UN Secretariat and Member States should also work together to improve the standard of care at Level 2 hospitals where Mission personnel are transported.⁹

Sustained leadership is essential to ensure that every CASEVAC operation conducted for MINUSMA personnel is systematically evaluated, that lessons learned are widely shared, and that all stakeholders remain focused on reducing evacuation times and improving patient care. The Mission's focus on trying to make further improvements is already apparent. Two years after decentralizing its CASEVAC procedures, MINUSMA is again reevaluating its system. One proposal under consideration is to create a dedicated team of experts to work exclusively on MINUSMA's CASEVAC operations. This proposed Patient Evacuation Coordination Cell (PECC) would comprise experts recruited specifically for their relevant skills and experience and who would, crucially, have the authority to launch CASEVAC operations without having to consult the Sector Commander or the Head of Office.

In addition to providing analysis and recommendations on how MINUSMA's CASEVAC system can be improved for UN peacekeepers, this brief addresses a dilemma that several UN peacekeeping missions face—whether to evacuate non-UN civilians to hospitals when they have been wounded as the result of conflict-related violence. Per the 2020 UN policy on casualty evacuation in the field, a UN peacekeeping mission must treat and evacuate hostile combatants and civilians injured by UN forces during UN operations.¹⁰ However, there is room for interpretation as to whether peacekeeping missions should evacuate non-UN civilian casualties when they are harmed by other armed actors.

Malian authorities often turn to MINUSMA when wounded civilians need emergency medical treatment because there is no viable alternative. No humanitarian organization in Mali has the aerial capabilities to immediately deploy to distant, high-threat locations to pick up casualties and transport them to a hospital within a few hours. Peacekeeping missions should not, in principle, have to evacuate wounded non-UN civilians. State authorities and certain humanitarian organizations should be providing this service wherever possible. However, in the absence of alternatives, MINUSMA and other UN peacekeeping missions should not hesitate to evacuate wounded non-UN civilians when they have available capabilities and resources.

The evacuation of non-UN civilians by UN peacekeepers is especially important in contexts where peacekeepers are routinely evacuating casualties on behalf of parties to the conflict. Per its mandate, MINUSMA provides considerable CASEVAC support to the Malian Defense and Security Forces (MDSF) and G5 Sahel Joint Force. Providing CASEVAC support to the MDSF and the G5 Sahel Joint Force but not to civilians who have suffered life-threatening injuries as a result of conflict-related violence could significantly damage the Mission's reputation and undermine the credibility of UN peacekeeping in Mali as a people-centered enterprise.¹¹

MINUSMA has laudably evacuated wounded non-UN civilians to hospitals when they have been harmed by other actors. Despite the potentially life-saving role that MINUSMA is playing by providing this service, the decision-making authority to launch evacuations in these circumstances has not been decentralized as outlined in the SOP, which can create delays and confusion. The reluctance to devolve decision-making responsibility for these cases is largely due to the concerns of some individuals within the Mission that MINUSMA does not have an explicit mandate to evacuate non-UN civilians and that decentralizing authority would increase the number of evacuations and costs in a way that cannot be justified to Member States. However, many Mission officials adamantly believe MINUSMA should carry out these evacuations and that decision-making authority should be decentralized.

CIVIC's interviews indicate that the number of requests to evacuate non-UN civilians is low and the Mission usually approves them. As such, decentralizing authority could help save lives and reduce prolonged suffering without significantly impacting the budget. MINUSMA should therefore consider decentralizing authority to initiate evacuations for non-UN civilians harmed by other actors, thus aligning these operations with the Mission's other casualty evacuations. At the very least, MINUSMA should establish a clear and simple decision-making procedure for the evacuation of non-UN civilians affected by conflict-related violence and request sufficient resources in budget proposals to support these limited operations. Member States should approve such requests given the present lack of a viable alternative.

II. RECOMMENDATIONS

To MINUSMA:

- Systematically conduct integrated evaluations after every evacuation of MINUSMA personnel, making sure lessons learned are widely shared throughout the Mission.
- Mission leaders should maintain a consistent focus on improving CASEVAC response times while maintaining safety standards.
- Consider reducing the amount of information required in the form used to authorize a CASEVAC (the “9-LINE report”). This would enable CASEVAC helicopters to launch without having to wait for non-essential information that can be communicated to the pilot or Aeromedical Evacuation Team during the flight.
- Ensure that military contingents and formed police units receive frequent and impromptu CASEVAC practice exercises to ensure they are capable of quickly submitting accurate 9-LINE reports and providing essential first-aid care to casualties.
- Continue conducting training sessions and table-top simulation exercises on CASEVAC for multiple people from each relevant Mission section as well as for officials who deputize for key decision-makers to ensure that all stakeholders are appropriately trained, including those who rotate frequently or provide cover when personnel are on leave.
- Continue to work with the civilian crews who operate the CASEVAC helicopters, with the aim of reaching a point where pilots have sufficient confidence in the expected duration of the decision-making process to be able to warm their engines before receiving final authorization.
- Establish a clear and simple decision-making procedure for the evacuation of non-UN civilians affected by conflict-related violence to reduce the potential for confusion, delays, and unnecessary suffering. The Mission should ensure that the authorization process involves the minimum number of officials possible to reduce the risk of delays and should consider decentralizing authority to initiate evacuations for non-UN civilians harmed by non-UN actors.
- Ensure that Mission budget requests include resources to support limited evacuations for non-UN civilians harmed by conflict-related violence.

To the UN Secretariat:

- Determine how lessons learned from peacekeeping missions’ respective CASEVAC systems could be shared and potentially applied in other mission settings, including elements such as decentralization, table-top simulation exercises, and after-action reviews.
- Develop a realistic roadmap to outline how peacekeeping missions can make progress toward achieving the 10-1-2 standard over the next five years.
- Work with TCCs over the next five years to secure more pledges for units that come with mobile surgical teams. This would help reduce the current dependency many of MINUSMA’s contingents have on CASEVAC helicopters to provide advanced treatment within 60 minutes, and it would thus potentially enable troops to operate in areas that are more than a 20-minute flight away from the nearest Level 2 hospital.
- Assess the possibility of ensuring that every convoy and patrol is equipped with a Global Positioning System (GPS) tracker to make it easier for units to quickly and accurately communicate their location when a CASEVAC is needed.
- The Office of Military Affairs should issue specific requirements when recruiting military officials to manage CASEVAC operations, whether this be as duty officers in Tactical Operations Centers (TOCs) or as members of a PECC. This would help ensure that individuals performing these critical functions have the necessary skills and experience to coordinate with troop contingents and perform well in the role.

- Ensure that staff officers who will be posted to TOCs have received training on the UN's CASEVAC policy, MINUSMA's CASEVAC procedure, and how to use GPS technology to track and manage patrols and convoy units. All of this knowledge should be tested in pre-deployment evaluations.
- Consider establishing a UN international faculty of military doctors or trauma care specialists to mentor, assess, and enhance the skills of medical practitioners before they deploy to field hospitals in peacekeeping missions.

To UN Member States:

- Contribute armed military helicopters to MINUSMA to enhance the Mission's ability to disperse hostile combatants and safely evacuate casualties in higher-risk circumstances. These helicopters should be ready to launch within 30 minutes' notice at all times and have a sufficient range to meet MINUSMA's CASEVAC needs.
- Countries with advanced expertise in military medical treatment that are unwilling or unable to deploy Level 2 field hospitals and other medical facilities in peacekeeping missions should train and equip less-advanced Member States that are willing to deploy such capabilities and are open to receiving expert advice bilaterally. Countries could also help less-advanced Member States maintain the equipment provided. Bilateral partnerships for emergency, trauma, and evacuation care would be especially beneficial. These engagements could help elevate the standards of medical treatment in Level 2 hospitals.
- Call on the Secretary-General to provide frequent updates on progress and challenges associated with shortening CASEVAC timelines and reducing delays.
- Given the lack of viable alternatives and the limited number of non-UN civilian evacuations MINUSMA is requested to conduct, ensure that MINUSMA has resources to undertake this activity.

To Troop and Police Contributing Countries (T/PCCs):

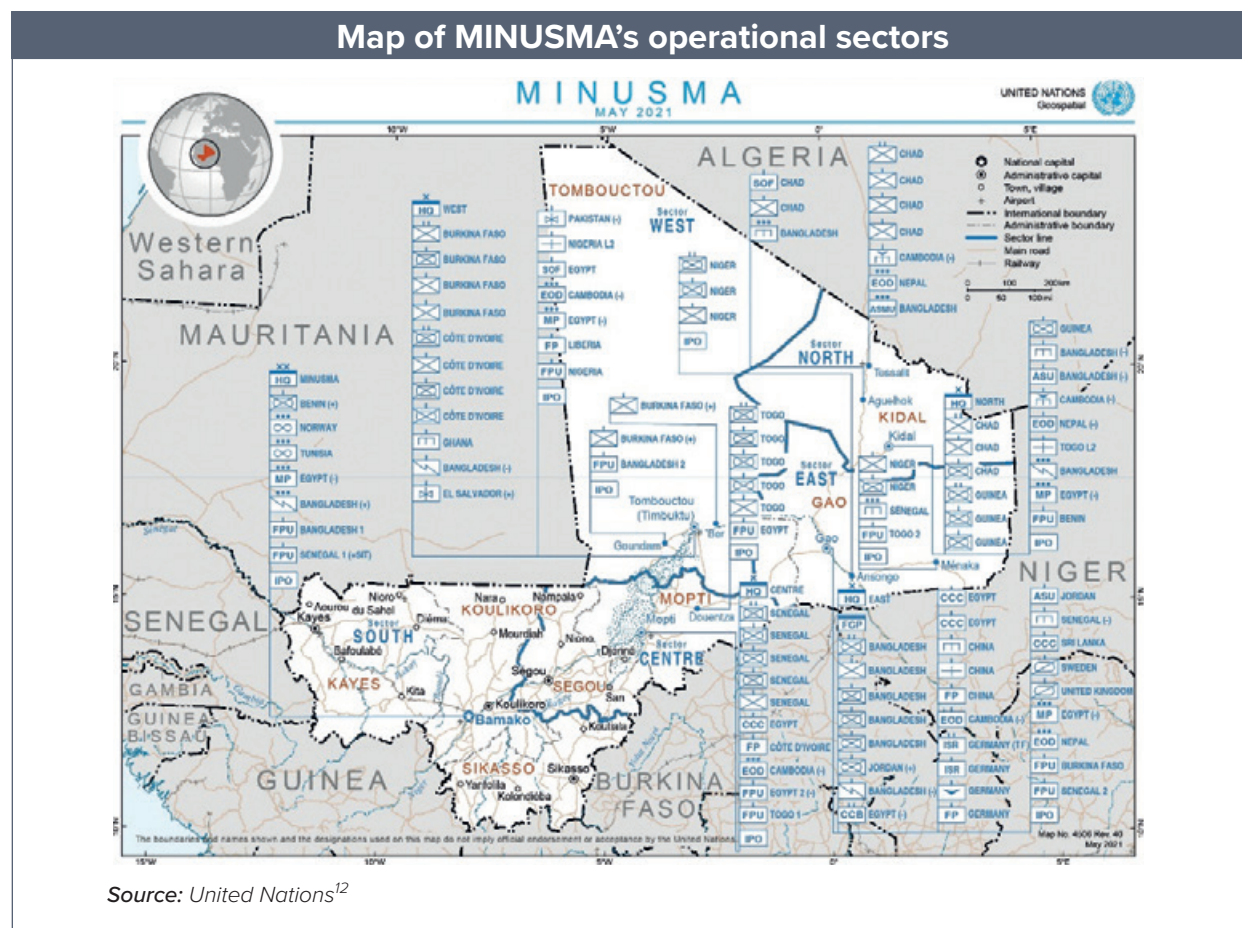
- Ensure that troops and police officials receive intensive training prior to deployment on submitting 9-LINE reports, providing first aid, and clearly conveying information via radios, including ground-to-air communications.
- Verify that personnel selected to work as duty officers in TOCs have the necessary language skills to coordinate with troop contingents as well as receive training on the UN's CASEVAC system and MINUSMA's SOP before deployment.
- Ensure that contingents deploy with the appropriate number of GPS trackers, as outlined in the Memoranda of Understanding agreed upon with the UN. It is also essential to verify before deployment that troops know how to use such equipment.

III. METHODOLOGY

This policy brief is based on research conducted by CIVIC between May 2019 and October 2021. During this period, CIVIC carried out 113 semi-structured interviews in Bamako, Mopti, Gao, Timbuktu, and New York in relation to the decentralization of MINUSMA's CASEVAC system. These interviews included 45 civilian officials, 39 military officials, and 1 police official working at MINUSMA, as well as 2 officials working at the UN Secretariat. CIVIC's research also included interviews with 6 humanitarian actors and 3 MDSF officials in Bamako and Mopti.

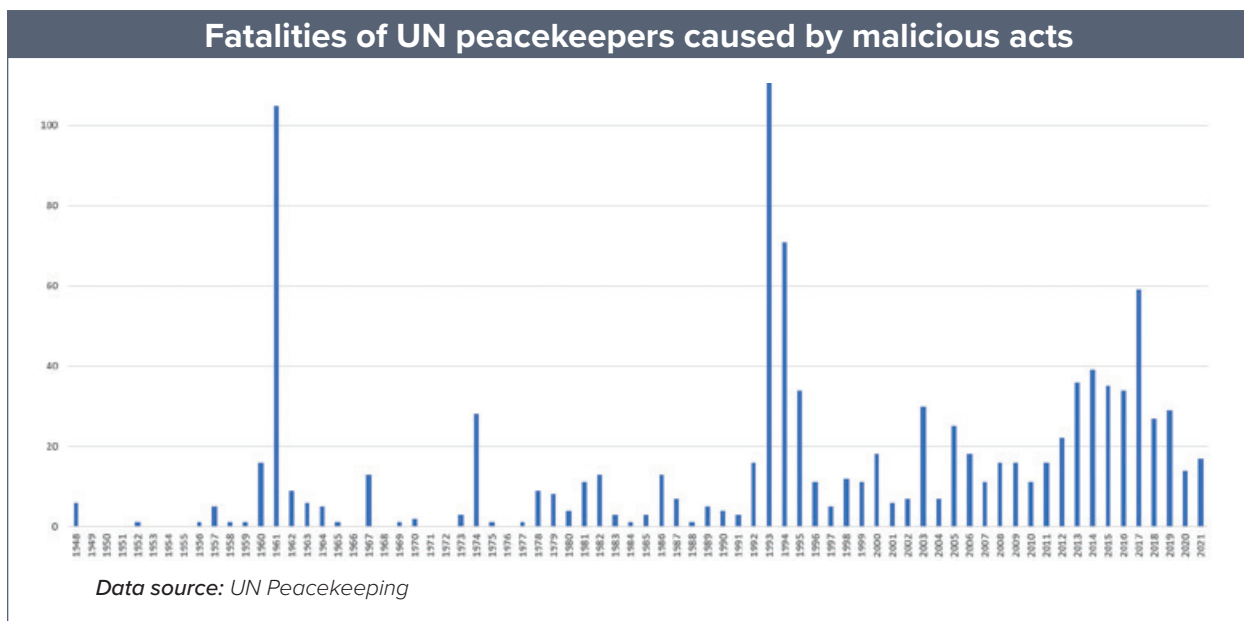
Interviews usually lasted between 60 and 90 minutes. Some individuals were interviewed on multiple occasions for this brief, hence the total number of interviews does not equal the total number of interviewees. Before each interview, CIVIC ensured that participants consented to the anonymous use of their comments in this policy brief.

Footnotes typically specify the location where interviews were conducted, but, in some instances, CIVIC has opted not to disclose this information in order to protect the anonymity of the interviewee. Citations are provided for all interviews that were directly consulted during the drafting of this paper. A draft was shared with key stakeholders for review before publication. MINUSMA provided an official response statement, which is available to read in full on CIVIC's website. CIVIC has also included elements of the Mission's official response in the text of the brief.



IV. BACKGROUND ON CASEVAC IN UN PEACEKEEPING

As UN peacekeeping missions have been deployed to increasingly dangerous contexts over the past decade, the ability to evacuate wounded personnel to hospitals and provide them with advanced medical care has become more significant. Indeed, of the 1,070 people who have been killed due to acts of violence while serving in UN peace operations since 1948, almost 30 percent of fatalities have occurred in the past 10 years alone (see graph below)¹³. It was against this backdrop of rising violence against peacekeepers that, in 2017, the UN commissioned a landmark report: “Improving Security of United Nations Peacekeepers: We need to change the way we are doing business.”¹⁴



The study was led by the retired Lieutenant General Carlos Alberto dos Santos Cruz, who had previously served as the Force Commander of UN peacekeeping missions in Haiti (MINUSTAH) and in the Democratic Republic of the Congo (MONUSCO). The report’s recommendations, several of which pertain directly to CASEVAC procedures and the capabilities of military medical units, have greatly influenced thinking about UN peacekeeping missions.¹⁵ Specifically, the recommendation for Mission leadership to decentralize CASEVAC procedures and enable Sector Commanders to task air assets for evacuation encouraged those within MINUSMA who were advocating for such changes to reduce delays in evacuation.¹⁶

Indeed, of the 1,070 people who have been killed due to acts of violence while serving in UN peace operations since 1948, almost 30 percent of fatalities have occurred in the past 10 years alone.



October 10, 2016, Bamako, Mali: MINUSMA troops participate in a funeral ceremony in honor of two Chadian peacekeepers who were killed during an attack in Aguelhok, Kidal region.

In 2020, the UN released an updated policy on casualty evacuation in the field as part of its wider efforts to improve security in peacekeeping. Notably, the policy endorses dos Santos Cruz's recommendation to move CASEVAC decision-making powers down the command chain.¹⁷ It states that "authority to launch CASEVAC operations will be devolved to the lowest practical level without the need to seek permission from the 'ownership level.'" It does, however, suggest that decentralization may only be appropriate in larger missions where Sector Headquarters have the requisite capabilities to manage CASEVAC operations.¹⁸

The UN policy also differentiates between CASEVACs and Medical Evacuations (MEDEVACs). It defines CASEVAC as "the evacuation of a casualty from the point of injury/illness to the closest appropriate medical treatment facility, utilising the most effective means of transportation. It is a continuum of care that supports a resuscitative process from the point of injury, through evacuation, into surgery, and on to intensive care, when this is required."¹⁹ The policy stresses that the term "casualty" should, in this context, be understood in a limited sense, specifying "...those suffering a trauma injury and those with sudden onset, acute life-threatening conditions requiring immediate expert medical intervention."²⁰ Thus, it does not include people who have less serious ailments that do not require emergency treatment. By contrast, the policy defines MEDEVAC as "the process of evacuation from one medical facility to another. Once a casualty has been admitted to a medical facility, all onward movement for medical purposes is considered to be MEDEVAC."²¹ This policy brief primarily focuses on CASEVAC and not MEDEVAC procedures.

Finally, the policy includes the first formal written guidance from the UN Secretariat to peacekeeping missions as to how they should strive to achieve the 10-1-2 standard in CASEVAC operations. It builds on the Medical Support Manual for United Nations Field Operations adopted by the UN in 2015, which established the standard in UN peacekeeping but did not provide guidance for how to implement it.²²

The 10-1-2 Concept

The UN's adoption of the 10-1-2 standard was an important step in making sure that peacekeeping missions kept pace with lessons learned from other contexts. The 10-1-2 standard originated in the 2011 version of the UK's military doctrine, which sought to reflect some of the developing best practices in medical support.²³

The 10-1-2 framework emphasizes the importance of providing different levels of care as quickly as possible. Empirical evidence has shown that the timeliness of medical interventions is a critical factor in determining patient outcomes. During its recent wars in Iraq and Afghanistan, the US military achieved the highest rate of survival from battlefield injuries in history. Building on anecdotal testimonies reflecting on improvements, a peer-reviewed analysis of medical data for all 56,763 US casualties in Afghanistan and Iraq wounded between October 2001 and December 2017 concluded that three measures were associated with a 44 percent reduction in mortality rates over time.²⁴ One of these measures was the decision made in 2009 by then US Secretary of Defense Robert Gates that the military should be able to transport wounded troops from the point of injury to surgical capability within one hour.²⁵ The authors of the study found that the faster transportation of casualties to surgical facilities, along with the increased use of tourniquets and blood transfusions, significantly increased a patient's chances of survival.²⁶

The UN's 10-1-2 standard

- 10** Immediate life saving measures are applied by personnel trained in first aid. Bleeding and airway control for the most severely injured casualties is to be achieved **within 10 minutes** and a casualty alert message transmitted.
- 1** Advanced resuscitation/treatment is started by emergency medical personnel **within 1 hour** of the patient sustaining injuries or falling ill.
- 2** Damage control surgery, where required, is commenced as soon as practicable, but **no later than 2 hours** of the patient sustaining injuries or falling ill.

Source: The UN's policy on casualty evacuation in the field.²⁷

The US's one-hour standard in Afghanistan was exceptional and would be very difficult for most other military forces to replicate in vast conflict zones.²⁸ Nevertheless, the lessons learned from campaigns in Afghanistan and Iraq led numerous Western militaries to adopt the 10-1-2 standard—which is designed to enable casualties to start surgery within two hours—in their own policies as well as to endorse the standard in NATO operations.²⁹ It was against this backdrop that the UN decided to adopt the 10-1-2 standard in its operations in 2015 as it sought to enhance the medical provisions for its peacekeepers.

Moving closer to the 10-1-2 standard of CASEVAC is important for the safety and security of all peacekeepers and for instilling confidence among all T/PCCs that they can confidently undertake operations that involve risk of casualties. However, reaching this standard may be even more important for European contingents that have already adopted this rule in their domestic military policies and that started increasing their troop contributions to UN peacekeeping missions in 2015, including to MINUSMA. An International Peace Institute study from 2020 cited inadequate medical guarantees as “the greatest barrier to entry for European TCCs” to UN peacekeeping missions. All interviewees for the study “... indicated that medical support that adheres to the 10-1-2 rule—enhanced first aid within ten minutes followed by enhanced field care within one hour and damage-control surgery and acute medicine within two hours—is a prerequisite for deployment to UN missions.”³⁰

V. DECENTRALIZING CASEVAC IN MINUSMA: WHY AND HOW IT WAS DONE

The SOP for Decentralized CASEVAC

In 2019, MINUSMA began developing a new standard operating procedure (SOP) to decentralize the authority for launching CASEVAC operations. This reform sought to reflect the philosophy of “ownership at the highest level and execution at the lowest level” that is outlined in the UN’s CASEVAC’s policy.³¹ The SOP, which took effect in January 2020, explicitly cites MINUSMA’s need to comply with the 10-1-2 standard outlined in the UN’s new CASEVAC policy as part of the rationale for the new procedures.³² Although the 10-1-2 standard was originally designed as a framework to help mitigate risk when planning operations, the Mission has been using the standard over the past two years as a performance target to help accelerate the launch process.³³ Central to this effort has been a simplification of the preexisting procedures, which one military officer described to CIVIC as “unwieldy.”³⁴ Indeed, while the previous SOP, which covered both CASEVAC and MEDEVAC procedures, was 55 pages in length, the decentralized SOP is only 15 pages.

The new SOP reduces the number of criteria that UN officials should apply when determining whether to approve and how to execute a CASEVAC. In the revised SOP, those requiring a CASEVAC now fall into one of two categories—civilian casualties or uniformed casualties— whereas previously there were six such categories.³⁵ As one military officer said to CIVIC in 2019 when the Mission was still using the former SOP, “We always do it, we always get to ‘yes.’ The default is ‘yes.’ So why don’t we make it easier?”³⁶ The importance of simple and concise procedures should not be underestimated, especially given that there are key military posts within MINUSMA into which new personnel rotate every four, six, and twelve months.³⁷

Crucially, the SOP’s decentralization of authority reduces the number of MINUSMA officials needed to authorize a CASEVAC operation to three: the Sector Commander, the local Head of Office, and the Regional Medical Officer, all of whom work in the same regional office. This change has eliminated the need for officials working at the sector level to seek authorization from multiple senior leaders at Mission HQ in Bamako before launching a CASEVAC. Many MINUSMA officials told CIVIC that the process of seeking authorization at Mission HQ had frequently been a principal cause of delays, especially at night and over weekends when senior leaders in Bamako were unlikely to be in their offices and it could take longer to reach them by telephone.³⁸ Authorization could also be delayed because the telecommunications network in a particular sector was down, making it very difficult for regional leaders to contact their colleagues in Bamako. Even without any delays in contacting Bamako-based officials, however, the need to obtain authorization from multiple people used to mean that CASEVACs could take longer.³⁹

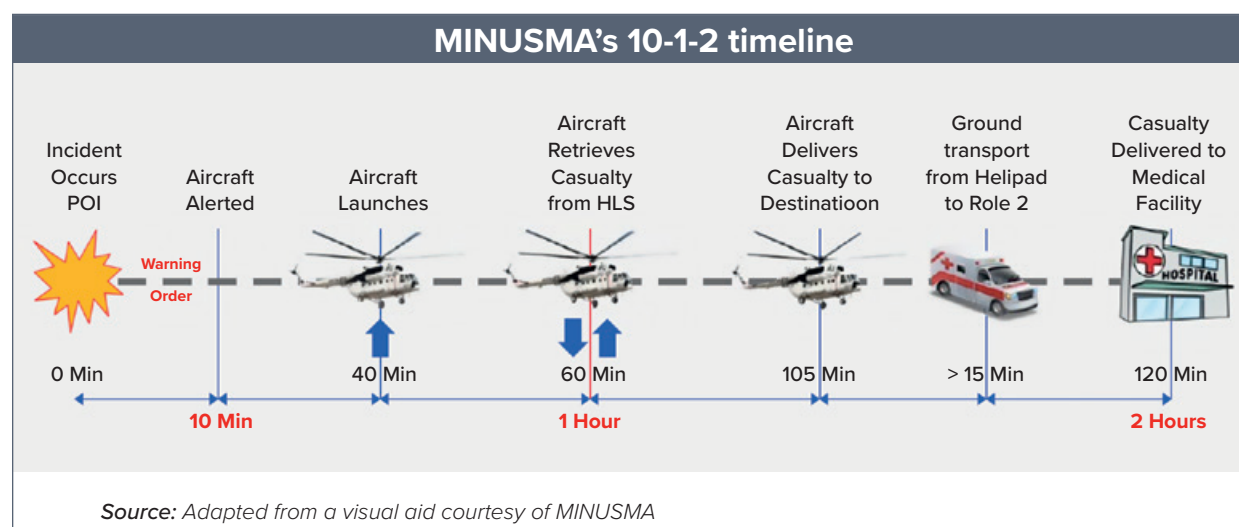
MINUSMA officials told CIVIC that previous attempts to decentralize CASEVAC decision-making had failed or stalled because of a lack of consensus within the Mission leadership on the issue. Heads of Offices and the Force had been pushing for a decentralized CASEVAC system for years.⁴⁰ In particular, several officials highlighted the Force Commander’s enthusiasm for decentralization as a decisive factor in its eventual realization.⁴¹ Additionally, certain MINUSMA officials from countries whose national militaries have highly effective CASEVAC systems contributed critical knowledge and experience during the development of the SOP. They knew from first-hand experience that the quality and speed of care provided to wounded personnel could and should be much better. They were acutely aware that getting an Aeromedical Evacuation Team (AMET) to a casualty 30 minutes earlier could make the difference between life and death. And so they were especially determined that the CASEVAC system reform would succeed.⁴² As one civilian official told CIVIC in relation to the changes, “A lot of things are personality driven in the Mission.”⁴³

A strong focus on training and table-top exercises was essential to the success of the initiative and to reassuring those in Bamako who were apprehensive about ceding decision-making powers to the sectors. An internal After-Action Review (AAR) of the pilot project was conducted by the Mission in Gao region in late 2019. It concluded, “Training was systematically executed and meticulously recorded and can be repeated by new contingents and new staff upon staff rotation/turnover. It was highlighted by all AAR participants that proper training was a key to success.”⁴⁴ MINUSMA rotated the staff members involved in CASEVAC simulation exercises so as to train multiple people from each section and officials who deputize for key decision-makers when the latter are on leave. Since civilian personnel in several field locations systematically have a period of rest and recuperation after every 28 days spent in Mission, training more than one person from each section in every part of the CASEVAC process is essential for maintaining continuity.⁴⁵

How MINUSMA's Decentralized Process Works

MINUSMA's decentralized CASEVAC system requires launch approval from the relevant Sector Commander in the case of a uniformed casualty and from the relevant Head of Office in the case of a civilian casualty. Where there are multiple casualties involving both categories of individuals, the Sector Commander provides launch approval. Uniformed casualties include military and police personnel from MINUSMA as well as any other non-UN uniformed forces operating in Mali (MDSF, G5 Sahel Joint Force, EUTM, and Barkhane). The civilian category relates to “all casualties, who are not considered uniformed personnel. This includes UN civilian personnel, UN international and national staff, UN volunteers, civilian contractors, Malian civilians or any other civilian.”⁴⁶ In delegating authority to the sectors, the SOP makes clear that the responsibility for accepting risk is also devolved to decision-makers in the field. MINUSMA's CASEVAC operations can be performed by various modes of transport, but they are most commonly undertaken by specially equipped helicopters for speed and efficacy. These helicopters are based in various regional hubs across central and northern Mali.

To help MINUSMA achieve its objective of adhering to the UN's 10-1-2 standard, the Mission has developed a timeline (depicted in the infographic below) for its personnel and contingents. Note that the target of providing advanced resuscitation and treatment within one hour depicted in the graphic is not synonymous with the arrival of the AMET helicopter in cases where contingents have embedded mobile medical teams capable of providing such care. However, for contingents that do not have such medical capabilities with them on the ground, MINUSMA has to get its AMET to the casualties within one hour.



According to MINUSMA's SOP, those operating alongside a casualty should aim to accomplish two essential tasks within 10 minutes of an incident occurring. First, they should begin providing first aid to the patient, including, for example, controlling any catastrophic bleeding and securing the patient's airways. Second, those on the ground should request a CASEVAC and communicate the necessary information to a Duty Officer within MINUSMA's Tactical Operations Center (TOC) at the Sector HQ.⁴⁷ This information is typically submitted in the form of a 9-LINE report (so-called because of the nine lines of information required). Among other things, the report includes the precise location of the casualties (in the form of coordinates or military grids), the number of casualties, and the category of each casualty according to the severity of their condition. The most urgent of these—category A patients—are at risk of dying or permanently losing the use of a limb or an eye unless treated within two hours. These casualties are likely to have sustained severe trauma, excessive bleeding, severe burns, heat stroke, or heat trauma, or they may have severed an arm or leg.⁴⁸

MINUSMA has given itself 30 minutes to complete the next stage of the operation, which is the launch of the CASEVAC helicopter. Upon receipt of the request for a CASEVAC, the TOC Duty Officer immediately notifies the Sector Commander, the Head of Office, and the Regional Medical Officer (RMO). The RMO determines the destination for the casualties based on their number, their category, and the available capacity at the nearest regional field hospital (Level 2). The TOC Duty Officer also alerts the Air Region team and G2, the Force's peacekeeping-intelligence branch at the sector level.⁴⁹

The Air Region team comprises civilian personnel and is responsible for managing aviation within its geographical area. Air Region staff members liaise directly with the pilot of the designated CASEVAC helicopter and the medical team that will provide emergency treatment to casualties during flight. As soon as this AMET is informed that a CASEVAC request is imminent or has been made, the pilot and the medical team begin preparing and configuring the helicopter, which contains ventilators, defibrillators, monitors, and various drugs.⁵⁰ At present, MINUSMA mostly relies on private companies to supply unarmed civilian helicopters, as well as the pilots and paramedics who perform these evacuations.

As the pilot and medical team prepare the helicopter, G2 officers produce a Ground-to-Air Threat Assessment (GATA), which assesses the risks the helicopter and the AMET may encounter from hostile groups at the proposed landing site. This assessment enables Mission leaders to make an informed decision about whether they are prepared to accept the security risks associated with the requested CASEVAC.⁵¹ The GATA forms part of the overall Aviation Risk Management document, which is prepared by the Air Region team and considers safety-related aspects of the evacuation such as the prevailing weather conditions and aircraft endurance. Before departure, a member of the Air Region team briefs the relevant information to the pilot, who can also judge whether it is safe enough to fly.⁵²

To recap: according to MINUSMA's timeline, the unit calling for the CASEVAC has 10 minutes to submit the completed 9-LINE report and provide first-aid assistance. Colleagues at Sector HQ have 30 minutes to evaluate the risks, authorize the launch, prepare the helicopter, and take off. In some cases, a contingent may have an embedded medical capability to provide advanced care to the casualty within those first 40 minutes. However, in many cases, contingents do not currently have these capabilities. This leaves the pilot 20 minutes to fly from the airport, which is usually adjacent to the Sector HQ, to the site of the casualty in order to ensure the patient starts receiving advanced treatment within 60 minutes.

The 10-1-2 framework can serve as a tool to improve performance, but it also enables MINUSMA to mitigate risk. The Mission has developed a map showing where its helicopters are based and the zones the helicopters can reach within 20 minutes. These are the areas within which the Mission can theoretically achieve 10-1-2 CASEVAC coverage for all contingents, regardless of whether they contain advanced medical teams. The CASEVAC map informs the planning of all MINUSMA's operations in central and northern Mali.⁵³ It is therefore vital that MINUSMA can, indeed, achieve the standard of 10-1-2 CASEVAC coverage within these mapped zones. Otherwise, the Mission's planning and risk mitigation strategies are based on flawed assumptions that only work on paper.

VI. IMPROVED PRACTICE

There is a widespread perception within MINUSMA that the decentralization of launch authority to the sectors has improved the Mission's CASEVAC procedures.⁵⁴ While neither CIVIC nor MINUSMA has been able to conduct a systematic analysis of launch times under the former centralized system versus under the new procedures, a large number of interviewees from three field locations and MINUSMA HQ asserted that the decentralized system was faster and more efficient.⁵⁵ It usually takes less than five minutes for key individuals to travel to each other's offices on base, and multiple officials told CIVIC that being able to inform and coordinate with colleagues in person offered

significant advantages compared to the communication challenges associated with the centralized system. One civilian official in Gao noted that the main advantage is that "things can move more smoothly and very fast." They continued, "We know our bureaucracy is slow if we have to pass through Bamako. This is something that should be done immediately."⁵⁶ Such perceptions correspond with the findings of MINUSMA's internal AAR of the pilot scheme for decentralized CASEVAC in Gao in late 2019. The review concluded that "the decentralized CASEVAC on average significantly reduces CASEVAC launch time compared to the centralized CASEVAC."⁵⁷

*"We know our
bureaucracy is slow
if we have to pass
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something that should
be done immediately."*

— MINUSMA civilian official

Beyond this overarching conclusion, there are several other improved practices that warrant emphasis. First, MINUSMA now has a tool that enables officials to systematically assess how long it took to accomplish each stage of every CASEVAC operation it performs. This software was developed independently of the SOP, which does not detail how individual CASEVAC reports should be stored or analyzed.⁵⁸ Although various sections of the Mission previously held key data on CASEVACs, there was no single database or software available to conduct a rigorous analysis of the numerous individual processes that occur during a CASEVAC operation.⁵⁹ Second, MINUSMA's sectors are now using this tool to evaluate and brief on both completed CASEVAC operations and practice exercises to seek out ways to further reduce response times.⁶⁰ One military official told CIVIC that the Mission had significantly improved its CASEVACs in Sector West thanks to "deliberate efforts, especially by the Sector Commander ... who is still continuously proclaiming the need to further improve."⁶¹ Third, MINUSMA has made notable advances in the way that it produces and delivers the GATA. Several officials remarked that, in the past, CASEVACs had been delayed because Mission leaders were waiting up to 30 minutes to receive the GATA before they could authorize the operation.⁶² MINUSMA has overcome this problem by streamlining the GATA so that it just contains the critical information needed to form an assessment.⁶³

These changes, which were not part of the SOP, reduce the time it takes to produce a GATA and makes it easier for decision-makers to read quickly. Furthermore, the Mission is now ensuring that peacekeeping-intelligence officers in the G2 always have pre-prepared and up-to-date GATAs for locations where the Mission is most likely to land a helicopter for casualty evacuation.⁶⁴ Such locations include sites where the Force has established a Temporary Operating Base (TOB), suitable pick-up points along routes where MINUSMA conducts patrols or sends convoys, and MDSF bases. If a CASEVAC is requested, a G2 officer might



January 21, 2019, Kidal region, Mali: MINUSMA typically relies on Mi-8 helicopters, such as the one pictured, to conduct its CASEVAC operations.

only need to fill in one or two lines before they can submit the GATA, thus drastically reducing the time it takes for Mission leaders and the pilot to obtain the assessment. When MINUSMA has troops spending the night in TOBs, which are typically in more remote and higher-risk locations, G2 officers make sure a GATA for the TOB location is up to date before the end of every work day. This means that if troops stationed in the TOB are attacked during the night and require a CASEVAC, the GATA will already be complete and ready to send.

Another important element of this reform is that the pre-prepared GATAs are saved on a shared drive accessible to colleagues in the TOC.⁶⁵ Rather than having to wait for the GATA to be sent in an email from G2, members of the TOC can simply ask the G2 whether the risk assessment is still current before they forward it to the Air Region team, the Sector Commander, and others. As one military official remarked, “CASEVAC is one of the most important aspects of our work. Everything should be ready and available.”⁶⁶ Moreover, avoiding electronic communications is especially advantageous in environments where networks are not always reliable or have been sabotaged by nefarious elements.⁶⁷

“CASEVAC is one of the most important aspects of our work. Everything should be ready and available.”

— MINUSMA military official

VII. AREAS FOR FURTHER IMPROVEMENT

Despite the important improvements that MINUSMA has made to its CASEVAC system, CIVIC's research found that the Mission is still unable to consistently achieve the 10-1-2 standard.⁶⁸

The decentralization of CASEVAC decision-making transferred launch authority from Bamako to Mission leaders in the sectors. Since the vast majority of MINUSMA's CASEVACs are for uniformed personnel, the Sector Commander is typically the person authorizing these operations. The transfer of authority from a civilian official in Bamako to a military official in the sector addressed a common complaint among the Force and troop contributing countries, namely that the Force did not have control of the Mission's lifesaving air assets although it is most often military lives that are in danger.⁶⁹ One notable consequence of decentralization and empowering the Force has been that military officials can no longer blame delays on the difficulties of obtaining authorization from MINUSMA HQ. Indeed, under the centralized system, delays were sometimes attributable to senior officials in Bamako being unable to immediately authorize the launch of helicopters because certain critical information was either lacking or needing to be verified.⁷⁰ The Force is now having to confront the reality that, even with the decentralized procedures, MINUSMA is still not achieving its goal of 10-1-2 in the geographic areas where the Mission thinks this target should be feasible.

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The inability to consistently achieve the 10-1-2 standard is hindering MINUSMA's ability to protect civilians and to implement the adaptation plan that the Force developed in early 2020. A central pillar of the adaptation plan was the creation of a Mobile Task Force (MTF), which would comprise "...rapidly deployable units..." and provide a capability that "...would be deployed across all sectors."⁷¹ In January 2021, the Force wanted to deploy units from the recently established MTF to participate in an operation to protect civilians in Douentza in Sector Center. However, the German, Swedish, and British contingents within the MTF all refused to deploy to Douentza because they would have had to rely on the UN's CASEVAC system.⁷²

It should be noted that these three European contingents are concerned with the quality of medical care provided at UN field hospitals in addition to the UN's ability to evacuate patients quickly. Indeed, the European contingents routinely avoid using the UN Level 2 hospital in Gao in Sector East, where they are based.⁷³ They prefer to rely on France's field hospital in Gao, which is deployed as part of Operation Barkhane. This lack of confidence in the UN's ability to care for its troops effectively means that the European units in the MTF currently do not operate outside of Sector East.⁷⁴

Because the European contingents contribute important capabilities that could enable the MTF to reach its full potential—and because it is important that all T/PCCs and UN civilians operating across all sectors have access to an excellent CASEVAC system—it is vital that the various troop and police contingents, MINUSMA, and the UN Secretariat collaborate constructively to address the challenges discussed in greater detail below. The Mission has already taken an important first step in this direction. In its official response statement to this policy brief, MINUSMA noted that it had recently requested “an evaluation of our processes from specialists in UN headquarters, which is providing the Mission an opportunity to improve its current decentralized CASEVAC Standard Operating Procedure, including, inter alia, clarifying any ambiguities in its interpretation.”⁷⁵

Achieving the Goal of “10 Minutes”

Several officials relayed concerns to CIVIC about the inability of certain troop contingents to achieve elements of the 10-minute standard, including giving essential first-aid care to casualties.⁷⁶ According to numerous military and civilian officials, the primary reason for continued delays is that most of the Mission’s troop contingents struggle to submit an accurate 9-LINE report within 10 minutes of an incident occurring.⁷⁷ This finding accords with the dos Santos Cruz report of 2017, which asserted, “Out of the 10-1-2, the biggest challenge that MINUSMA has is the 10.”⁷⁸ Interviewees emphasized that, too often, the initial coordinates sent are inaccurate, meaning that the whole risk assessment process has to restart, or that it takes much longer than 10 minutes to receive a complete 9-LINE report.⁷⁹ Officials also noted that information regarding the number of casualties and the categories assigned to them is sometimes incorrect.⁸⁰ As the medical team prepares the helicopter based on how many casualties can stand, how many can sit, and how many require a stretcher, errors in the medical information provided in the 9-LINE report can have serious consequences.

“The staff in the Mission [Sector HQ] are doing CASEVACs every week for real. The contingents may only do it once every three months.”

— MINUSMA military official

To overcome this problem, it is essential that troop contingents and formed police units receive sufficient training on how to request a CASEVAC and complete a 9-LINE report before they deploy to a peacekeeping mission.⁸¹ One military officer told CIVIC, “For some contingents, every rotation comes here, they are not aware of [the 9-LINE form].”⁸² Interviewees also stressed that contingent leaders need to ensure that troops and police officers under their command are regularly practicing how to call for CASEVACs, including completing a 9-LINE report, while in Mission.⁸³ Every time MINUSMA undertakes a CASEVAC operation, certain civilian and military officials at the Sector HQ—such as those in the TOC, the Air Region, and G2—are involved. This does not change, whether the CASEVAC is for a MINUSMA contingent, the MDSF, or Malian civilians; these officials are always at the heart of the process. By contrast, the Mission’s troop and police contingents’ only experience of a real CASEVAC will be the relatively infrequent occasion when they have to call for one. As one military official commented, “The staff in the Mission [Sector HQ] are doing CASEVACs every week for real. The contingents may only do it once every three months.”⁸⁴ Since members of troop contingents and formed police units are unlikely to experience many real CASEVACs, it is imperative they participate in frequent practice exercises.

MINUSMA provides training on CASEVAC procedures and first aid to incoming troops after every rotation and offers refresher sessions to contingents that need it.⁸⁵ While improvements have been

observed, the frequent rotations of contingents make it a continuous battle for MINUSMA because it is very difficult to build upon previous improvements. Nevertheless, MINUSMA should ensure that its military units and formed police units receive frequent and even impromptu CASEVAC practice exercises that focus on enhancing the ability of contingents to submit correct 9-LINE reports and provide lifesaving treatment. As one UN official noted, while time is certainly of the essence, the biggest cause of unnecessary deaths is likely to be substandard first aid and surgical interventions.⁸⁶

A supplementary measure to make it easier for units to call for CASEVACs would be for the UN and T/PCCs to ensure that all of the Mission's convoys and patrols are equipped with GPS trackers.⁸⁷ Although MINUSMA's troop contingents are already required to deploy with simple and inexpensive GPS equipment, many arrive either without the trackers or without knowing how to use them.⁸⁸ If all the Mission's convoys and patrols had GPS trackers on board, it would enable the TOC to immediately obtain precise and reliable coordinates and eliminate the chance of human error. It would also reduce the burden carried by the unit on the ground, allowing them more time to focus on administering first aid to the casualties and securing the area.

GPS trackers would be particularly important for units that do not have a highly skilled and well-equipped medical team embedded with them.⁸⁹ Some units might have a few medics with varying levels of training accompanying them when they are operating outside of urban centers.⁹⁰ Following a casualty event, the medics and the rest of the unit have only 10 minutes to determine how many people are injured (both from the unit and any incidental casualties); judge which category corresponds with the patients' wounds; communicate this information to the TOC; and begin providing first aid to the casualties. Completing all of these tasks within 10 minutes in potentially stressful and chaotic situations can be extremely challenging. While thorough training and regular practice can help improve performance, devices that transmit coordinates or GPS locations at the click of a button could simplify this crucial and potentially life-saving process.

Another potential way to speed up the request process, and thus the launch of the CASEVAC helicopter, would be to relax the requirements pertaining to the 9-LINE report. Instead of having to wait for a complete 9-LINE report to be submitted in order to authorize the operation, many MINUSMA officials—including pilots and the AMET—would like to be able to launch the CASEVAC helicopter with only the essential, time-sensitive pieces of information.⁹¹ These include: the location, the number of casualties, their status (MINUSMA, non-MINUSMA, civilian, uniformed personnel, etc.), the category of their wounds, the security situation at the pick-up site, and the radio frequency of the point of contact on the ground.⁹² The remaining information, including the terrain at the pick-up-site and the method by which the unit will mark the pick-up site, could be communicated to the pilot or the AMET during the flight. One military officer told CIVIC, "The standard to launch a CASEVAC is too perfect ... we know that the perfect 9-liner is not going to happen for a while—it makes the process extremely inefficient."⁹³ Another noted, "If we stick to procedures, it's almost impossible for us to stick to this 10-1-2 ... for some, life is everything. For others, procedures are procedures. The mindset is different."⁹⁴

"If we stick to procedures, it's almost impossible for us to stick to this 10-1-2 ... for some, life is everything. For others, procedures are procedures. The mindset is different."

— MINUSMA military official

Language barriers and rigid military hierarchies further complicate MINUSMA's ability to obtain an accurate 9-LINE report within 10 minutes. Contingents typically call their own TOC first, rather than the Mission's Sector TOC when in need of a CASEVAC.⁹⁵ It is the contingent's liaison officer who then calls the Sector TOC to alert them to the situation. This is partially due to the entrenched norms within national militaries: a unit must first inform its own commanding officer when it has sustained casualties. Calling anybody else would jeopardize the established principles of command and control.⁹⁶ There may be benefits to having troops on the ground be able to communicate in their native language with their compatriots, and the liaison officer may have better language skills to speak to the Sector TOC. But the common practice of first contacting the liaison officer means that two phone calls rather than one are made to inform the Sector TOC, which is the main body for initiating the CASEVAC process within the Mission. This redundancy takes up precious minutes during the most time-critical stage of the procedure.

MINUSMA officials in some regional offices told CIVIC that duty officers within the Sector TOC do not always arrive with sufficient skills to perform the vital role of receiving and confirming the necessary information from contingents.⁹⁷ Yet the TOC is the main focal point for tactical decisions for all of the troop contingents in a given sector. In sectors where there are both Anglophone and Francophone contingents, duty officers should ideally be able to speak English and French to enable them to easily communicate with all units. This is essential in emergency situations. Nonetheless, the Mission has previously received duty officers who struggle to speak even one of those languages well.⁹⁸ Positions within the TOC are not subject to a competitive recruitment process. Instead, TCCs usually retain specific posts—meaning that, for example, an officer in the TOC will be replaced by another officer from the same contributing country during each subsequent rotation. While this system can facilitate smoother handovers and reduces the bureaucratic burden of having to frequently recruit new officers, it does not ensure that MINUSMA gets the best people for the job. Countries send officers of a suitable rank for the position, but they don't necessarily select people because they have the relevant experience or skills to work in the TOC and coordinate CASEVAC requests.⁹⁹

Enhancing Coordination to Reduce Launch Times

MINUSMA could do several things to improve internal coordination to accelerate the process of launching CASEVAC helicopters and help the Mission achieve the 10-1-2 standard.

First, MINUSMA should ensure that when TOC duty officers first deploy, they establish working relationships with their counterparts in other sectors and with relevant colleagues in Mission HQ. This is necessary because when an incident involves mass casualties that surpass the capacity of a sector's medical facilities, the decentralized procedures do not apply. In such scenarios, the Mission has to draw on CASEVAC helicopters and Level 2 hospitals from neighboring sectors to evacuate and treat the wounded. Since nobody at the sector level has the authority to commandeer assets from another sector, officials at MINUSMA HQ have to authorize and manage the CASEVAC. This scenario inevitably requires coordination between the Sector TOC and Mission HQ. Furthermore, CASEVACs are sometimes requested from locations that are on the border between two sectors. It can also be the case that when a given location is situated in Sector Center, it is actually closer to the airport and the Mission's Level 2 hospital in Sector East or Sector West. In both of these circumstances—mass casualty events and CASEVACs from border locations—it is important that TOCs inform and coordinate with their counterparts in other sectors to enable Mission leaders to determine the most effective course of action as quickly as possible.

Second, MINUSMA could create a dedicated team of military, medical, and aviation experts to work exclusively on CASEVAC operations. This Patient Evacuation Coordination Cell (PECC) would comprise experts recruited specifically for their experience coordinating CASEVACs and their relevant skills. MINUSMA



MINUSMA/Marco Dormino

January 22, 2019, Kidal region, Mali: A Chadian peacekeeper surveys the wreckage of a UN vehicle following a major attack on MINUSMA's base in Aguelhok.

is already considering this option as it reevaluates its current system and seeks to address some of the staffing challenges highlighted above in order to reach the 10-1-2 standard. Crucially, the PECC would receive and process evacuation requests and would have the authority to launch CASEVAC operations without having to consult the Sector Commander, the Head of Office, or officials in Mission HQ. Establishing a PECC would minimize the number of people involved in processing and authorizing CASEVAC requests and has the potential to further accelerate the procedure.¹⁰⁰ If MINUSMA does opt to establish a PECC to manage its CASEVAC operations, the Mission will have to decide whether to create one centralized PECC or whether to set up a PECC in each of the five operational sectors.

Whether MINUSMA decides to create a dedicated PECC or continue to rely on TOCs to process and coordinate CASEVACs, the UN Secretariat should establish more advanced and specific criteria to select personnel responsible for this vital function within peacekeeping missions. CASEVACs are simply too important to be entrusted to individuals who may not have prior experience managing CASEVAC operations and who may not have the language or coordination skills to seamlessly liaise with contingents.¹⁰¹ In addition, officers assigned to manage CASEVACs should receive thorough pre-deployment training on the UN's CASEVAC system rather than having to be trained on the job. The Secretariat and Member States could also work together to extend the tenure of uniformed personnel performing these duties to two years. At present, these posts are filled by an officer for six months to one year, which increases the need for training and exercises. In MINUSMA's response statement to this policy brief, the Mission relayed that it "is in regular

and sustained conversations both with UN Headquarters and our Troop and Police Contributing Countries, to ensure that the appropriate skills, experience and equipment are available within the Mission to ensure the best possible outcomes.”¹⁰²

Third, turning on the helicopter’s engine before receiving formal authorization to launch would help reduce overall response times. Currently, the pilots of MINUSMA’s privately contracted Mi-8 civilian helicopters designated for CASEVACs do not turn on their engines until they have obtained formal authorization to launch from either the Sector Commander or the Head of Office.¹⁰³ Warming the engines before flying takes between 8 and 10 minutes. This is a significant amount of time considering that the helicopter must launch within 30 minutes of the 9-LINE Report being submitted to enable the AMET to collect and begin treating the casualties within 60 minutes of the incident occurring.¹⁰⁴

This third recommendation may not be immediately feasible. Pilots do not warm their engines beforehand because they do not currently have enough confidence in the length of time it will take the Mission to complete the authorization process.¹⁰⁵ For instance, if they turn on their engines in anticipation that formal authorization will arrive within 10 minutes, but there is a delay that causes authorization to take 30 minutes, the helicopter may no longer have enough fuel to safely reach and return from its destination.¹⁰⁶ Having to unexpectedly add fuel immediately prior to departure would further delay take off. Thus, as MINUSMA continues to refine its authorization process with the goal of making it faster and more predictable, the Mission should work closely with the private contracting companies to see if they can reach a point where pilots are able to start their engines before they receive formal authorization without fear that the authorization will be delayed. To this end, it is vital that pilots, support staff, and AMET members are actively involved in the Mission’s systematic evaluations of CASEVAC operations.

MINUSMA Needs Additional Capabilities to Assure Effective CASEVAC Coverage

There are two factors outside of the Mission’s control that can significantly delay CASEVAC operations: the weather and ongoing fighting at a pick-up site. Yet, the UN’s CASEVAC policy makes no exceptions for extenuating circumstances—missions should seek to provide wounded peacekeepers with advanced medical treatment within 60 minutes. MINUSMA therefore needs certain capabilities to overcome or mitigate these challenges.

At present, MINUSMA mostly relies on unarmed, privately contracted civilian helicopters to evacuate casualties, but it cannot deploy these assets and their civilian crews to locations where there is continued gunfire exchange.¹⁰⁷ The Mission has to wait until hostilities have ceased before it can even consider landing a civilian helicopter at the location. This can cause urgent CASEVAC to be delayed, as CIVIC highlighted in its 2019 report, *Protecting Civilians in Mali: Why Air Assets Matter for MINUSMA*.¹⁰⁸ The most effective way of overcoming this challenge is to deploy armed attack helicopters or other aircraft to dominate the area where casualties are located and deter hostile elements so that the CASEVAC helicopter can land safely.¹⁰⁹ But MINUSMA currently only has armed military helicopters in Sector West; sectors North, East, and Center do not have such capabilities on permanent standby. Indeed, MINUSMA has previously had to rely on air support from France’s Operation Barkhane to help stop ongoing attacks on its peacekeepers.¹¹⁰ The prospective deployment of armed helicopters from Pakistan to Sector Center as well as medium utility helicopters from Germany to Sector East should better enable the Mission to protect itself.¹¹¹ However, the longstanding lack of military helicopters in Sector North, where MINUSMA’s camps have frequently been attacked, remains a major constraint. In addition, it is vital that military helicopters designated for CASEVAC operations are able to launch within 30 minutes’ notice, even at night, to enable the Mission to meet the 10-1-2 standard. Currently, some Letters of Assist with TCCs state that helicopters will only be ready to launch within 60 minutes at night.¹¹²

To overcome Mali's difficult weather conditions, MINUSMA would also benefit from having more troop contingents that have advanced surgical teams embedded within their units. As highlighted in Section V, the Mission most commonly undertakes CASEVAC operations by air. Poor roads, the high propensity for flooding in certain areas, and the widespread threat of improvised explosive devices (IEDs) all mean that conducting urgent CASEVACs by land is often a suboptimal option in central and northern Mali. Aerial evacuation is thus usually the preferred option, but there are times when it is impossible for helicopters to fly and for the AMETs to provide advanced treatment within 60 minutes. CIVIC observed such conditions first hand while conducting research for this brief in Gao.

CASE STUDY: SANDSTORM PREVENTS CASEVAC FOR SEVERAL HOURS IN GAO

One late afternoon in June 2021, three MINUSMA military peacekeepers suffered heatstroke while out on patrol. The unit called the Sector TOC to request a CASEVAC for one Category B and two Category C patients.¹¹³ Officials gathered in the operational hub of MINUSMA's base in Gao to prepare the required assessments and authorize the launch. The crew headed to the helipad to prepare the helicopter. But before the Sector Commander could issue his authorization, a sandstorm engulfed the town of Gao and the surrounding area, turning the air brown and reducing visibility to only a few meters. The wind battered the prefabricated buildings inside MINUSMA's base. MINUSMA's helicopters could not safely take off or fly in such conditions. Officials briefly considered sending an ambulance by land since the unit was only 25 kilometers outside of Gao town. But it soon started to rain heavily, and staff officers concluded that sections of the dirt tracks would very quickly turn to mud. The idea was abandoned. Such tracks of churned-up mud would become virtually impassable for the heavy armored vehicles that would have to escort the ambulance.

In the end, Mission officials decided to wait for the storm to pass before launching the helicopter, which was eventually able to take off more than three hours after the initial request had been submitted. Fortunately, the unit in question had a medical team on hand that was sufficiently equipped to provide the kind of advanced treatment that is required within 60 minutes. Thus, by the time the AMET arrived, the casualties had already been actively cooled and were in better condition.¹¹⁴

The case study from Gao demonstrates the limitations of having a CASEVAC system that relies so heavily on evacuations by air and even by road. It also illustrates how deploying advanced medical teams with units can substantially improve the quality of care and increase a patient's chance of survival when weather and road conditions prevent a rapid evacuation. Currently, when the weather is fierce—as it often is during Mali's rainy season—the system cannot function effectively. The most feasible and effective way of mitigating this problem is through the deployment of troop contingents that have mobile surgical teams embedded in their units. The UK and Swedish contingents, both of which operate in MINUSMA's Sector East (Gao and Ménaka regions), have such a capability. The surgical team accompanies the troops whenever they leave their base in Gao, ensuring that the capacity to provide advanced treatment and damage control surgery is always on hand, regardless of weather conditions.



April 23, 2014, Gao, Mali: Wounded peacekeepers are usually evacuated to the nearest UN level II hospital for treatment, such as the Chinese level II hospital inside MINUSMA's supercamp in Gao.

The presence of an advanced surgical team within a troop contingent has other important advantages that are particularly relevant for the Mission's ability to protect civilians. If MINUSMA were to strictly apply the 10-1-2 standard, the Mission would have to refrain from deploying units that lack embedded medical capabilities with the ability to provide advanced treatment to areas beyond a 20-minute flight of its regional field hospitals. This would leave sizeable tracts of territory in central and northern Mali outside the range of coverage. Given that MINUSMA has a mandate "to take active steps to anticipate, deter and effectively respond to threats to the civilian population, notably in the North and Center of Mali...", the existence of "no-go areas" would be highly problematic.¹¹⁵ Significantly, the in-house advanced surgical capabilities of the British and Swedish contingents reduce their dependence on MINUSMA's CASEVAC helicopters and theoretically enables them to operate in areas further away from field hospitals.¹¹⁶

The UN and TCCs Need to Work Together to Improve the Quality of Care Provided at Field Hospitals

Several interviewees raised concerns with CIVIC about the quality of medical treatment at MINUSMA's Level 2 field hospitals and their ability to deal with mass casualties.¹¹⁷ While officials maintain that all of MINUSMA's medical facilities comply with UN standards in terms of equipment and qualifications, some troop contingents are not satisfied with the quality of care provided or the UN's current standards. One military official commented that "the UN doesn't seem to be striving to provide the best medical care it can ... the feeling that there is a duty of care doesn't appear to be as strong when you get into the UN bureaucracy."¹¹⁸

For the past few years, MINUSMA has relied on a private contractor to run an advanced medical unit in Mopti. Although the quality of the care provided at the facility was widely seen as very good, the unit did not have the capacity to simultaneously treat multiple casualties.¹¹⁹ The deployment of a Pakistani Level 2 facility in Mopti in August 2021 should alleviate this particular problem. However, interviews conducted by CIVIC indicate that existing Level 2 hospitals in other locations also have shortcomings in terms of equipment, supplies, and the quality of care provided.¹²⁰ Following a mass casualty event in 2021, staff at one UN field hospital operated on two MINUSMA military personnel. Numerous basic errors were made during the procedures, to the extent that both patients had to undergo second operations to correct the mistakes.¹²¹ One military official described this particular field hospital as "down there with the worst." They continued, "It won't be scrutinized [by other contingents]. It's the worst of every world—you can't even advise them to make it better."¹²² As this comment highlights and other interviewees have noted, trying to improve standards of care once field hospitals are already deployed is suboptimal.¹²³ This is especially true because of the high frequency of staff rotations in these facilities, as well as the political sensitivities of having officials from one national contingent inspect the medical care provided by another national contingent.

In the immediate term, countries with advanced expertise in emergency medical treatment in conflict settings that are unwilling or unable to deploy field hospitals in UN peacekeeping missions should consider partnering with Member States that are willing to deploy such capabilities. Partnerships could include training and equipping those willing to deploy as well as providing support to maintain such equipment. The UN Secretariat could promote and facilitate these partnerships between Member States. A more comprehensive solution could be for the UN to explore the possibility of establishing an international faculty of military doctors or trauma care specialists. These personnel could mentor, assess, credential, and enhance the skills of medical practitioners before they deploy to peacekeeping missions. The UN could either operate the faculty itself or contract an external entity, such as an international medical association or a private company with a proven track record of running high-quality medical facilities, to manage the faculty.

However, interviews conducted by CIVIC indicate that existing Level 2 hospitals in other locations also have shortcomings in terms of equipment, supplies, and the quality of care provided.

VIII. EVACUATING WOUNDED MDSF AND NON-UN CIVILIANS

MINUSMA does not just evacuate its own casualties. MINUSMA's mandate stipulates that it should support both the MDSF and the G5 Sahel Joint Force through medical and casualty evacuations.¹²⁴ The Mission also evacuates non-UN civilian casualties when asked by the MDSF or local authorities, although these operations do not occur as frequently as evacuations of wounded MDSF and G5 Sahel Joint Force personnel.¹²⁵ The evacuation of non-UN civilians is not explicitly addressed in MINUSMA's mandate, but existing UN policies do reference the matter. Moreover, as will be discussed in more detail below, the Mission's own CASEVAC SOP does not distinguish between UN and non-UN civilians, implying that the decentralized decision-making procedure should apply to all civilian casualties. However, personnel within MINUSMA have different views on this issue. As a result, the Mission has not fully decentralized the authority to evacuate non-UN civilians unless the civilian was wounded as a direct result of the UN's own operations.

MINUSMA's provision of casualty evacuations for the MDSF is considerable.¹²⁶ Officials from MINUSMA estimated that at least 70 percent of the CASEVACs conducted by the Mission in Sector Center in 2021 have been for the MDSF.¹²⁷ The MDSF representatives that CIVIC interviewed for this brief spoke favorably of MINUSMA's continued support in evacuating wounded troops and officers to medical facilities.¹²⁸ However, providing these CASEVACs also comes with risks and costs. For example, MINUSMA depends on the MDSF to secure the landing zones for the Mission's helicopters when they perform CASEVACs. But several interviewees noted the MDSF does not always do this correctly and that MINUSMA helicopters have sometimes had to land in areas that are not properly secured.¹²⁹ The Mission is also occasionally being called on to use its resources and put its personnel and assets at risk when MDSF troops on the ground misrepresent or erroneously categorize the condition of the patient.¹³⁰ For example, in June 2021, MDSF requested a CASEVAC for one of their troops stationed in central Mali. When MINUSMA's medical team arrived, it found that the soldier had a minor hand injury.¹³¹

Much less frequently, but just as importantly, MINUSMA is providing CASEVACs for non-UN civilians wounded by IED explosions, gunfire, and other instances of conflict-related violence. MINUSMA's mandate does not explicitly task it to undertake such operations, but the Mission has laudably decided to provide this service when requested. One major reason the Malian authorities frequently turn to MINUSMA when civilians need to be evacuated to hospitals is that there is seldom a viable alternative. For casualties in or close to major urban centers, the Malian authorities and a few humanitarian organizations have the ability to transfer patients to medical facilities. But for more distant and remote locations, evacuating casualties by road is typically too slow and too dangerous. Although the MDSF have a small number of military helicopters, they are not specially equipped with medical facilities to enable casualties to be treated while in flight to the hospital.¹³² The only humanitarian organizations operating in Mali with transport aircraft are the UN Humanitarian Air Service and the International Committee of the Red Cross. But their aircraft are limited to small airplanes without the capacity to provide medical treatment, and they do not have helicopters to pick up casualties from remote locations far removed from airstrips.¹³³ Moreover, neither organization has the ability to quickly gain secure access to landing zones in remote areas.

UN peacekeeping missions should not, in principle, have to evacuate wounded non-UN civilians. State authorities and certain humanitarian organizations should be providing these services where possible. However, in the absence of alternatives, MINUSMA should provide this service within its capabilities and resources. The Malian government, humanitarian and development organizations, and Member States should consider how they can help enable broader provision of services to treat civilians wounded in conflict-related violence. The Mission should also request—and Member States should approve—adequate funding to facilitate these relatively few CASEVAC operations.

The evacuation of non-UN civilians by UN peacekeepers is especially important in contexts where peacekeepers are routinely evacuating casualties for parties to the conflict, such as the MDSF and the G5 Sahel Joint Force. MINUSMA officials told CIVIC that if the Mission refused to evacuate people who have suffered life-threatening injuries as the result of conflict-related violence, especially when there is no viable alternative CASEVAC provider, the reputational damage to the Mission locally could be significant.¹³⁴

Although the issue of evacuating non-UN civilians is not explicitly referenced in MINUSMA's mandate, strategic-level UN policy supports the use of UN resources to evacuate wounded Malian civilians to hospitals. The UN's Medical Support Manual for United Nations Field Missions from 2015 stipulates that "in missions where the mandate specifies the provision of humanitarian assistance, medical services may be expanded to cover the local population."¹³⁵ MINUSMA has such a mandate. Every one of MINUSMA's mandates since its deployment in 2013 has instructed the Mission to help the Malian authorities provide humanitarian assistance to those in need, within capacities and without prejudice to its own operations.¹³⁶ The UN's March 2020 policy on casualty evacuations also includes provisions related to the evacuation of non-UN civilians:

*"Non-UN patients who have been injured or become ill in circumstances that are not attributable to UN action may also be provided CASEVAC assistance. This may be initiated upon request from a third-party (non-UN) through the Office of the Head of Mission or other Office as directed by the Head of Mission and be authorized by the HoM [Head of Mission] or by an individual delegated by them to make this decision."*¹³⁷

Despite the important role that MINUSMA is playing by evacuating wounded non-UN civilians, the process of authorizing such operations has not been decentralized and is prone to delays and inefficiency. MINUSMA's CASEVAC SOP sought to address these deficiencies. As Section V highlighted, MINUSMA's SOP decentralized the authority to approve CASEVAC for civilians from the Head of Mission to Heads of Offices and determined that Malian civilians belong to the same category of casualty as UN civilian personnel and UN international and national staff.¹³⁸ The SOP was signed into effect by the previous Special Representative of the Secretary-General (SRSG), Mahamat Saleh Annadif, in January 2020. Nevertheless, when Malian civilians require evacuation for potentially life-saving medical treatment, the decentralized procedure is not being applied in practice. The only exception is when civilians have been directly injured by MINUSMA's forces, in which case the decentralized procedure has been applied because the UN clearly bears responsibility for evacuating them to a hospital.

There is existing UN guidance that is in tension with MINUSMA's CASEVAC SOP. The UN's latest aviation manual states that the final decision for the evacuation of non-UN civilians "rests with the head of mission and/or DMS/CMS [Director of Mission Support/Chief of Mission Support]."¹³⁹ The Head of Mission and DMS/CMS are civilian posts based at MINUSMA's headquarters. However, the competing guidance doesn't appear to be the primary obstacle to full decentralization. According to CIVIC's interviews, the main reason that the process for non-UN civilians harmed by other actors remains centralized is that some MINUSMA officials have concerns about the Mission using finite resources—including flight hours and budget lines—for tasks that are not explicitly cited in its mandate.¹⁴⁰ These individuals are concerned that the decentralization of decision-making authority for non-UN civilian CASEVACs to Heads of Offices would cause the number of operations to increase, putting additional strain on MINUSMA's resources and becoming indefensible before Member States approving the Mission's assessed budget.¹⁴¹ One civilian official warned it would be "unsustainable" for the Mission to provide CASEVACs for everyone who needed medical attention, adding, "We are here to help stop the conflict, not to treat the victims of the conflict."¹⁴² Another civilian official pointed to the distinction in the UN's CASEVAC policy between

“This is the biggest problem that needs to be settled out at Mission level ... each time we are going case by case.”

— MINUSMA civilian official

civilians injured by UN forces and civilians injured by actions not attributable to UN forces. The official said that while MINUSMA clearly bears responsibility for the former (and so the procedures are decentralized), the Mission’s mandate for the latter remains unclear.¹⁴³ This official also told CIVIC that “this is the biggest problem that needs to be settled out at Mission level ... each time we are going case by case.”¹⁴⁴

In its response statement to this policy brief, MINUSMA maintained that “CASEVAC of non-UN civilians is not an explicitly mandated activity and is undertaken primarily on humanitarian and medical grounds when no other local or international humanitarian actors are present on the ground; as such it is necessarily decided only on a case-by-case basis. All risks and contingencies need to be considered and due diligence carried out.”¹⁴⁵ However, this centralized “case-by-case” decision-making on the evacuation of non-UN civilian casualties is increasing the risk of civilians dying or suffering life-changing effects from their injuries because it is taking longer for them to receive advanced medical treatment.¹⁴⁶ Two recent examples are explored in the text box below.

CASE STUDY: EVACUATING NON-UN CIVILIAN CASUALTIES IN BOULIKESSI AND BER

In June 2021, the MDSF called MINUSMA officials in Sector Center to request a CASEVAC for three female civilians in Boulikessi, central Mali, who had sustained gunshot wounds. Within 30 minutes, the acting Head of Office formally approved the launch of the CASEVAC operation. Shortly after, colleagues in Sector Center communicated that they could not proceed without the approval of the Head of Mission because the operation was for non-UN civilians.¹⁴⁷ It took an additional hour for senior officials in Bamako to authorize the launch of the helicopter.¹⁴⁸ The specially equipped Mi-8 departed, but the crew encountered a sandstorm about 20 kilometers from Boulikessi and were forced to turn back. One of the injured women died of her wounds overnight. Early the next morning, MINUSMA redeployed the CASEVAC helicopter to transport the remaining two casualties to hospital in Sévaré. Although it is impossible for CIVIC to say whether the deceased woman would have survived had she been transported to hospital the previous day, it might have been possible for the helicopter to land and collect the casualties in Boulikessi before the sandstorm had it not been for the one-hour delay in the authorization process.¹⁴⁹

The incident in Boulikessi is not an isolated case. One Saturday morning in February 2021, a civilian vehicle hit an IED in Ber, Timbuktu region. Shortly after the incident, MINUSMA received a request to evacuate four non-UN civilians to the hospital in Timbuktu. Within 90 minutes, the Mission launched a helicopter to deploy a specialized team to dispose of any unexploded ordinance. However, it took a further three-and-a-half hours to launch the CASEVAC helicopter, in part because of delays in obtaining approval from officials in Bamako for the evacuation of non-UN civilians.¹⁵⁰

The discrepancy between the procedure that was agreed by the Mission as recently as January 2020 and the decision-making processes that are being applied in practice is causing confusion and frustration among officials.¹⁵¹ As one civilian official noted, “For people at the operational level, we are lacking clarity.”¹⁵² For many MINUSMA officials, there is no doubt about whether the Mission should use its resources to evacuate non-UN civilians to hospital when it is clear there is no viable alternative.¹⁵³ One civilian official told CIVIC, “We cannot be there and say we don’t mind if you die ... I am shocked we are even discussing it. It is unbelievable.”¹⁵⁴ The official suggested that if Mission leaders are concerned about the sectors using funds for these evacuations, they should allocate resources for them based on the number of evacuations MINUSMA has provided for non-UN civilians in previous years.¹⁵⁵ Another civilian official remarked, “Why do we keep one category centralized? It should be CASEVAC delegated to field—period. It is creating a margin for a misinterpretation of the rules.”¹⁵⁶ Indeed, incidents that have simultaneously involved the evacuation of wounded MDSF members and non-UN civilians have also caused confusion and delays within MINUSMA because the Mission is applying different procedures for these two categories of casualties¹⁵⁷

In practice, the centralization of decision-making powers for the evacuation of non-UN civilian casualties is not limiting the number of these operations, it is just slowing down the authorization process. Once a request to evacuate wounded Malian civilians reaches the level of the SRSG, the Mission typically approves and conducts the evacuation.¹⁵⁸ Striking the correct balance between addressing urgent humanitarian needs that are usually beyond the scope of UN peacekeeping and the need to prudently manage finite resources is certainly not easy. But the Mission should use the review of the decentralized CASEVAC SOP to establish a clear and simple procedure for the evacuation of non-UN civilian casualties to reduce the potential for confusion, delays, and unnecessary suffering. MINUSMA should ensure that the authorization process involves the minimum number of officials possible to minimize the risk of delays and should consider whether it can decentralize authority to initiate evacuations for wounded non-UN civilians. To assuage fears that the number of CASEVAC requests would increase, MINUSMA could conduct trimestral reviews of the evacuations of non-UN civilian casualties conducted by the Mission to ensure the decision-making criteria are being applied correctly and that such operations are not hindering the Mission’s ability to implement its mandated tasks.

“We cannot be there and say we don’t mind if you die ... I am shocked we are even discussing it. It is unbelievable.”

— MINUSMA civilian official



TOP: April 18, 2018, Bamako, Mali: UN and French officials transfer a seriously injured civilian, evacuated from Gao, into an ambulance at Bamako airport.

BOTTOM: September 26, 2014, Gao region, Mali: Depending on availability, MINUSMA can also use armed military utility helicopters, such as Chinooks, to evacuate casualties.

IX. CONCLUSION

MINUSMA's reform of its CASEVAC system involved two significant developments. One, the SOP mandated a transfer of authority from Mission HQ in Bamako to the Mission's regional offices in the sectors. Two, the decentralization of decision-making authority gave MINUSMA's military leaders control over the evacuation of injured military and police personnel. These reforms differ from the previous system, which required authorization by multiple civilian officials in Bamako. For the first time, MINUSMA's military officials gained the ability to directly launch the Mission's civilian air assets.

Empowering the sectors and the Force was intended to speed up the authorization process and ensure that casualties received medical treatment sooner. As one contingent member noted, "If the authorization process takes longer than it takes to get the helicopter ready, the authorization process is flawed."¹⁵⁹ The decentralization of authority has undoubtedly reduced the potential for delays in the authorization process by streamlining evacuation procedures and reducing the number of people needed to give their approval. But it has not enabled MINUSMA to reach the 10-1-2 standard that it was striving for. This realization has compelled the Force to focus more on how it can enhance the ability of troop contingents to quickly call for CASEVACs and to ask whether it should establish a PECC that is entirely dedicated to managing MINUSMA's CASEVACs. It also highlights how the Mission cannot achieve its objectives alone. For MINUSMA to get closer to the 10-1-2 standard and overcome the obstacles highlighted in this brief, a concerted and sustained effort will be required from all stakeholders, including Member States.

MINUSMA's ability to protect civilians is partly dependent on the efficacy of the Mission's CASEVAC system. Unless MINUSMA can further improve its CASEVAC procedure and the UN can enhance the standard of care experienced at its field hospitals in Mali, the Mission is unlikely to obtain the mobility and agility it requires to respond to threats to civilians across Mali. The European contingents within the Mobile Task Force—a central pillar of the Mission's adaptation plan—are likely to remain confined to Sector East.

The Mission should also clarify its policy regarding the evacuation of non-UN civilians. In practice, the current centralization does not seem to contribute to improved resource management, given that the Mission almost always approves requests from the Malian authorities to evacuate wounded non-UN civilians. However, CIVIC's research indicates that the present practice does increase the time required to approve the requests and launch the helicopters. Debating whether MINUSMA should be evacuating wounded Malian civilians to hospital each time such a case arises risks adversely affecting patient outcomes. MINUSMA should establish a clear and simple decision-making procedure for the evacuation of non-UN civilians affected by conflict-related violence in order to reduce the potential for delays. As the Mission evaluates its current decentralized CASEVAC system, the SRSB should consider reaffirming MINUSMA's commitment to the decentralization of authority to initiate evacuations for all casualties, including non-UN civilians, as outlined in the current SOP.

ENDNOTES

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- 3 CIVIC interview with MINUSMA military official, #56, Gao, June 2021.
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- 5 Ibid., p. 4, para. 7.
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- 7 United Nations Peacekeeping, "Fatalities by Mission and Incident Type up to July 2021," https://peacekeeping.un.org/sites/default/files/stats_by_mission_incident_type_4_65_july2021.pdf
- 8 A 9-LINE report contains the nine lines of information required to launch a CASEVAC operation. Among other things, the report includes the precise location of the casualties (in the form of coordinates or military grids), the number of casualties, and the category of each casualty according to the severity of their condition.
- 9 Level 2 hospitals are facilities that are capable of providing advanced life support, basic surgery, intensive care, and primary health care, and that have a limited capacity to hold patients.
- 10 United Nations, "Policy: Casualty Evacuation in the Field," March 1, 2020, p. 10, para. 33.
- 11 CIVIC interview with MINUSMA civilian official, #53, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021; CIVIC interview with MINUSMA civilian official, #123, Bamako, September 2021. CIVIC has not conducted research on whether or how MINUSMA's CASEVAC support to the MDSF and G5 Sahel Joint Force impacts civilian perceptions of MINUSMA.
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- 16 CIVIC interview with MINUSMA civilian official, #256, Bamako, September 2019; CIVIC interview with MINUSMA civilian official, #51, Bamako, January 2020; CIVIC interview with MINUSMA civilian official, #105, Bamako, June 2021.
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- 22 United Nations DPKO/DFS, *Medical Support Manual for United Nations Field Missions*, 3rd ed., 2015, <http://dag.un.org/bitstream/handle/11176/387299/2015.12%20Medical%20Support%20Manual%20for%20UN%20Field%20Missions.pdf?sequence=4&isAllowed=y>
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 - 37 This is because TCCs typically determine the length of time their officers are deployed to peacekeeping missions.
 - 38 CIVIC interview with MINUSMA military official, #201, Bamako, September 2019; CIVIC interview with MINUSMA military official, #202, Bamako, January 2020; CIVIC interview with MINUSMA civilian official, #53, Gao, June 2021; CIVIC interview with MINUSMA military official, #46, Bamako, June 2021; CIVIC interview with MINUSMA civilian official, #51, Bamako, June 2021; CIVIC interview with MINUSMA civilian official, #53, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #84, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #89, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #97, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #115, Bamako, July 2021.
 - 39 CIVIC interview with MINUSMA military official, #202, Bamako, January 2020; CIVIC interview with MINUSMA civilian official, #51, Bamako, June 2021; CIVIC interview with MINUSMA military official, #56, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA military official, #73, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #74, Timbuktu, June 2021.
 - 40 CIVIC interview with MINUSMA civilian official, #51, Bamako, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021; CIVIC interview with MINUSMA civilian official, #125, conducted via telephone, September 2021.
 - 41 CIVIC interview with MINUSMA military official, #201, Bamako, January 2020; CIVIC interview with MINUSMA military official, #202, Bamako, January 2020; CIVIC interview with MINUSMA civilian official, #51, Bamako, June 2021; Bamako, January 2020.
 - 42 CIVIC interview with MINUSMA military official, #202, Bamako, January 2020; CIVIC interview with MINUSMA civilian official, #51, Bamako, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021.
 - 43 CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021.
 - 44 United Nations Peacekeeping, “Pilot project on decentralized casualty evacuation procedures in the region of Gao: After-Action Review,” December 2019.
 - 45 Ibid.; CIVIC interview with MINUSMA military official, #201, Bamako, January 2020; CIVIC interview with MINUSMA military official, #202, Bamako, January 2020; CIVIC interview with MINUSMA civilian official, #51, Bamako, January 2020.
 - 46 MINUSMA, “Standard Operating Procedure: Decentralized Casualty Evacuation (CASEVAC),” January 2020, on file with CIVIC.
 - 47 This is not a requirement of the UN CASEVAC policy, but it is suggested in the example SOP format in Annex B to the policy.
 - 48 MINUSMA, “Standard Operating Procedure: Decentralized Casualty Evacuation (CASEVAC),” January 2020, on file with CIVIC.
 - 49 MINUSMA, “Standard Operating Procedure: Decentralized Casualty Evacuation (CASEVAC),” January 2020, on file with CIVIC.
 - 50 CIVIC interview with MINUSMA civilian official, #61, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #69, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #74, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #77, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #78, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #93, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #100, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #101, Sévaré, June 2021.
 - 51 CIVIC interview with MINUSMA military official, #56, Gao, June 2021; CIVIC interview with MINUSMA military official, #57, Gao, June 2021; CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA military official, #59, Gao, June 2021; CIVIC interview with MINUSMA military official, #60, Gao, June 2021; CIVIC interview with MINUSMA military official, #65, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #69, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #73, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #74, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #75, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #76, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #88, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #94, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #95, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #96, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #99, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021.
 - 52 CIVIC interview with MINUSMA military official, #65, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #69, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #74, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #95, Sévaré, June 2021.
 - 53 CIVIC interview with MINUSMA military official, #201, Bamako, September 2019; CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA military official, #109, Bamako, September 2021.

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- 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with MINUSMA military official, #111, Bamako, July 2021.
- 69 Boutellis and Beary, "Sharing the Burden," 8–9; CIVIC interview with MINUSMA military official, #201, Bamako, September 2019; CIVIC interview with MINUSMA military official, #202, Bamako, January 2020; CIVIC interview with MINUSMA civilian official, #51, Bamako, June 2021; CIVIC interview with MINUSMA military official, #56, Gao, June 2021; CIVIC interview with MINUSMA military official, #89, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021.
- 70 CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #104, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #112, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #133, Bamako, July 2021.
- 71 United Nations, "Uniformed Capability Requirements: MINUSMA Special Edition," January 2020, https://pcrs.un.org/Lists/Resources/03-%20Uniformed%20Capability%20Requirements%20for%20UN%20Peacekeeping/2020/MINUSMA%20Force%20Adaptation%20Plan%20Uniformed%20Capability%20Requirements_Jan%202020.pdf
- 72 Following the departure of the Romanian military helicopter detachment in late 2020, the German contingent contracted military helicopters from a private company to operate in Sector East to take care of its CASEVAC coverage. Meanwhile, the UK deployed an additional military helicopter to Gao to assure its CASEVAC coverage. These bespoke arrangements allow the European contingents to rely on aero-medical evacuation capabilities in Sector East that are outside the UN system. CIVIC interview with MINUSMA military official, #42, Bamako, May 2021; CIVIC interview with MINUSMA military official, #43, Bamako, May 2021; CIVIC interview with MINUSMA military official, #106, Bamako, July 2021.
- 73 CIVIC interview with MINUSMA military official, #42, Bamako, May 2021; CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA military official, #106, Bamako, July 2021; CIVIC interview with UN Secretariat official, #124, conducted via telephone, September 2021.
- 74 CIVIC interview with MINUSMA military official, #42, Bamako, May 2021; CIVIC interview with MINUSMA military official, #43, Bamako, May 2021; CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA military official, #106, Bamako, July 2021.
- 75 See MINUSMA's official response statement, which is available on CIVIC's website: <https://civiliansinconflict.org/other/minusma-response-statement/>
- 76 CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #88, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #104, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #115, Bamako, July 2021.
- 77 CIVIC interview with MINUSMA military official, #46, Bamako, June 2021; CIVIC interview with MINUSMA military official, #57, Gao, June 2021; CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA military official, #59, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #68, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #69, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #70, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #80, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #89, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #104, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #112, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021.
- 78 Dos Santos Cruz, Phillips, and Cusimano, "Improving Security of United Nations Peacekeepers."
- 79 CIVIC interview with MINUSMA military official, #46, Bamako, June 2021; CIVIC interview with MINUSMA military official, #57, Gao, June 2021; CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA military official, #59, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #68, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #69, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #70, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #80, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #89, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #104, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #112, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021.
- 80 Ibid.
- 81 CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #70, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021.
- 82 CIVIC interview with MINUSMA military official, #58, Gao, June 2021.
- 83 CIVIC interview with MINUSMA military official, #57, Gao, June 2021; CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA military official, #59, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #70, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #100, Sévaré, June 2021.
- 84 CIVIC interview with MINUSMA military official, #100, Sévaré, June 2021.
- 85 CIVIC interview with MINUSMA military official, #57, Gao, June 2021; CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA military official, #59, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #73, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #75, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #86, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #88, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #89, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #97, Sévaré, June 2021; CIVIC interview with MINUSMA

- military official, #100, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #115, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #133, Bamako, July 2021.
- 86 CIVIC written correspondence with UN Secretariat official, #124, October 2021.
- 87 CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA military official, #60, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #63, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #68, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021.
- 88 CIVIC interview with MINUSMA civilian official, #104, Bamako, October 2021; CIVIC interview with MINUSMA civilian official, #133, Bamako, October 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021.
- 89 CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA military official, #60, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #63, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #68, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021.
- 90 According to CIVIC's written correspondence with one UN official in October 2021, standards of training for individual military officials vary from country to country. In many of the most advanced national armies, all non-medical soldiers are expected to be able to administer first aid. Other national armies may rely more heavily on the designated medics within the unit, as non-medical soldiers do not have the skills or training to provide first aid. Some countries train selected non-medical services personnel, such as infantry soldiers, to deliver more advanced first aid. These people are typically referred to as combat medics or team medics. Skills are focused on limiting catastrophic bleeding and managing airways—the kind of interventions the “10” of 10-1-2 requires. Some militaries have professional “medics” from their health services attached to platoons. Training standards are variable.
- 91 CIVIC interview with MINUSMA military official, #56, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #62, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #63, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #77, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #79, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #106, Bamako, July 2021; CIVIC interview with MINUSMA military official, #108, Bamako, July 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021.
- 92 It should be noted that the UN's CASEVAC policy does not require the use of a 9-LINE report to request a CASEVAC—it stipulates that only seven lines of information are needed to authorize the launch of a CASEVAC helicopter. The seven lines of information are: grid reference of incident; grid reference of helicopter landing site/pick-up point if different from incident; call signs of evacuation asset and incident site commander; main and any alternate radio frequencies; number of casualties expected to be moved; name and location of receiving Medical Treatment Facility; and Emergency Ground Risk Assessment information (if required). See United Nations, “Policy: Casualty Evacuation in the Field,” March 1, 2020.
- 93 CIVIC interview with MINUSMA military official, #108, Bamako, July 2021.
- 94 CIVIC interview with MINUSMA military official, #56, Gao, June 2021.
- 95 CIVIC interview with MINUSMA military official, #73, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #74, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #99, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #112, Bamako, July 2021.
- 96 CIVIC interview with MINUSMA military official, #74, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #99, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #133, Bamako, October 2021.
- 97 CIVIC interview with MINUSMA civilian official, #70, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #103, Sévaré, June 2021.
- 98 CIVIC interview with MINUSMA civilian official, #70, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021. CIVIC's research in Mali has previously found that the lack of suitable language skills hinders other critical functions within MINUSMA, as well. See CIVIC, “Early Warning and Rapid Response: Reinforcing MINUSMA's Ability to Protect Civilians,” April 2021, https://civiliansinconflict.org/wp-content/uploads/2021/04/CIVIC_Peacekeeping_EWRR_Report_EN_BAT_web.pdf
- 99 CIVIC interview with MINUSMA civilian official, #70, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #103, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #127, Bamako, September 2021; CIVIC interview with MINUSMA military official, #60, conducted via email, September 2021.
- 100 CIVIC interview with MINUSMA civilian official, #104, Bamako, October 2021; CIVIC interview with MINUSMA military official, #109, Bamako, September 2021; CIVIC interview with UN Secretariat official, #124, conducted via telephone, September 2021; CIVIC interview with MINUSMA civilian official, #133, Bamako, October 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021.
- 101 CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #74, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #99, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021.
- 102 See MINUSMA's official response statement, available on CIVIC's website: <https://civiliansinconflict.org/other/minusmas-response-statement/>
- 103 CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #69, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #77, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #78, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #93, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021.

- 104 CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #77, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #93, Sévaré, June 2021.
- 105 CIVIC interview with MINUSMA civilian official, #66, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #77, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #93, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021.
- 106 CIVIC interview with MINUSMA civilian official, #77, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #78, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021.
- 107 As of October 2021, Sector West (Timbuktu and Taodenni regions) is currently the only sector where MINUSMA has armed military helicopters that can perform CASEVACs.
- 108 See Seán Smith, "Protecting Civilians in Mali: Why Air Assets Matter for MINUSMA," Center for Civilians in Conflict, May 2020, https://civiliansinconflict.org/wp-content/uploads/2020/05/CIVIC_Report_Mali_EN_web-1_FINAL-UPDATED.pdf - CIVIC interview with MINUSMA military official, #56, Gao, June 2021; CIVIC interview with MINUSMA military official, #65, Gao, June 2021; CIVIC interview with MINUSMA military official, #95, Sévaré, June 2021.
- 109 CIVIC interview with MINUSMA military official, #56, Gao, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #73, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #74, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #200, conducted via telephone, October 2019.
- 110 CIVIC interview with MINUSMA military official, #60, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #69, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #79, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #111, Bamako, July 2021; RFI, "Attaque d'Aguelhok au Mali: les précisions du général Cottereau," January 28, 2019, <https://www.rfi.fr/fr/afrique/20190128-bataille-aguelok-mali-precisions-general-cottereau-minusma> United Nations, "Point de presse de la MINUSMA du 12 août 2021," August 12, 2021, <https://peacekeeping.un.org/fr/point-de-presse-de-la-minusma-du-12-aout-2021>
- 111 CIVIC interview with MINUSMA military official, #56, Gao, June 2021; CIVIC interview with MINUSMA military official, #71, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #79, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #102, Bamako, June 2021; CIVIC interview with MINUSMA military official, #109, Bamako, September 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021.
- 112 CIVIC interview with MINUSMA civilian official, #112, Bamako, October 2019; CIVIC interview with MINUSMA civilian official, #104, Bamako, October 2021; CIVIC interview with MINUSMA civilian official, #109, Bamako, October 2021.
- 113 Category B denotes a *priority* patient who has sustained serious trauma, broken an arm or leg, or suffered from non-arterial bleeding or serious burns. Evacuation to a surgical facility is recommended within 6 hours. Category C denotes a *routine* evacuation for a patient with mild trauma, sprains, cuts, and bruises. Treatment can be deferred if there are other, more serious casualties.
- 114 CIVIC interview with MINUSMA civilian official, #61, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #62, Gao, June 2021; CIVIC interview with MINUSMA military official, #139, Bamako, October 2021.
- 115 United Nations Security Council Resolution 2584 (2021), https://minusma.unmissions.org/sites/default/files/resolution_2584_2021.pdf
- 116 CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA military official, #46, Bamako, June 2021; CIVIC interview with MINUSMA civilian official, #104, Bamako, July 2021; CIVIC interview with MINUSMA military official, #106, Bamako, July 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021.
- 117 CIVIC interview with MINUSMA civilian official, #14, Bamako, February 2021; CIVIC interview with MINUSMA military official, #42, Bamako, May 2021; CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #106, Bamako, July 2021; CIVIC interview with UN Secretariat official, #124, conducted via telephone, September 2021.
- 118 CIVIC interview with MINUSMA military official, #44, Bamako, May 2021.
- 119 CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA civilian official, #88, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #106, Bamako, July 2021.
- 120 CIVIC did not interview MINUSMA officials in Kidal about the Mission's CASEVAC system. Thus, CIVIC has very limited insight into the quality of medical care provided in Sector North. CIVIC interview with MINUSMA military official, #42, Bamako, May 2021; CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA military official, #106, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with UN Secretariat official, #124, conducted via telephone, September 2021.
- 121 CIVIC interview with MINUSMA military official, #106, Bamako, July 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021; MINUSMA civilian official, #137, conducted via telephone, October 2021.
- 122 CIVIC interview with MINUSMA military official, #106, Bamako, July 2021.
- 123 CIVIC interview with MINUSMA military official, #58, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #70, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #88, Sévaré, June 2021; CIVIC interview with UN Secretariat official, #124, conducted via telephone, September 2021; CIVIC interview with MINUSMA civilian official, #133, Bamako, October 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021.
- 124 United Nations Security Council Resolution 2584 (2021), operative paragraphs (OP) 30(a)iii, 30(b)ii, and 39.
- 125 It is important to highlight that evacuations of MDSF or non-UN civilian casualties cannot be expected to comply with the 10-1-2 principle. In such cases, MINUSMA is very unlikely to have personnel on the ground to administer first aid within 10 minutes or to quickly secure the landing zone for the helicopter. Moreover, many of these incidents occur in remote locations, meaning that the helicopter flight time often considerably exceeds 20 minutes. In addition, UN medical facilities do not admit non-UN personnel, so MDSF and non-UN civilians are transferred to the most appropriate Malian hospital.
- 126 CIVIC interview with MINUSMA military official, #44, Bamako, May 2021; CIVIC interview with MINUSMA civilian official, #64, Gao, June 2021; CIVIC interview with MINUSMA military official, #89, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #100, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #101,

- Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #104, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021.
- 127 CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #109, Bamako, September 2021; CIVIC interview with MINUSMA civilian official, #102, conducted via telephone, September 2021.
- 128 CIVIC interview with MDSF official, #119, Sévaré, June 2021; CIVIC interview with MDSF official, #120, conducted via telephone, September 2021; CIVIC interview with MDSF official, #136, Bamako, October 2021.
- 129 While this problem is more commonly experienced with the MDSF, there have been occasions where the Mission's own troop contingents have failed to fully secure the landing site as well. CIVIC interview with MINUSMA civilian official, #77, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #79, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #89, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #93, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #100, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #101, Sévaré, June 2021.
- 130 CIVIC interview with MINUSMA civilian official, #86, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #87, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #88, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #89, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #93, Sévaré, June 2021; CIVIC interview with MINUSMA military official, #97, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #98, Sévaré, June 2021.
- 131 CIVIC interview with MINUSMA civilian official, #92, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #93, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #98, Sévaré, June 2021.
- 132 CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MDSF official, #119, Sévaré, June 2021; CIVIC interview with MDSF official, #120, conducted via telephone, September 2021.
- 133 CIVIC interview with UN agency official, #253, Bamako, September 2019; CIVIC interview with humanitarian official, #262, Bamako, October 2019; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with UN agency official, #113, Bamako, July 2021; CIVIC interview with ICRC official, #121, Bamako, September 2021.
- 134 CIVIC interview with MINUSMA civilian official, #53, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021; CIVIC interview with MINUSMA civilian official, #123, Bamako, September 2021. CIVIC has not conducted research on whether or how MINUSMA's CASEVAC support to the MDSF and G5 Sahel Joint Force impacts civilian perceptions of MINUSMA.
- 135 United Nations, "Medical support manual for United Nations field missions," 3rd ed., 2015.
- 136 United Nations Security Council Resolution 2584 (2021), OP 30(e); United Nations Security Council Resolution 2531 (2020), OP 28(f), <https://minusma.unmissions.org/en/resolution-2531-2020> United Nations Security Council Resolution 2480 (2019), OP 28(f), <https://minusma.unmissions.org/en/resolution-2480-2019> United Nations Security Council Resolution 2423 (2018), OP 38(f), <https://minusma.unmissions.org/en/resolution-2423-2018> United Nations Security Council Resolution 2364 (2017), OP 20(g), <https://minusma.unmissions.org/en/resolution-2364> United Nations Security Council Resolution 2295 (2016), OP 19(g), <https://minusma.unmissions.org/en/resolution-2295> United Nations Security Council Resolution 2227 (2015), OP 14(f), <https://minusma.unmissions.org/en/resolution-2227-0> United Nations Security Council Resolution 2164 (2014), OP 13(c)(vii), <https://minusma.unmissions.org/en/resolution-2164> United Nations Security Council Resolution 2322 (2013), OP 16(e), <https://minusma.unmissions.org/en/resolution-2100>.
- 137 United Nations, "Policy: Casualty Evacuation in the Field," March 1, 2020.
- 138 MINUSMA's SOP on decentralized casualty evacuations defines civilian casualties as: "All casualties, who are not considered uniformed personnel. This includes UN Civilian personnel, UN international and national staff, UN volunteers, civilian contractors, Malian civilians or any other civilian." See MINUSMA, "Standard Operating Procedure: Decentralized Casualty Evacuation (CASEVAC)," January 2020, on file with CIVIC.
- 139 United Nations, "Aviation Manual," February 1, 2021, 112.
- 140 CIVIC interview with MINUSMA civilian official, #51, Bamako, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #104, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #112, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021; CIVIC interview with MINUSMA civilian official, #115, Bamako, July 2021.
- 141 CIVIC interview with MINUSMA civilian official, #104, Bamako, October 2021; CIVIC interview with MINUSMA civilian official, #112, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #129, Bamako, September 2021; CIVIC interview with MINUSMA civilian official, #133, Bamako, October 2021; CIVIC interview with MINUSMA military official, #134, Bamako, October 2021.
- 142 CIVIC interview with MINUSMA civilian official, #104, Bamako, July 2021.
- 143 CIVIC interview with MINUSMA civilian official, #112, Bamako, July 2021.
- 144 Ibid.
- 145 See MINUSMA's official response statement, available on CIVIC's website: <https://civiliansinconflict.org/other/minusmas-response-statement/>
- 146 CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #84, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #99, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021.
- 147 CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021.
- 148 CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021.

- 149 CIVIC interview with MINUSMA military official, #99, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021.
- 150 CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; UN document #1, on file with CIVIC; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021.
- 151 CIVIC interview with MINUSMA civilian official, #53, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #103, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021.
- 152 CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021.
- 153 CIVIC interview with MINUSMA civilian official, #53, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #72, Timbuktu, June 2021; CIVIC interview with MINUSMA military official, #100, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021; CIVIC interview with MINUSMA civilian official, #146, Sévaré, November 2021; CIVIC interview with MINUSMA civilian official, #147, Sévaré, November 2021.
- 154 CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021.
- 155 Ibid.
- 156 CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021.
- 157 CIVIC interview with MINUSMA civilian official, #53, Gao, June 2021; CIVIC interview with MINUSMA civilian official, #102, Sévaré, June 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021.
- 158 CIVIC interview with MINUSMA civilian official, #105, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #107, Bamako, July 2021; CIVIC interview with MINUSMA military official, #109, Bamako, July 2021; CIVIC interview with MINUSMA civilian official, #114, conducted via telephone, July 2021; CIVIC interview with MINUSMA civilian official, #123, Bamako, September 2021.
- 159 CIVIC interview with MINUSMA military official, #44, Bamako, May 2021.



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September 10, 2015, Kidal region, Mali: An aerial view of the landscape near Anéfis.

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T +1 202 558 6958
E comms@civiliansinconflict.org
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