



ACTS-SCK-DO

18 October 2021

MEMORANDUM FOR RECORD

SUBJECT: Interview with (b)(3)130b, (b)(6) USAF, (b)(6)  
USFOR-A, 18 October 2021

1. On 18 October 2021, (b)(3)130b, (b)(6) USMC, conducted an interview of the above personnel telephonically from the 3RD Expeditionary Sustainment Command Headquarters, Fort Bragg, NC to discuss the facts and circumstances surrounding the attack on Abbey Gate on 26 August 2021.

2. Methodology: (b)(3)130b, (b)(6) asked a series of questions throughout the interview which MAJ How answered individually.

3. Discussion.

a. The interview began with (b)(3)130b, (b)(6) describing the purpose of the interview, the scope of the investigation, and the manner in which the conversation would be captured and rendered to writing. (b)(3)130b, (b)(6) was present to record and transcribe the statement.

b. Question and Answer 1.

(1) Question: Could you state your name and your billet?

(b)(3)130b, (b)(6)

c. Question and Answer 2.

(1) Question: Were there any other USAF medical officers present?

(2) Answer: Yes, 2 other (b)(6) Actually, it was 3 others.

d. Question and Answer 3.

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(1) Question: When did you deploy to Afghanistan?

(2) Answer: I got to Afghanistan on April 23rd, and I was working out of Bagram Air Base. When that closed, I went to HKIA on June 20th and I was there until August 30th.

e. Question and Answer 4.

(1) Question: When the Noncombatant Evacuation Operation (NEO) kicked off, and Kabul collapsed, what were the medical capabilities at the Role II?

(2) Answer: We had several surgical teams. We had (b)(1)1.4a (b)(1)1.4a, 2 Surgical Response/Resuscitative Teams (SRT), we had a British light surgical team, half an Army Forward Resuscitative Surgical Team (FRST), and a (b)(1)1.4a. All of those were located at the Role II. Later there was a 274th FRST. That was about half a mile or so away in Camp Alvarado. That was supposed to be considered a Role II, but they were missing some supplies so they were more a Role I and a half. They could do surgery but not as much as a Role II.

f. Question and Answer 5.

(1) Question: Could you describe your medical capabilities at the Role II?

(2) Answer: We had 2 physical operating rooms (OR), we would practice having 2 patients in one OR so we could flex up to 4 patients in the OR. We had 7 Intensive Care Unit (ICU) beds, but we could flex up to 10. We had 14 regular medical surgery beds, but that could flex to 30. That was our surgery/ medical capability at the time.

g. Question and Answer 6.

(1) Question: Did you have any specialized equipment?

(2) Answer: We had one computerized tomography (CT) scanner in a connex, we only had one portable x-ray because the other one was broken, and we had one C-Arm, a medical imaging device, that was for use during surgeries.

h. Question and Answer 7.

(1) Question: Was there anything you felt you were lacking?

(2) Answer: In terms of some of our laboratory equipment, we were running out of the ability to run the basic metabolic panel. We were short some dressings for a while,

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but we were eventually resupplied. The Aeromedical Evacuation Liaison Team (AELT) had flights to and from (b)(1)1.4a almost daily, and they were able to get us more supplies. This was prior to the mass casualty (MASCAL) on the 26th. We were short basic bed coverings and linens as well, so we used a disposable sheet on some of our beds. We were not short anything that was medically critical.

i. Question and Answer 8.

(1) Question: Have you ever seen anything like that Role II in terms of capability?

(2) Answer: No, not even at Bagram did we have that many surgical teams.

j. Question and Answer 9.

(1) Question: Did you have a relationship with other countries' medical facilities?

(2) Answer: For the Norwegians, we were fully integrated. We shared shifts, we were in the same location, and we shared educational materials. When the British came they initially set up a Role I right outside our facility. After August 15th we fully integrated them into our trauma system as well.

k. Question and Answer 10.

(1) Question: Were you aware of any British medical capability out of the Barron Hotel?

(2) Answer: No, I was not aware of that.

l. Question and Answer 11.

(1) Question: Did the hospital do any coordination with either the Marine Expeditionary Unit (MEU) or the Special Purpose Marine Air Ground Task Force (SPMAGTF) shock trauma units?

(2) Answer: We received and discharged patients from and to them. They often brought us patients for higher care, so we interacted with them to that extent. (b)(6)  
(b)(3)130b, (b)(6) worked that coordination directly, I was not a part of that. They would often bring us patients for higher level care prior to the 26th.

m. Question and Answer 12.

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(1) Question: Was there any rehearsal prior to the MASCAL that incorporated either the Shock Trauma Platoon (STP) or the 274th Role I at Alvarado?

(2) Answer: No, there was not. We saw a lot of patients even prior to the MASCAL. We were busy, so we did not incorporate them into the planning. Any MASCAL exercise prior to the 15th would have needed approval from the (b)(1)1.4d (b)(1)1.4d and I think that we could not have even gotten approval for that if they tried, there was a lot of confusion.

n. Question and Answer 13.

(1) Question: Was there a MASCAL plan that covered all of HKIA?

(2) Answer: Yes, there was a plan and it was worked on by myself and the Norwegian team that handled the entire base. We were planning casualty collection points (CCPs) and trying to streamline the plan while working with the (b)(1)1.4d (b)(1)1.4d. It was difficult to ensure that patients would receive the necessary pre-hospital care in the event of a MASCAL. There was already an initial plan in place, but we were trying to improve it and make it comprehensive as the situation on ground changed.

o. Question and Answer 14.

(1) Question: Is it fair to say that when the NEO kicked off, the full MASCAL plan had not been finalized?

(2) Answer: That is correct, we were going off the initial MASCAL plan. I am most certain that whatever MASCAL plan there was, it was not being implemented. The units at the gates likely did not know the full details of the MASCAL plan.

p. Question and Answer 15.

(1) Question: Did you ever work with (b)(3)130b, (b)(6) from the STP by East Gate?

(2) Answer: No, sir.

q. Question and Answer 16.

(1) Question: Prior to the 26th, what type of patients were you seeing?

(2) Answer: Mainly refugees that were being evacuated. A lot of dehydration, hunger, heat stroke, and lack of nutrition. We also had some trauma patients. For our

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trauma patients we saw multiple penetrative injuries that ranged from children to elderly men and women. Some of these may have been from warning shots that went up and fell down from the air. There were also some flash bang injuries that occurred. I remember one Afghan with a serious chest wound from a flash bang. Around August 15th to the 16th there were some civilians that were being hostile, so warning shots would ricochet off the ground and hit them in their limbs. There were 1 or 2 active duty service members that had some penetrative injuries from stray bullets.

r. Question and Answer 17.

(1) Question: Any Afghans with flashbang injuries to the head?

(2) Answer: Yes, there was one with a head and eye injury from a flashbang. That individual lived and went to Landstuhl for medical treatment after we stabilized him. We would evaluate, stabilize, provide necessary surgeries, and then medevac patients to the next echelon as soon as possible in order to keep beds open.

s. Question and Answer 18.

(1) Question: Do you remember which gate that occurred at?

(2) Answer: Maybe North Gate. That is where most of our patients were from. The flashbang injury to the chest was definitely from North Gate.

t. Question and Answer 19.

(1) Question: Prior to the 26th, was the Role II's capacity stressed at any point?

(2) Answer: It was not. The max number of people we had in the ICU at that point was just 4 patients. We never reached full capacity, and that is due to the excellent work by the AELT that was there. We were able to (b)(1)1.4a or to Germany. From a capacity standpoint we were not stressed, for a brief time we were pressed on supplies, but the AELT helped us with that as well.

Initially when we first had our patients, and when we had Afghans brought in the whole government was already collapsed. We used to be able to send treated Afghans to a local hospital, but once the government collapsed we had to either hold them or discharge them to continue evacuation with their family. That was not ideal, they may have had to hobble onto a crowded plane with a wounded leg. Eventually, the leadership was able to work out evacuating casualties to (b)(1)1.4a or Germany.

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u. Question and Answer 20.

(1) Question: What were you doing when the blast occurred?

(2) Answer: I was in the emergency department. I did not hear the explosion, the door was closed. I immediately got a text from someone saying that there was an explosion and to prepare for a MASCAL. We got notified almost immediately, the explosion happened at 1740 and we were preparing by 1741 or 1742. I don't think we ever officially announced a MASCAL because we knew that a bunch of patients were coming, so we activated our MASCAL. All trauma teams had to report to their respective departments. Everyone reported to their respective bays/beds, and nurses reported to their areas. The way it worked in HKIA was to have different triage levels. T1 was the worst, they needed immediate surgical help. T2 was the delayed category, T3 was the walking wounded, T4 was expectant, and T5 was the dead. Healthcare personnel assigned patients a triage level, and they report to those areas. A triage officer at the door evaluates patients at the door to direct where the patient would be treated. The (b)(3)130b, (b)(6) documented patient injuries and their identity before they headed over to the trauma bays. We were basically living in the hospital at that time, so everyone was there within 3 or 5 minutes of the blast. We received our first patient 12 minutes after the attack.

v. Question and Answer 21.

(1) Question: Do you remember the trauma officers that were assigning triage levels?

(2) Answer: (b)(3)130b, (b)(6) from 3-10 Mountain, and (b)(3)130b, (b)(6) USAF, a (b)(6) that went with the Bagram team to HKIA.

w. Question and Answer 22.

(1) Question: Talking to everyone at the gate, it sounds like patients were evacuated rapidly from the gate. We know of 2 that went to the Shock Trauma Platoon (STP) location before going straight to Role II, which saved their life before the longer drive. Do you know of anyone that died but would have survived if they went there first?

(2) Answer: No, most of the patients that died had wounds that were pretty catastrophic so they were either dead or expectant by the time they arrived. Patients got there within 10 or 15 minutes, which is pretty fast. Some had truncal hemorrhaging and I don't know if going to STP would have helped them. I think patients went to the appropriate locations for care.

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x. Question and Answer 23.

(1) Question: How many patients did you receive after the blast?

(2) Answer: Close to 30. For the Afghans it was also about 30 or 31.

z. Question and Answer 24.

(1) Question: For the 13 that ended up dying, from your assessment was there anything that could have been done, or equipment, or treatment that could have saved those service members?

(2) Answer: Sadly, no. Most had very catastrophic injuries. I wasn't helping with triage outside, but those were pretty catastrophic injuries. We only saw about 3 or 4 patients that may have made it but died from exsanguination. Perhaps receiving blood en route may have helped keep them alive, but that was almost impossible given the situation. To establish an IV, get the blood out and in a pressure bag, administer the blood, and carry them to us while treating other patients would have been almost impossible. For one patient that would take all of our attention, but to have multiple patients like that in a MASCAL was unachievable.

aa. Question and Answer 25.

(1) Question: For the 13 that were killed, do you remember trends in causes of death?

(2) Answer: I don't know all of them, most were expectant. The 3 that I was aware of mostly had catastrophic injuries to the head, next, or chest injuries and exsanguinated or could not clear their airways from there. One individual bled to death from pelvic trauma.

bb. Question and Answer 26.

(1) Question: From the 13 that were killed, 9 were T4 or T5 when they arrived? And the other 4 were T1, but passed from blood loss or airway?

(2) Answer: That is correct. Yes, and they passed rapidly. We had to crack their chest and provide a cardiac massage on 3 while administering blood. One made it to the ICU, but had a significant penetrating cardiac injury. He essentially had a massive hole in his heart, the injury to his heart was too significant without bypass capabilities and a cardiothoracic surgeon to repair the hole in his heart. That equipment is not

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normally available in a Role II or III. Even then, it was tough to say if he would have survived.

cc. Question and Answer 27.

(1) Question: You mentioned cracking chests, did you do that any patients that survived?

(2) Answer: Yes, that was a different team. My role was to oversee and assign patients to different trauma teams. I was able to move around to patients as they were receiving care. We overflowed in the T1 area since there were only 8 beds there, so we overflowed to the T2 area. This patient was there, lost pulse, the surgeon cracked his chest and did a cardiac massage and was able to bring the patient back. He had bleeding, a penetrative injury to his chest and also had some lung injuries that were able to be repaired. They took him to the operating room and stopped the bleeding and air leak in his lungs. That was a very good save.

dd. Question and Answer 28.

(1) Question: You mentioned a number of patients with penetrative injuries. Were any gunshot wounds (GSW)?

(2) Answer: It was hard to tell honestly. Most were shrapnel or ball bearings. I don't recall one that was a clear GSW. Most were penetrative injuries and may have been labeled a GSW, but they were shrapnel or ball bearings as I can recall. No bullets were extracted from patients. We didn't extract items, we saw them on imaging or CT scans or from Germany, it looked more like a piece of metal or shrapnel than bullets.

ee. Question and Answer 29.

(1) Question: So (b)(3)130b, (b)(6) decided where they went in the hospital?

(2) Answer: Yes, T1 was the emergency with trauma beds. Walking wounded went to T3. This was all in the Role II to decide where they would go.

ff. Question and Answer 30.

(1) Question: How long did it take for all patients to arrive?

(2) Answer: It was until midnight due to the high number, the more minor injuries were coming in that long.



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gg. Question and Answer 31.

(1) Question: Of the patients who were T1, T2, T4, T5 how long did it take to get all of them in there?

(2) Answer: The initial wave was about 30 minutes to an hour. The other location at Camp Alvarado also received patients and operated on them there. Our second wave was to receive some of those patients from Alvarado, which is why patients came in until midnight.

hh. Question and Answer 32.

(1) Question: Why would patients go to Alvarado, was it because (b)(3)130b, (b)(6) directed them there?

(2) Answer: No sir, that was still unclear to me. That was not (b)(3)130b, (b)(6) decision or anyone's about why patients would go there instead of our Role II.

ii. Question and Answer 33.

(1) Question: I was in an interview where we heard some patients were told that Role II was full and to go to Alvarado instead, would that have happened?

(2) Answer: No sir, we did not do that. We did not have a set capacity, we were able to take as many patients as they were able to give us. (b)(3)130b, (b)(6) was the only one who would have had the authority to direct patients there, and he was also confused. He was pushing that all patients could and should come to our Role II.

jj. Question and Answer 34.

(1) Question: Did you treat any other countries other than US or Afghans from the blast?

(2) Answer: No, just US and Afghan.

kk. Question and Answer 35.

(1) Question: In terms of Tactical Combat Casualty Care (TCCC) that was conducted at the blast site, then at the STP and en route, can you speak to what you saw from that? How well or poorly were the patients cared for?

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(2) Answer: From my perspective, and the enormity of the situation, the TCCC that occurred was appropriate and adequate. Most patients that needed a tourniquet had tourniquets. The most basic care was applied, I did not see anything that was insufficient. All limbs that needed tourniquets got tourniquets. It would have been nice to have them give blood, but I don't know if they had time or resources. Pre Role II care was pretty good. Normally we have one triage officer, but we flexed to 3 triage officers due to a little bottle neck at the entrance, so having medics outside the Role II that were still providing care, tourniquets, and dressing wounds saved a lot of lives as well.

ll. Question and Answer 36.

(1) Question: Did you hear about any patients that arrived and survived due to anything outside of the norm having been done prior to arrival?

(2) Answer: Not that I can recall.

mm. Question and Answer 37.

(1) Question: Can you speak to the Norwegians' role?

(2) Answer: The hospital was really under the Norwegian hospital commander. They were very helpful from the 15th onwards, they were very helpful in being able to discharge patients. During the MASCAL they medically evacuated some of the Afghan casualties to Norway for care by making them Norwegian citizens. ICU nurses were about half US and half Norwegian and worked very well together. The x-ray tech was Norwegian and very helpful. It was basically one team, and they contributed to caring for those MASCAL patients as much as we did.

nn. Question and Answer 38.

(1) Question: You departed on the 30th, is that correct?

(2) Answer: It was on a Monday, it might have been the 29th (30 August was a Monday).

oo. Question and Answer 39.

(1) Question: Is there anything else you want us to know?

(2) Answer: I don't believe so.

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5. The point of contact for this memorandum is the undersigned at (b)(6) and  
(b)(3)130b, (b)(6)

(b)(3)130b, (b)(6)

Approved for Release



DEPARTMENT OF THE ARMY  
3RD SUSTAINMENT COMMAND (EXPEDITIONARY)  
CAMP ARIFJAN, KUWAIT  
APO, AE 09366

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19 October 2021

MEMORANDUM FOR RECORD

SUBJECT: Interview with [redacted (b)(6)] 19  
October 2021

1. On 18 October 2021, [redacted (b)(3)130b, (b)(6)] USMC, conducted an interview of the above personnel at Fort Bragg, NC 3ESC Headquarters to discuss the facts and circumstances surrounding the attack on Abbey Gate on 26 August 2021.

2. Methodology: [redacted (b)(3)130b, (b)(6)] asked a series of questions throughout the interview, which [redacted (b)(3)130b, (b)(6)] often answered collaboratively. When only one person provided an answer, it is annotated accordingly. [redacted (b)(3)130b, (b)(6)], US Army, recorded the interview for transcription below. For the purpose of note taking at speed during the interview, the following representations will be used to denote who is speaking:

[redacted (b)(3)130b, (b)(6)]

3. Discussion.

a. The interview began with [redacted (b)(3)130b, (b)(6)] providing an overview of scope of the investigation, which included the fact-finding concerning actions before, during, and after the attack, chronology, leadership, task organization, force protection, gate operations, and medical operations. He stated the intent was to make notes of the conversation and prepare a memorandum of the statement. The subject would have the opportunity to review and make additions, add context, or remove anything not correctly captured and rendered to writing.

b. Question and Answer 1.

(1) Question. What is your background and how long have you been with your current unit?

(2) Answer. [redacted (b)(3)130b, (b)(6)] Can be broken down a couple different ways. Bottom line we didn't have a whole team on the ground. We were requested at the gate by JTF-CR. Traditionally we have a PSYOP CPT with a Detachment Sergeant MSG. We tend to fill that with an E7 currently. The ops Sergeant tends to be an E6. The Ops cell would be a combat illustrator, an intel cell. Under that are the teams. Typically this is 4. The Tactical

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PSYOP teams are a three man team. The Detachment would be about 12-16. The PSYOP team refers to the small 3 man teams. The detachment can be pulled and made right sized for the mission. There are also vetting processes to make sure that the team meets the needs of the mission. The traditional team structure is doctrinal but not normal. I've worked with SEALs, Rangers, and other Special Mission Units. We both have deployments with special mission units such as those listed.

(b)(6) - The request we received was from JTF-CR for a 4 man detachment. I think (b)(6) has a good breakdown of why.

(b)(6) - Based on the request we knew it was odd. We tried to understand why they would ask for 4 when considered against our traditional structure. I think they didn't know what they were asking for. Information Warfare Task Force Afghanistan (IWTF) helped with the request and I think they knew who was already postured forward. By the time the request made it to Bragg, it was already stale. (b)(1)1.4a

[REDACTED] (b)(1)1.4a

(b)(6) - And there was a lot of push back from our team. We identified that this should have been a detachment.

(b)(3)130b, (b)(6) - For us to have a good footprint for what you're asking us to do, we would need at least 8-9 individuals. There was a large gap in capability based on what was asked.

c. Question and Answer 2.

(1) Question. So is it possible that there was a misunderstanding of capability or employment techniques?

(2) Answer. (b)(6) - I genuinely believe that JTF-CR doesn't know or understand our composition and capability, so they requested what they thought they wanted, and someone, somewhere, turned that into the request that actually came down.

(b)(6) - That is common actually and we see that a lot based on being PSYOP'ers. We had a Marine plus five of us. So we ended up having two teams of three.

(b)(6) - So even after all that, and after they put the 4 under a microscope, it was strange that we ended up with 6. It ended up being something positive, and it helped us do the actual work needed.

d. Question and Answer 3.

(1) Question. How'd you come to HKIA in August 2021

(2) Answer. (b)(6) - We had a problem set presented to us in June and we presented the concept to the team. The request and our response waited almost a

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month and a half. We ended up getting picked up on the 18th. I had discussed this with our Battalion Commander for the 4 days prior to getting pulled in. It happened about 5 days prior to us getting on the plane that we got confirmation. So August 10, 11, or 12 we knew what was happening. We ended up sleeping in the team room for almost 5 days. We were initially told to hitch a ride with 82nd. We ended up driving down to Charleston and got manifested and front loaded within an hour.

(b)(6) - We did show up as a priority push from [REDACTED] (b)(1)1.4a so that was quick.

(b)(6) - We ended up getting to [REDACTED] (b)(1)1.4a and that we were getting bumped off the aircraft. They ended up bumping us off the aircraft and we unloaded our stuff off the aircraft. That was right around the timeline of the airfield rush, so I do understand the potential change in priorities on the ground. We were kicked off the bird and told to take further instruction from our command. We ended up getting on a bird on the 18th of August during Period of Darkness. Morning of the 19th. We touched down that night late.

e. Question and Answer 4.

(1) Question. You land PoD 19th. General Atmospherics

(2) Answer. (b)(6) - Not to make a joke, but lord of the flies. The JTF-CR was running well, but it felt like no one was in charge of HKIA when we got there. It felt like sourcing equipment or personnel was completely off the cuff.

(b)(6) - We link up with the Marines and basically started getting the rundown of what was happening on the ground. We knew right away that we were getting over extended right away. We sourced a vehicle and basically committed to starting rotations through friction points. So main points were North Gate, Abbey, and black gate. We were lucky enough to get a running vehicle and we broke up our team into two sections of three for 12 hour shift coverage. Call it luck, but we had the right amount of people and the right combination of people on the ground. It worked really well. Bottom line we had the right specialties. We broke down the priority of task organization.

f. Question and Answer 5.

(1) Question. Talk Task org and where those tasks are coming from

(2) Answer. (b)(6) - JTF-CR asked us for Crowd control and mitigation. We ended up falling into more jobs while we were there. We fell into making sure speakers were running and responding to rioting. We jumped in with [REDACTED] (b)(3)130b, (b)(6) and the Force Protection folks. We were going after Fence Jumpers. We would also work with [REDACTED] (b)(6) [REDACTED] (b)(3)130b, (b)(6) and his Recon Marines for targeted pull for individuals.

(b)(6) - We tried to identify the biggest friction points. He ran nights, I ran days. Our priorities were to identify the friction points in order to better understand the evolving threat issues. We were constantly working on loops of information and keeping our gear

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up. We worked very hard getting the information from the JTF-CR folks out to the crowds, be it AMCIT or AFGCIV with CIV. The 'comfort zone' was anything but that. It went from 100 people to as much as 4000 people. The area was an internal holding area which was just inside the Inner Abbey area.

(b)(6) - The first day we were on ground, while sourcing our vehicle, we saw the 'comfort zone'. We saw Afghans holding 2x4's trying to hit Marines. We intervened and helped talk them down.

(b)(6) - We worked diligently to be accessible and workable in order to keep touchpoints at each location. We staged other equipment at gates in order to access when we would come back around.

g. Question and Answer 6.

(1) Question. Did you have any other directed messages?

(2) Answer. (b)(6) - The DoS made a lot of last second changes. This changed over time and it made things way harder. The DoS would make changes and it effected the mood of the crowd.

(b)(6) - The people already knew the gates were going to close. When this messaging would keep changing the people would hear it and become conditioned to understand the environment would change. The one noticeable change we saw was on the day of the change. That day in particular was different because all the international partners pulled off the gate.

(b)(6) - If we were putting out our end date, the others were doing the same

h. Question and Answer 7.

(1) Question. Equipment?

(2) Answer. (b)(6) - We brought three different loud speakers, the portable manpacs. We ended up getting a Marine larger loud speaker we mounted. That ended up being one of our best assets. That microphone is loud. Like real loud.

(b)(6) - [REDACTED] (b)(1)1.4a, (b)(1)1.4c, (b)(1)1.4g The IWTFa helped us bring in capability. The messaging was sent to us and we were able to put out the required information.

(b)(6) - The messaging on some of the pamphlets was a little broken too. We had one piece that we decided not to disseminate which told family members to approach service members if they had concerns about missing family members. We already had problems with child theft and there was no shortage of people asking to be prioritized because of family members, so we decided it was better not to use that messaging.

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(b)(6) [REDACTED] (b)(1)1.4a We had a lot of equipment, but what works best for us was interface with the individual.

(b)(6) - We'd been out there for a few days, and we ended up interacting with the Marines. The elderly Afghan males ended up giving us a list. They had ordered their party into an order of march, and they asked that we pull them out in that order and that they would remain calm as long as that was something we honored. They did honor that.

i. Question and Answer 8.

(1) Question. Talk about your adaptation

(2) Answer. (b)(6) - The GFC is the primary owner of that battlespace. The DoS was bad about trying to push information. The GFC is always the primary concern. It was kind of groundhog day in a way because we were working off the security posture and changing tactical situation, so we couldn't project information out more than 24 hours. We always have to make sure to tie in to the GFC for that reason.

(b)(6) - We also got tasked by the JOCs. WE would end up responding a lot.

(b)(6) - The North gate was probably the most physically secure in my mind. I don't know why the gates were so much different from one another. Once you arrived at North gate, you could tell the North gate was under control. Despite that visual, the North gate crowds were probably the most aggressive though. I showed you pictures of the comfort zone, and for whatever reason, the Marines established the 'comfort zone' in a rocky unshaded area. It was just inside East gate. They incorporated tents later on.

(b)(6) - That was an issue too because there were several areas where you could jump the fence, so we had jumpers all day and night in that area.

(b)(6) - The 'comfort zone' was located over there and because there was a fluctuation of personnel there, we ended up dealing with them face to face a lot as much as possible. The changes at East gate were mostly physical and in anticipation of the hordes of people. But Abbey gate was by far and away the hardest gate to deal with. The depth of the inner corridor was a problem. The different partner nations created a lot of problems by doing their own security checks and pat downs. That was already a red flag, and they also caused traffic issues by staging their pulled AFGCIV pax in areas that backed up personnel and vehicles in the gate corridor. Anyone could have jumped in those vehicles. The C-Wire changed too. They added more concertina wire. The Marines had excellent control of their pulled personnel, but the partner nations were very bad and disorganized about where they stashed their pulled personnel. Night time was relatively organized because the Marines would be the only ones operating, but the International operating hours would complicate their processing during the day.



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(b)(6) - The crowd could get unruly at times. The Brits decided they would enter the crowd and use shields at one point. It created multiple problems for a lot of reasons and one of the biggest ones was the fact that the expectation would change. The Taliban on the chevron were bad enough, so that got more and more complex.

j. Question and Answer 9.

(1) Question. Change in priorities?

(2) Answer. (b)(6) - We were just more adaptive. We were passing as much uniform messaging as possible, but we had to adapt as time and energy shifted at the locations.

(b)(6) - The timelines shift a lot too. We were doing a handover with 82nd, and even then we couldn't really tell when we were going in or coming out. Determining when we would be pulling out would have been very helpful. The exfil plan may have existed for others, but we were not part of that planning outwardly. Bottom line though was that we were planning to leave with JTF-CR

k. Question and Answer 10.

(1) Question. Night of the 25th leading into the day of the SVEST.

(2) Answer. (b)(6) - It was more or less business as usual. We heard threat streams about every 6 hours at this point. This warning came straight from CENTCOM. It was Bald with well-kept beard wearing tan man-jams carrying some type of bag. The crowd was more unruly than usual that morning. I think that word had circulated through the crowd that something would be happening. They crowd went into full blown riot mode. There were crowd divers, there were tons of problems that day with people throwing kids. We were handling the craziness while also working on looking for the BOLO. We also were looking for the calmness in the crowd. That was the end of our shift and we ended up switching at about noon.

(b)(6) - We ended up getting there at 3-4 in the afternoon. I showed up at the gate at 1500 and the behavior at the gate was chaotic. There was no international community. The Marines were now holding the outer line by the canal. We got there and we took up a position inside the gate behind the sniper tower. (b)(3)130b, (b)(6) and our team were working on talking to the crowd about the gate status and what documents we were looking for. We were aware of the threat and so we were also on the lookout for the BOLO. When we got down off the gate initially the vehicle was parked inside the gate. At that point in time, (b)(3)130b, (b)(6) had talked to (b)(3)130b, (b)(6) They wanted our vehicle up at the outer gate. The driver was having a hard time parking the vehicle, so I hopped in and moved the vehicle back to the position where it sat when the bomb went off. We got an interpreter and he spoke in the loudspeaker for a few minutes. (b)(3)130b, (b)(6) was right next to me. The explosion went off. When the bomb went off, I knew it was bad. My first reaction was to check myself. I moved to the rear of the vehicle and stood there for a

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miute figuring out what happened. I chose to wait because I wanted to make sure to be careful of any follow on direct fire. I told [REDACTED] (b)(3)130b, (b)(6) to get accountability. We couldn't find SGT Knauss. We went down to the inner gate. And eventually made our way back to the outer gate and we found a corpsman working on Ryan Knauss. I didn't receive any direct fire behind the vehicle. I heard shooting. It wasn't direct fire at me. I know the Marines were firing. I went to the rear of the vehicle specifically because of the firing. I know I heard small arms fire and because of everything else I've seen, I expected it to be a complex attack. Adrenaline kicked in and I realized I was wounded. Once of our other team members was wounded and he got checked out by a corpsman with a tourniquet. I assisted getting Ryan loaded into the vehicle. I got checked right after the second vehicle pulled up. Ryan got taken to the role 2. I got taken to role 1. Overall, that entire time lapse was about 30 minutes (speculating, based on fuzzy memory).

I. Question and Answer 11.

(1) Question. Who was around you

(2) Answer. [REDACTED] (b)(3)130b, (b)(6) was directly on my left when it went off. SSG Ryan Knauss was off the side of the vehicle. (Depicts on photo location of individuals known at the time of the blast).

[REDACTED] (b)(6) - I was not there because we had rotated off the gate for the day coming off night shift. We tried to get clearance to get back out to the gate that night.

[REDACTED] (b)(6) - After that the priorities of work changed a lot. I did not get rotated out. [REDACTED] (b)(6) (b)(3)130b, (b)(6) got manifested and rotated out to Germany and then to Walter Reed. SSG Knauss was stable in medical treatment facility for some time, but while he was in the treatment facility he ended up having issues with wounds in his chest and he later passed.

[REDACTED] (b)(6) - We had one of our team members stay with Ryan. The doctor told us the piece of shrapnel in his chest cavity was working its way to his heart and there was no recovery from that. I know they did everything they could have and that nothing was going to save the ones that ended up passing.

m. Question and Answer 12.

(1) Question. Role in final closure

(2) Answer. [REDACTED] (b)(6) - Because we had no flight out, we stuck by Ryan's side and equipment accountability. There was a ton of looting in the final hours. Our team room ended up getting raided.

[REDACTED] (b)(6) - We were told later that there was some marking system that didn't make its way to us.

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[redacted] (b)(6) - We walked Ryan onto the plane, then we walked back to our team area and we found MP's going through our stuff, like our personal stuff. Anyway, so we worked out the plan for destruction and leaving equipment. We torched the rest of the equipment we were supposed to and worked into the plan for retrograde.

[redacted] (b)(6) - At this point in time, we started working back into the 82nd for our messaging and retrograde. It was maybe 24 hours after.

[redacted] (b)(6) - It would have been the 28th.

n. Question and Answer 13.

(1) Question. What else haven't I asked?

(2) Answer. [redacted] (b)(6) - Sir in 10 days, it was very hard to understand the requirements that were generated. We didn't understand authorities, team travel issues, and all the associated issues with all the friction from request to fulfillment. I just don't understand how the whole thing felt so desynched to us.

[redacted] (b)(6) - It felt like no one was in charge. It was contentious with the different units even within the holding areas.

[redacted] (b)(6) - It was to the point where the International folks would leave people at the gate, and there was no coordination with the gates for how to shut down. The 'why' of a lot of this is still very very unclear to me.

[redacted] (b)(6) - We ended up getting stuck in [redacted] (b)(1)1.4a for like 5 days too on the way out. It was all just so unclear.

o. Question and Answer 14.

(1) Question. Would you be willing to provide us contact information for you?

(2) Answer. [redacted] (b)(6) SIPR email:

[redacted] (b)(6)

5. The point of contact for this memorandum is the undersigned at [redacted] (b)(6) and [redacted] (b)(3)130b, (b)(6)

[redacted] (b)(3)130b, (b)(6)



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18 October 2021

MEMORANDUM FOR RECORD

SUBJECT: Interview with [redacted] (b)(3)130b, (b)(6) Role II Hospital, 307th Brigade Support Battalion, 1st Brigade Combat Team, 82nd Airborne Division, 18 October 2021

1. On 18 October 2021, [redacted] (b)(3)130b, (b)(6) USMC, conducted an interview of the above personnel at the 3RD Sustainment Command (Expeditionary) Headquarters, Fort Bragg, NC to discuss the facts and circumstances surrounding the attack on Abbey Gate on 26 August 2021.

2. Methodology: [redacted] (b)(3)130b, (b)(6) asked a series of questions throughout the interview which [redacted] (b)(3)130b, (b)(6) answered individually.

3. Discussion.

a. The interview began with [redacted] (b)(3)130b, (b)(6) describing the purpose of the interview, the scope of the investigation, and the manner in which the conversation would be captured and rendered to writing [redacted] (b)(3)130b, (b)(6) was present to record and transcribe the statement.

b. Question and Answer 1.

(1) Question: What is your role?

[redacted] (b)(6)

c. Question and Answer 2.

(1) Question: When did you deploy to Hamid Karzai International Airport (HKIA)?

(2) Answer: I was notified on 12 August and flew out on the 14th. We arrived the morning of the 16th.

d. Question and Answer 3.

(1) Question: What were the medical capabilities when you first arrived?

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(2) Answer: There was a NATO Role II at North HKIA (NHKIA). I wasn't aware of the other medical assets until I was on ground for a few days.

e. Question and Answer 4.

(1) Question: What was the unit composition that you deployed with?

(2) Answer: I brought twelve personnel [REDACTED] (b)(6) to make a Role I. About five members from the Forward Resuscitative and Surgical Detachment (FRSD) arrived with me, and additional fifteen arrived later.

f. Question and Answer 5.

(1) Question: What can a FRSD provide? What is their composition?

(2) Answer: They provide limited damage control surgery and resuscitation. The FRSD consists of two teams of ten with four surgeons, three Registered Nurses, two Certified Registered Nurse Anesthetists, one detachment sergeant, three Licensed Practical Nurses, three surgical technicians, and three medics.

g. Question and Answer 6.

(1) Question: Who were the FRSD organic to?

(2) Answer: They were from the 44th Medical Brigade here at Fort Bragg. They are a normal part of our IRF package.

h. Question and Answer 7.

(1) Question: What equipment did you deploy with?

(2) Answer: We only had aid bags. Our organic equipment did not arrive in our containers. Luckily, we fell in on an abandoned aid station. We typically require some type of lift capability to bring all of our equipment. We only brought the supplies in our aid bags. We had to get surgical supplies from the Role II at NHKIA. We were not able to order supplies. We picked up blood from a blood detachment [REDACTED] (b)(1)1.4a on our way to HKIA.

i. Question and Answer 8.

(1) Question: Were you assigned to Camp Alvarado or did you acquire that area?

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SUBJECT: Interview with [redacted (b)(3)130b, (b)(6)] Role II Hospital, 307th Brigade Support Battalion, 1st Brigade Combat Team, 82nd Airborne Division, 18 October 2021

(2) Answer: The [redacted (b)(6)] Headquarters was already located over there and we joined them. Elements of the medical platoons from [redacted (b)(6)] were already set up to include [redacted (b)(6)] medical assets.

j. Question and Answer 9.

(1) Question: When was your Role II fully established at HKIA?

(2) Answer: We were fully capable as US Role II the first day. It took a few days to get the FSRD in to establish surgical capabilities.

k. Question and Answer 10.

(1) Question: What was your Task Organization (TASKORG) with 1-82nd?

(2) Answer: [redacted (b)(6)]  
[redacted (b)(6)]

l. Question and Answer 11.

(1) Question: Did you understand the Medical Rules of Engagement (MEDROE) when you arrived to HKIA?

(2) Answer: No, I did not. We first started to set up our aid station the way that we wanted it. I went to go meet with the NATO Role II to discuss the MEDROE. They kept saying that the MEDROE didn't change. This was on the 16th. We followed the CENTCOM MEDROE. We were told to change it so that if people were injured within the gate, we would treat them and evacuate them through our chain. We treated two at my facilities on the first day. One was treated and returned. The other was shot in the face and we kept him in our facility for a while before evacuating him to the NATO Role II.

m. Question and Answer 12.

(1) Question: Do you know how these two injuries occurred?

(2) Answer: We think that the guy shot in the head was hit by a warning shot. We never got the full story.

n. Question and Answer 13.

(1) Question: What type of patients were you seeing up until the 26th?

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SUBJECT: Interview with (b)(3)130b, (b)(6) Role II Hospital, 307th Brigade Support Battalion, 1st Brigade Combat Team, 82nd Airborne Division, 18 October 2021

(2) Answer: We were seeing sick-call type patients. We saw almost exclusively US personnel. We saw some Afghans only when the 82nd was controlling gates.

o. Question and Answer 14.

(1) Question: Was your facility ever at maximum capacity before the 26th?

(2) Answer: No

p. Question and Answer 15.

(1) Question: Were you tracking a mass casualty (MASCAL) plan?

(2) Answer: HKIA was so massive and there wasn't a plan delineating a flow for a MASCAL. We mostly understood that we would flex to the NATO Role II.

q. Question and Answer 16.

(1) Question: Did you hear any threat streams leading up to the 26th?

(2) Answer: We began hearing a non-specific threat of a suicide vest (SVEST) or vehicle-borne improvised explosive device (VBIED). We were made aware of an imminent threat on the morning of the 26th. We rehearsed our internal MASCAL plan in preparation.

r. Question and Answer 17.

(1) Question: Did the threat reporting on the 26th change your medical posture? Was there any centralized medical messaging about being prepared for a MASCAL?

(2) Answer: We had a meeting around 1700 on the 26th that mentioned the threat but there wasn't any messaging about posture.

s. Question and Answer 18.

(1) Question: Did you do any pre-staging of medical assets in response to the threats?

(2) Answer: No. We didn't hear anything about specific gates being targeted.

t. Question and Answer 19.

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SUBJECT: Interview with [REDACTED] Role II Hospital, 307th Brigade Support Battalion, 1st Brigade Combat Team, 82nd Airborne Division, 18 October 2021

(1) Question: Do you remember what time the blast occurred?

(2) Answer: It was around 1800. I came back from the meeting and found out as I walked into our Role II facility. We began to prepare our three Field Litter Ambulances (FLAs) and crews to assist with medical evacuation (MEDEVAC).

u. Question and Answer 20.

(1) Question: What was in the FLAs?

(2) Answer: We sent at least two medics in the back of each FLA. We also sent one emergency room doctor and an additional doctor from my team drove over separately from a different location. There were four crews in total.

v. Question and Answer 21.

(1) Question: What did they do upon arrival to Abbey Gate?

(2) Answer: [REDACTED] was located with the [REDACTED] at the time of the blast and arrived to the gate almost immediately after the blast. He loaded as many casualties as he could in his FLA and drove to the NATO Role II. My other three teams did that as well.

The NATO Role II called us after they were overwhelmed with casualties and began shifting casualties to us. We received nine casualties.

w. Question and Answer 22.

(1) Question: Were these casualties already seen at the NATO Role II?

(2) Answer: I believe they were triaged at the door but the ER was full. We took them in for surgery.

x. Question and Answer 23.

(1) Question: Did your four crews return to Abbey Gate after dropping casualties at the NATO Role II?

(2) Answer: Yes, but by the time they returned to the area, it was too congested. [REDACTED] had them pull to the side and remain staged until he knew for sure whether or not they were needed.



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SUBJECT: Interview with (b)(3)130b, (b)(6) Role II Hospital, 307th  
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z. Question and Answer 24.

(1) Question: Did they ever evacuate more casualties?

(2) Answer: I don't think so.

aa. Question and Answer 25.

(1) Question: Were there any other 82nd FLAs that could have been at the gate to bring casualties to the NATO Role II?

(2) Answer: We had the only ones that I was aware of.

bb. Question and Answer 26.

(1) Question: How many patients did you see from the blast?

(2) Answer: The nine that were brought to us, plus one additional patient that bumped their head in an unrelated incident.

cc. Question and Answer 27.

(1) Question: What injuries did the nine patients have?

(2) Answer: There were a few injuries to the chest from shrapnel from the blast and a few broken limbs. There was also a 12 year old Afghan boy and his 7 year old sister that had injuries.

dd. Question and Answer 28.

(1) Question: Were there any gunshot wounds?

(2) Answer: There were what appeared to be gunshot wounds.

ee. Question and Answer 29.

(1) Question: Could these injuries have been caused by ball bearings?

(2) Answer: Yes, they could have been from ball bearings.

ff. Question and Answer 30.

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SUBJECT: Interview with [redacted] (b)(3)130b, (b)(6) Role II Hospital, 307th Brigade Support Battalion, 1st Brigade Combat Team, 82nd Airborne Division, 18 October 2021

(1) Question: How many of the nine were US casualties and how many were local national casualties?

(2) Answer: Two Soldiers, the PSYOP guys, were our first patients. Then, we saw three Marines and four Afghans. They all had blast-related injuries.

gg. Question and Answer 31.

(1) Question: Out of the nine, how many required surgery?

(2) Answer: Three required surgery to include one Marine, one Afghan child, and one Afghan adult.

hh. Question and Answer 32.

(1) Question: After surgery, did you keep the patients at your facility or send them to the NATO Role II?

(2) Answer: Once they were stable, we began calling the NATO Role II to coordinate transferring them. We were empty by 2300 on the 26th.

ii. Question and Answer 33.

(1) Question: Were the civilians that you treated evacuated to the Role II?

(2) Answer: Yes. I am unsure if they were evacuated further to the Role III, but I do know that all of the US casualties that we sent there were.

jj. Question and Answer 34.

(1) Question: Is there anything else that you think we should know?

(2) Answer: No. My guys that went to the site of the blast said they thought there was small arms fire after the blast but they don't know who was firing.

kk. Question and Answer 35.

(1) Question: Did the patients you receive seem like they had proper Tactical Combat Casualty Care (TCCC) and triage?

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SUBJECT: Interview with [redacted] (b)(3)130b, (b)(6) Role II Hospital, 307th  
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(2) Answer: Yes. Everything seemed to happen appropriately. Once the NATO  
Role II became overwhelmed we received some patients that we wouldn't normally see.

4. The point of contact for this memorandum is the undersigned at [redacted] (b)(3)130b, (b)(6) and  
[redacted] (b)(3)130b, (b)(6)

[redacted] (b)(3)130b, (b)(6)



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19 October 2021

MEMORANDUM FOR RECORD

SUBJECT: Interview with [redacted] (b)(3)130b, (b)(6) TF MED, 19 October 2021

1. On 19 October 2021, [redacted] (b)(3)130b, (b)(6) USMC, conducted an interview of the above personnel telephonically from 3rd Expeditionary Sustainment Command Headquarters, Fort Bragg, NC to discuss the facts and circumstances surrounding the attack on Abbey Gate on 26 August 2021.

2. Methodology: [redacted] (b)(3)130b, (b)(6) asked a series of questions throughout the interview which [redacted] (b)(3)130b, (b)(6) answered individually.

3. Discussion.

a. The interview began with [redacted] (b)(3)130b, (b)(6) describing the purpose of the interview, the scope of the investigation, and the manner in which the conversation would be captured and rendered to writing. [redacted] (b)(3)130b, (b)(6) was present to record and transcribe the statement.

b. Question and Answer 1.

(1) Question: For the record, could you please describe your name and duty position.

[redacted] (b)(6)

c. Question and Answer 2.

(1) Question: When you moved to HKIA and the Noncombatant Evacuation Operation (NEO) kicked off, you were the senior medical officer?

(2) Answer: Correct.

d. Question and Answer 3.

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SUBJECT: Interview with [redacted (b)(3)130b, (b)(6)] TF MED, 19 October 2021

(1) Question: What is the medical structure of HKIA in mid-June?

(2) Answer: We were a combined force with a Norwegian team of about 36 or 38 medical personnel. We brought about 95 medics from Bagram. I was [redacted (b)(6)] [redacted (b)(6)] I answered to GEN Miller and then RADM Vasely, the Norwegians ran the Military Treatment Facility (MTF). We kept that COMREL since the Norwegians had run the hospital for over a year, and we didn't want to interrupt that. The senior Norwegian Surgeon on ground was the HKIA MTF commander for the Role 2.

e. Question and Answer 4.

(1) Question: What medical capabilities were present from the 15th through the 30th of August? What medical teams were present and what capabilities were there in terms of bed space?

(2) Answer: We had 2 physical Operating Rooms (ORs), but enough teams to run 4 cases at one time. We had space and staff to take care of 7 Intensive Care Unit (ICU) patients and 14 ward patients. In addition to that we had a computerized tomography (CT) scanner and a radiologist and radiologist tech. We had a COVID management cell, primarily staffed by the Norwegians, but with some of our medics as well. We had a public health officer on the base. We had a lab and pharmacy in our emergency room that ran 24 hours a day.

f. Question and Answer 5.

(1) Question: Please talk through the different teams present on the ground.

(2) Answer: We had a constant shifting number of medics and teams while we were there. Not long after we got to HKIA, we moved the ground surgical team (GST), the Air Force 6 person surgical team, to the Role I at the embassy compound. They had limited surgical capabilities if necessary at the embassy, we could have pulled them back as necessary. In the beginning, one Norwegian surgical team, 2 Army Forward Resuscitative Surgical (FRST) (20 people total), and 5 other Americans that made up another surgical team. Those 4 teams were the steady state from early June until mid-August. We were trying to reduce our footprint at that time, so the Norwegian surgical team left in early August. That left us with 3 US surgical teams at HKIA, and then we moved the GST out to [redacted (b)(1)1.4a] when the embassy collapsed. We postured them to return as necessary. A couple of days after that the 274th FRST, a 10 person team arrived. [redacted (b)(1)1.4a] showed up. Then we had some US Special SOSTs show up as well. That was all between the 20th and the 23rd. On the day of the mass casualty (MASCAL) event, we had 8 or 9 surgical teams present on the ground. Some of that capability was organic, and some were flown in for the Joint Tactical Exfiltration (JTE).

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g. Question and Answer 6.

(1) Question: Those all operated out of the Role II except for the 274th FRST, correct?

(2) Answer: That is correct. Initially the SOSTs were also going to operate out of Camp Alvarado, but they decided that folding in to our facility was better due to location. We worked with them formerly for a week before the MASCAL. We were counting them towards our surgical capabilities at the time because we knew they were around.

h. Question and Answer 7.

(1) Question: What interactions, if any, did you have with the Shock Trauma Platoons (STP) from the Marine Expeditionary Unit (MEU) or the Special Purpose Marine Air Ground Task Force (SPMAGTF)? Or the other Role I facilities, US or partner?

(2) Answer: There was a German surgical team that did not work within the HKIA MTF. They were on the ground, in a building about half mile away from the MTF. The 9th team was a United Kingdom (UK) surgical team that initially worked in a tent outside the MTF, but they eventually folded into our MTF as well.

i. Question and Answer 8.

(1) Question: You called it the MTF not the North Atlantic Treaty Organization (NATO) facility, why is that?

(2) Answer: We tried to tamp down calling it the NATO facility, because there was a rumor that the Norwegians ran this one and that there was a separate NATO building. We referred to it as the MTF so everyone knew that this was the one facility for treatment, we wanted to avoid confusion.

j. Question and Answer 9.

(1) Question: What interactions did you have with the other medical units on the ground?

(2) Answer: Every evening we had representatives from the medical teams on the ground. We would talk through supplies, personnel, and patient flow so that we could support them from the hospital as well as we could. That being said, leading up to the MASCAL the Role I facilities did a good job taking care of the less serious injuries to

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avoid us being overwhelmed. During the MASCAL they did an awesome job on triage and also providing us assistance at the Role II during the MASCAL.

k. Question and Answer 10.

(1) Question: During the NEO, were you ever short any supplies or assets?

(2) Answer: Yes, and it wasn't MASCAL related, it was humanitarian related. We needed more supplies for babies and kids, oral rehydration solutions, and diapers. Those things that were not an allowance standard for a treatment facility, and the Role I facilities were not prepared for that. We spent time solving that issue. In terms of true surgical supplies, the only time we were short was when we were trying to supply the 274th team at Alvarado since they landed without many supplies. We pushed them what we could reasonably spare

l. Question and Answer 11.

(1) Question: What were the medical rules of engagement (ROE) for the NEO? Was it disseminated to the units and the Role I facilities?

(2) Answer: Prior to the NEO, GEN Miller and then RADM Vasely, protected us from doing more local national care than we needed to do. Persons of special designated status (PSDS) had to appeal to RADM Vasely or [REDACTED] to get approval to receive care from our medical team. As the NEO started to take shape, I had conversations with RADM Vasely's staff about if those rules would remain in place, and if we had to get approval to treat anyone that needed help. From a medical/ethical standpoint that gave me a lot of heartburn, that is not what we practice in terms of providing care. What gave me more heartburn, was what it would do to our Role I facilities and knowing that they might care for an individual that they needed to escalate to our facility, and we would have to turn them away.

That only came up a few times. When Kabul fell, on that Sunday we had a dozen patients come in and we treated them without RADM Vasely's approval because he was busy. I told his [REDACTED] a few days later, that if we had to ask for permission for every patient, they wouldn't be doing anything other than spending time processing those requests. Later on I gave reports about who we were treating and how much bed space we were using, and none of the flag officers pushed back. I later told Role I facilities not to make decisions based on nationalities. I made it clear that if we treated someone, we owned their care so we would take them at the Role II and I would own any blowback. That was probably around the 18th or 19th, maybe a little earlier.

m. Question and Answer 12.

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SUBJECT: Interview with [redacted] TF MED, 19 October 2021

(1) Question: When you passed that information, did you say that we were responsible for anyone that became wounded or ill while they were within HKIA??

(2) Answer: Yes, that was the guidance and we did that based off our geographical area. It was too gray to determine if refugees were wounded by U.S., Taliban, or Afghan National Defense and Security Forces. I told our medical personnel that if they were inside our gates, we owned their care. We would not push people out once we gave them treatment.

n. Question and Answer 13.

(1) Question: So you treated anyone that needed treatment on HKIA?

(2) Answer: That is correct. For a while there was an Icarus clinic that treated contractors, but when that folded we became the lone treatment facility on base. That folded prior to NEO. So we treated contractors as well, but that was not overwhelming.

o. Question and Answer 14.

(1) Question: So when NEO kicks off the MTF is the only show in town for medical treatment, aside from any Role I facilities?

(2) Answer: Correct

p. Question and Answer 15.

(1) Question: Prior to the 26th, what type of patients were you seeing at the Role II?

(2) Answer: A number of Afghan civilian patients. They had generally minor injuries, some tied to gunshot wounds. Some flashbang injuries. Some folks who had been assaulted outside the gate or by the Taliban en route. I don't know where all of the assaults came from. We were not seeing a lot of active duty folks, we would see an occasional MEU or SPMAGTF member who had low acuity stuff like sore throat, bumps, or bruises, etc.

q. Question and Answer 16.

(1) Question: Any surgery or ICU stays prior to the 26th?

(2) Answer: For sure, I remember one local national lost an eye from a flashbang detonation. We took him to the OR and treated, but there was not much we could offer



ACTS-SCK-DO

SUBJECT: Interview with [REDACTED] (b)(3)130b, (b)(6) TF MED, 19 October 2021

from an ophthalmology stand point. Generally from 3pm to 3 am we saw the greatest uptick in patients.

r. Question and Answer 17.

(1) Question: Upon treatment were Afghans sent to Europe or released back in to town?

(2) Answer: We would try to keep them either united with their families or evacuated out. Usually that meant that they would travel intra-theater to [REDACTED] (b)(1)1.4a but sometimes to Germany which was harder to get clearance for.

s. Question and Answer 18.

(1) Question: Was the Role II's capacity ever stressed prior to the 26th?

(2) Answer: No, the only times that the Role II got stressed prior to the 26th was in the Emergency Room (ER) getting the initial flow of patients. There were a few days where a lot of patients came in, but that really just kept the ER teams busy and interrupted their work/rest cycles.

t. Question and Answer 19.

(1) Question: What, if any, medical capabilities were pushed out to the various gates? For instance, on the evening of the 25th the STP pushed an ambulance down to Abbey Gate with an en route care team.

(2) Answer: Nothing was pushed that I had coordinated. The MEU and the MAGTF were doing this posturing at their level based on the flow as they saw it on the ground.

u. Question and Answer 20.

(1) Question: Did you ever go to the gates while you were at HKIA?

(2) Answer: I did not.

v. Question and Answer 21.

(1) Question: From the 15th on, was there a comprehensive MASCAL plan?

(2) Answer: Yes there was, our team had worked on it since mid-June. It was integrated with the Norwegian team, and we were considering anything more than 4

ACTS-SCK-DO

SUBJECT: Interview with [REDACTED] (b)(3)130b, (b)(6) TF MED, 19 October 2021

patients at one time a MASCAL. We worked on that, and we also prepared for movement of casualties from the embassy, to the flight line, to the clinic for care.

w. Question and Answer 22.

(1) Question: Did the MASCAL plan include flow of wounded from the gates to Role I to Role II?

(2) Answer: No, our MASCAL plan started when the patients actually arrived to the ER bay.

x. Question and Answer 23.

(1) Question: Is it fair to say that the plan at north HKIA was to get the patients to you and they would be handled from there?

(2) Answer: True, we did not have vehicle assets so we decided that vehicles of opportunity were the way to go. This was not entirely a concern for me, I wanted to keep our medical assets closer to the hospital so that we weren't sending medics into a firefight. We had some discussions about placing a surgical team closer to the Brits in south HKIA. My concern with that was that it would have been a reduced capability facility and that if we created that facility, patients that needed higher level care may have been brought there instead of coming straight to the Role II. I also wanted to keep my medical capabilities centralized.

y. Question and Answer 24.

(1) Question: Threat reporting seemed more imminent on the 26th, how much of that were you tracking?

(2) Answer: I think I read the daily report on the 25th and the 26th and there was some specific reporting about suicide bomber threats at the gate. At 1310, I got a call from RADM Vasely's [REDACTED] (b)(6) saying that the threat streams had become a lot more credible and that a MASCAL was coming, possibly within the hour. We called all of our medical teams into the MTF for accountability at that time. We went through the afternoon and there were no developments, so we let folks go back to their dorm rooms nearby around 1700. As you know, about an hour after that things went sideways.

z. Question and Answer 25.

(1) Question: Outside of you keeping anyone on a short tether on the 26th, any other changes? You kept everyone consolidated?

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SUBJECT: Interview with [REDACTED] TF MED, 19 October 2021

(2) Answer: Correct, the only team not with us was 274th at Camp Alvarado.

aa. Question and Answer 26.

(1) Question: At about 1738 the bomb goes off, can you talk us through what happens at the Role II?

(2) Answer: I was in the tactical operations center (TOC) at that time. I heard the reports of the explosion, and the team was wondering about calling the MASCAL. I told them to hold until we got a report of what to expect. Within a few minutes we got a call from the Role I saying that there were going to be a lot of patients. At that time, we called a MASCAL and got teams staged in the ER and outside of the ER as the first flatbed with patients arrived. Some were already dead on arrival, a few came in with no vital signs. The first 6 or 7 patients were part of the 13 that passed away. We set up a morgue outside, a few of those first few personnel came in for treatment but a few went straight to the morgue. We had time before casualties showed up to stage trauma teams. We had 6 beds in the ER running, and we set up additional treatment areas in the hallway as overflow. I don't know how many we saw in the first wave, but it was very steady for the next several hours. As I looked at the board and talked with the teams, the thing that impressed me most was the triage that was done prior to the Role II. We were definitely seeing the sickest, most serious injuries first, which is a testament to the efforts of the field medics on ground to prioritize care. Normally the folks that arrive first are the walking wounded who can get themselves on a vehicle, but that was not the case here.

bb. Question and Answer 27.

(1) Question: What does triage look like upon arrival?

(2) Answer: We had a covered ambulance bay, and we had an area on the ground for about 6-10 litters right outside. We had a triage officer, an Australian and some medics that were assessing the patients to find out which patients were immediate, urgent, expectant, or deceased. Then patients would be brought into the hospital and then the trauma czar would control the flow of patients into the trauma bays or the ward areas as needed. [REDACTED] was controlling flow from the bays to the OR, to see how soon teams needed the OR from the treatment area. Two teams went to the OR fairly rapidly, and I asked [REDACTED] shortly after if we needed more OR space. He told me he had 2 more teams that needed to go in there. We went to find out if we could expand the OR to 4 beds, but we had to wait a minute since they were using that full capacity. Shortly after, we were able to flex up to 4 patients in the OR at a time.

cc. Question and Answer 28.

ACTS-SCK-DO

SUBJECT: Interview with (b)(3)130b, (b)(6) TF MED, 19 October 2021

(1) Question: Do you feel that the MASCAL stressed the capacity at the Role II?

(2) Answer: Without a doubt. 12 hours after the MASCAL, I felt like we were about at capacity. By daylight on the morning of the 27th, we didn't have any more patients, but the hours before that we were beyond capacity.

dd. Question and Answer 29.

(1) Question: Do you know the numbers of US service members and Afghans that you treated?

(2) Answer: Not exactly. There were over 70 patients total. It was probably 30 service members and 40 Afghans. I don't know exactly, but I pushed that up to CENTCOM.

ee. Question and Answer 30.

(1) Question: At the OR, which providers were operating the OR? Was that a joint effort between the U.S., Norwegians, and UK?

(2) Answer: It was all of the above, the UK team went in early with one of the more complicated patients and worked on that patient throughout the ordeal. General surgeons would generally stay with their patient throughout, and the orthopedic surgeon would jump around as needed. Some teams had simpler patients and went to the OR 2 or 3 times, and some teams had longer cases so they went to the OR fewer times. The more complicated cases were shrapnel injuries to the abdomen, there was a vena cava injury, we had one patient that was complicated and started at Alvarado before coming to us, we had kidney and bowel injuries, we had one with a spinal injury. Those were the cases that were a bit more involved. Then there were those with a lot of puncture wounds to extremities that had to be cleared out and dressed, which was fairly time consuming.

ff. Question and Answer 31.

(1) Question: Were there gunshot wounds (GSW)? Or was it all ball bearings and shrapnel?

(2) Answer: It's really hard to say. I think there may have been GSWs sprinkled in, but that's inconclusive and wasn't medically worth trying to figure out. They would be treated the same. I can't offer a whole lot on that, I don't know if anyone recovered a slug from a body.

gg. Question and Answer 32.

ACTS-SCK-DO

SUBJECT: Interview with [REDACTED] TF MED, 19 October 2021

(1) Question: From your opinion, do you think that all patients that arrived had received the appropriate treatment at the tactical level?

(2) Answer: Absolutely. I think the temptation in this situation is to pull apart how one or two patients were treated, but you have to look at the number of complex injuries, the continued threat, and the resource constraint. It is impossible to look at these patients one by one, so I have no doubts that the team on ground did some heroic things before they got there that night.

hh. Question and Answer 33.

(1) Question: I think [REDACTED] said that 9/13 of those that died were expectant by the time they arrived at the Role II. Are there any of those other 4 that you think could have been saved with more equipment or personnel?

(2) Answer: I'd have to defer to [REDACTED] on that, but none come to mind based on the serious nature of their injuries. Some of these injuries were just not survivable.

ii. Question and Answer 34.

(1) Question: You mentioned that some of the fallen didn't even make it the ER, they went straight to the morgue. We are tracking that there was space for 8 in the morgue, what was the solution there?

(2) Answer: We had 8 spaces in the morgue. For expediency, we placed those that were killed in action (KIA) and the expectant in a tent outside the morgue itself. When we had the time to gather ourselves, we had arrangements to use a refrigerated connex on HKIA to store bodies. Before the MASCAL we had some local nationals that were killed that we were trying to figure out how to move and we worried we would get more. We had 4 at the time, and the UK also had 4, so we coordinated to use the refrigerated connex as necessary for the NEO if we needed more morgue space.

jj. Question and Answer 35.

(1) Question: When were the bodies transferred from HKIA?

(2) Answer: We did a hero ceremony on the afternoon of the 27th.

kk. Question and Answer 36.

(1) Question: In terms of the wounded, what timeframe were they all evacuated? How many were evacuated?

ACTS-SCK-DO

SUBJECT: Interview with [REDACTED] TF MED, 19 October 2021

(2) Answer: We evacuated 35 total personnel across 3 flights, Americans and Afghans. The first flight was heavily U.S. personnel going to Germany, the second flight was a mix and dropped some folks in [REDACTED] and then went to Germany, and the third flight was mostly refugees and that went to [REDACTED]. That was more for immigration reasons than it was for medical.

ll. Question and Answer 37.

(1) Question: Did the severity of injuries on those flights vary?

(2) Answer: Yes, greatly.

mm. Question and Answer 38.

(1) Question: Any personnel that stayed in the Role II for a period of time?

(2) Answer: On the morning of the 27th we had no patients left, they had either been evacuated or returned to duty if their injury was minor.

nn. Question and Answer 39.

(1) Question: Do you have a point of contact that could provide a list of those that were evacuated?

(2) Answer: [REDACTED]

[REDACTED] was specific with me, he said any releases need to come from him at CENTCOM.

oo. Question and Answer 40.

(1) Question: Can you speak to why it took so longer to identify the bodies?

(2) Answer: Yes, some of the bodies were fairly mangled which makes identification hard. There was one instance that had an individual in the OR that had the identification of one of the deceased individuals with his belongings. The two looked similar and they were confused for each other, which was difficult to sort out. That took some time, and as we circled back to the unit, we found out that it was a different guy. The gatherings of belongings at the scene and them being mixed up en route to us created some difficulty for identification.

pp. Question and Answer 41.

ACTS-SCK-DO

SUBJECT: Interview with [redacted] TF MED, 19 October 2021

(1) Question: You mentioned that 40 Afghans were treated, and that some were medically evacuated. What happened to those that weren't?

(2) Answer: Individuals with more minor injuries were released back to their families to continue their evacuation. We made no attempts to push individuals to local hospitals.

qq. Question and Answer 42.

(1) Question: Anything else that you want to mention?

(2) Answer: One thing that came up, was concerns about adequate Class VIII. I want to quash any rumors about that, our supply folks and our [redacted] were extremely receptive. I mentioned earlier the baby supplies. U.S. and Norwegian efforts to make sure we had everything we needed on the ground were top notch and we were able to fill all of our shortages.

We got into some interesting discussions with the USFOR-A staff about our medical footprint, and we were able to work with the staff so they could understand the value of having an overload of medics on the ground. We are fortunate that the Norwegians stayed, and that the surgical teams that came in with the NEO gave us the robust number of medical personnel we needed to make that MASCAL response a success.

rr. Question and Answer 43.

(1) Question: What is your SIPR email?

(2) Answer: [redacted]

5. The point of contact for this memorandum is the undersigned at [redacted] and

[redacted]

[redacted]

Page 127 redacted for the following reason:

Exhibit 132 (b)(1)1.4c, (b)(5)

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Page 128 redacted for the following reason:

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(b)(1)1.4c, (b)(5)

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(b)(1)1.4c, (b)(5)

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Page 130 redacted for the following reason:

(b)(1)1.4c, (b)(5), (b)(3) 130b, (b)(6)

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Page 131 redacted for the following reason:

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Exhibit 133 (b)(1)1.4c

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Page 132 redacted for the following reason:

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(b)(1)1.4c

Page 133 redacted for the following reason:  
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Exhibit 134 (b)(1)1.4a, (b)(1)1.4c, (b)(7)(A)

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(b)(1)1.4a, (b)(1)1.4e, (b)(7)(A)

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UNITED STATES CENTRAL COMMAND  
JOINT INTELLIGENCE CENTER

**(U) Title:** CENTCOM JICCEN OSINT Open Source Intelligence Report (OSIR), OSINT Tipper Roll-up for 25 August 2021 (1800-2400).

**(U) Subject:** This report provides a roll-up of OSINT Tippers provided 25 Aug 2021 (1800-2400).

**(U) Serial Number:** JIC OSINT R202108200096

**(U) Date Generated:** 25 AUG 2021

**(U) Date of Access:** 25 AUG 2021

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**(U) Coordinates:** N/A

**(U) Priority:** N/A

**(U) Disclaimer:** Warning: May Contain Graphic Content and Images

**(U) Summary:** Information has been derived from internet sources and reflects recent discoveries/postings from traditional and social media sources. The accuracy of the information, sources, and locations presented cannot be verified.

**(U) Content:** See Below

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**(U) Comment:** N/A

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**(U) File Location:**  
(CENTCOM OSINT)

(b)(6)

**(U) File Caption:** N/A

**(U) Source Statements:** N/A

**(U) Source Information:** N/A

**(U) Country/Target Code/BE#:** Afghanistan

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**CENTCOM JICCENT OSINT Open Source Intelligence Report (OSIR),  
OSINT Tipper Roll-up for 25 August 2021 (1800-2400).**

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The following information derived from internet sources reflects recent discoveries/postings from traditional and social media sources. The accuracy of the information presented cannot be verified. Sources and their locations of social media posts cannot be verified.

### CAUTION: MAY CONTAIN GRAPHIC IMAGES

#### Summary

- Avoid Kabul airport due to terror threat, Foreign Office warns (Source: BBC)
- US State Department advises US nationals waiting at Abbey, East, and North Gates at Hamid Karzai Airport in Kabul, Afghanistan to "leave immediately" (Source: Twitter)
- Increasing number of Afghan-Americans still in AFG are "telling us that they won't leave unless they can take large families with them" (Source: Twitter)
- Reports circulating that Abdul Rashid Dostum is going to or in Panjshir to meet with Northern Alliance 2.0 leadership (Source: Twitter)
- Former GIROA governor says the Taliban has searched his residence for eighth time, took his private vehicle, and threatened his children (Source: Twitter)
- 

#### Observations

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# **(U) OSINT TIPPER – NEO Afghanistan: Afghanistan: Avoid Kabul airport due to terror threat, Foreign Office warns**

(U) Serial Number: N20210825418

(U) Production Description: Tipsters provide raw data extracted from publically available information sources without editorial intervention.

(U) Publication Date: 25 Aug 2021

**(UNCLASSIFIED) Afghanistan: Avoid Kabul airport due to terror threat, Foreign Office warns**

## **Afghanistan: Avoid Kabul airport due to terror threat, Foreign Office warns**

BBC

25 Aug 2021

People in Afghanistan should stay away from Kabul airport due to a "high threat of a terrorist attack", the UK Foreign Office has warned.

In new advice, the FCDO told anyone in the area to "move away to a safe location and await further advice".

US President Joe Biden has warned of a group linked to Islamic State that is seeking to target the airport.

It comes amid a race to evacuate thousands from Kabul ahead of the 31 August deadline when troops will leave.

In the update issued on Wednesday evening, the FCDO warned Britons there was "an ongoing and high threat of terrorist attack", and that travelling by road was "extremely dangerous", with people alleged to have been "mistreated" on their way to the airport.

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The government has said the UK's aim to complete the operation ahead of 31 August is moving at "significant pace", with more than 11,000 people evacuated with the help of UK troops, according to the Ministry of Defence (MoD).

On Tuesday, President Biden rejected calls from Prime Minister Boris Johnson and other allies to delay the withdrawal date for remaining American soldiers beyond the end of the month.

Kabul airport is currently being defended by 5,800 US and 1,000 British troops.

Meanwhile, Defence Secretary Ben Wallace has told MPs that Afghans wanting to flee to Britain may be better off trying to reach one of Afghanistan's borders instead.

### Concern over suicide attacks

The Foreign Office has previously warned against all travel to Afghanistan, and cited the possibility of terrorist attacks.

But the new advice is very specific. Do not travel to Kabul airport. If you're in the area, move away to a safe location and wait for further advice.

Officials won't elaborate on the nature of the threat, but this change comes just 24 hours after President Biden warned of the danger posed by extremists linked to the group calling itself Islamic State.

Commanders dealing with vast crowds around the airport are increasingly concerned about the possibility of suicide attacks.

What the new advice means for the British evacuation operation is not clear.

The MoD said that since 13 August, when the evacuation mission started, a total of 11,474 people had left Afghanistan. That includes almost 7,000 Afghan nationals and their families.

The total also includes British embassy staff, British nationals, those eligible under the UK government's relocation programme - Afghan Relocation and Assistance Policy (ARAP) - and some evacuees from allied countries.

About 2,000 people eligible for ARAP remain in Afghanistan, but the plan is to evacuate more in the coming days, the BBC was told earlier ahead of the new FCDO advice.

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Since the Taliban takeover, more than 82,000 people have been airlifted out of Kabul airport, US Secretary of State Antony Blinken said. About 10,000 are waiting to be evacuated by the US.

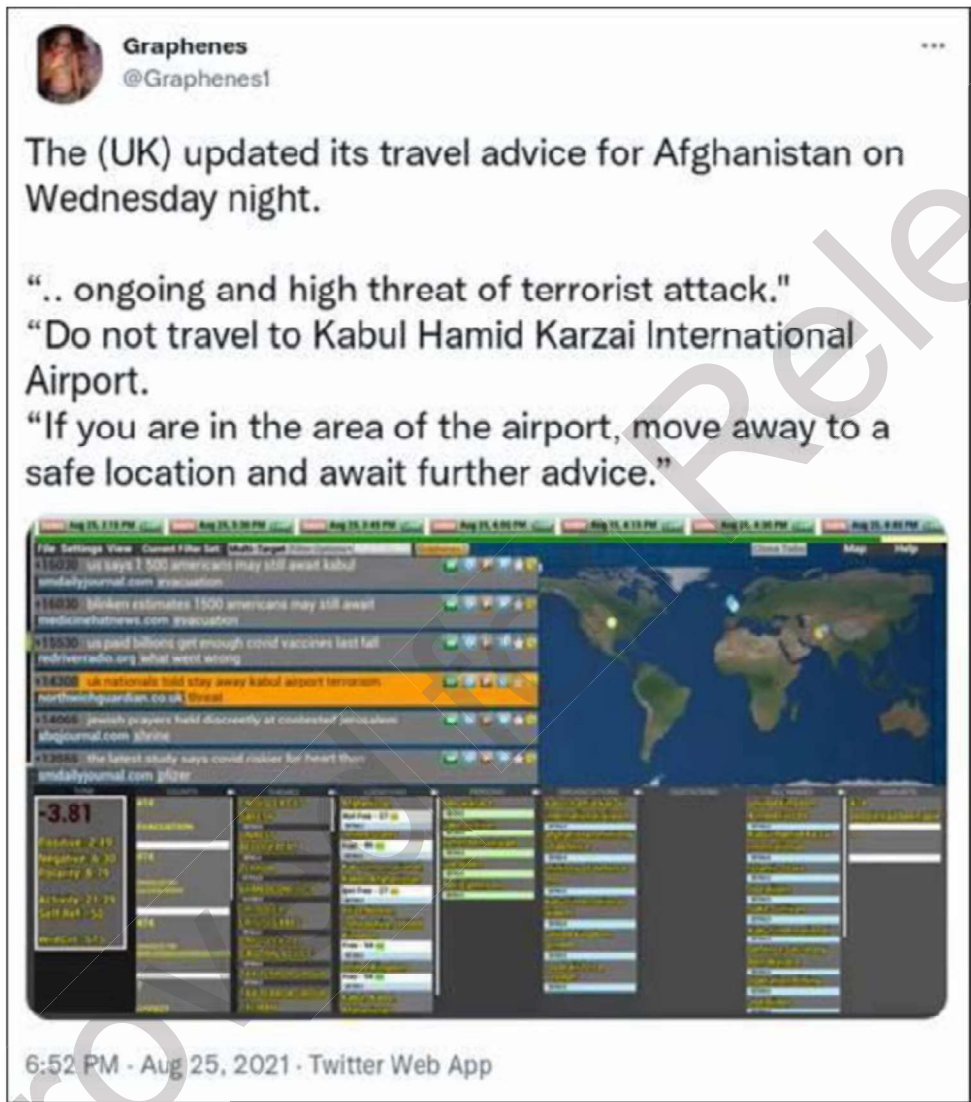
Mr Blinken said the Taliban have promised to allow foreigners and Afghans to leave beyond the end of August, adding that the US and its allies had "a responsibility to hold [the Taliban] to that commitment".

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(U) Source Reference Citation and Descriptor: (U) USCENTCOM OSINT; N20210825418 (U) Source Publication; Source Description: BBC; UK Media; Neutral

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**(U) OSINT TIPPER – NEO Afghanistan: US State Department advises US nationals waiting at Abbey, East, and North Gates at Hamid Karzai Airport in Kabul, Afghanistan to "leave immediately" (Reporter via Twitter)**

(U) Serial Number: N20210825419

(U) Production Description: Tippers provide raw data extracted from publicly available information sources without editorial intervention.

(U) Publication Date: 25 Aug 2021

**(UNCLASSIFIED) Afghanistan: US State Department advises US nationals waiting at Abbey, East, and North Gates at Hamid Karzai Airport in Kabul, Afghanistan to "leave immediately"**

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(U) Source Reference Citation and Descriptor: (U) USCENTCOM OSINT; N20210825419 (U) Source Publication; Source Description: Twitter; Jerry Dunleavy (@JerryDunleavy); Journalist, Washington Examiner

**(U) OSINT TIPPER – NEO Afghanistan: In leaked recording of a call, Deputy Assistant Secretary in US Consular Affairs King says "increasing number" of Afghan-Americans still in AFG are "telling us that they won't leave unless they can take large families with them" (Reporter via Twitter)**

(U) Serial Number: N20210825419

(U) Production Description: Tippers provide raw data extracted from publicly available information sources without editorial intervention.

(U) Publication Date: 25 Aug 2021

**(UNCLASSIFIED) Afghanistan: Increasing number of Afghan-Americans still in AFG are "telling us that they won't leave unless they can take large families with them"**

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**Dan Lamothe** @DanLamothe

Got a leaked recording of a call today between congressional staffers and administration officials about Afghanistan.

A couple of takeaways:

7:41 PM · Aug 25, 2021 · Twitter Web App

24 Retweets 3 Quote Tweets 53 Likes

**Dan Lamothe** @DanLamothe · 14m  
Replying to @DanLamothe

Some American citizens have told the State Department that they do not plan to evacuate from Afghanistan unless they can bring Afghan family members with them, administration officials said. That's a group with an uncertain future.

2 19 51

**Dan Lamothe** @DanLamothe · 14m

"The embassy has told that us that an increasing number is telling us that they won't leave unless they can take large families with them," said Karin King, a senior State Department official. "So, part of the number you have been given are people who are self-selecting to stay."

2 11 26

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The image shows a screenshot of four tweets from Dan Lamothe (@DanLamothe). Each tweet includes a profile picture, name, handle, time, and text. Interaction icons for replies, retweets, and likes are visible below each tweet. A large, semi-transparent watermark 'Approved for Release' is overlaid diagonally across the tweets.

- Tweet 1:** Dan Lamothe @DanLamothe · 12m. Text: "A different official (unidentified in audio) acknowledged the situation is complicated by reports that some families have been stopped on the way to the airport with a mix of Afghan-Americans and Afghans seeking refuge. State Department seeking 'ground truth' on those cases." (2 replies, 7 retweets, 13 likes)
- Tweet 2:** Dan Lamothe @DanLamothe · 10m. Text: "When will the military shift to 'retrograde' operations rather than evacuation operations? Rebecca Zimmerman, a senior Pentagon official, declined to say in an unclassified setting. But she added that DOD is 'multi-tasking,' and will try to do evacuation ops as long as possible." (1 reply, 4 retweets, 11 likes)
- Tweet 3:** Dan Lamothe @DanLamothe · 8m. Text: "Karin King from the State Department said the chaotic conditions outside the airport has prompted the U.S. government to reach out to American citizens and green card holders to go to specific rally points and then bringing them to the airport from there." (2 replies, 12 retweets, 21 likes)
- Tweet 4:** Dan Lamothe @DanLamothe · 8m. Text: "'My best advice to all those folks is to get themselves registered and get away from the gates because the gates are simply not a way to gain access at this point,' Karin King added." (2 replies, 11 retweets, 18 likes)

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(U) Source Reference Citation and Descriptor: (U) USCENTCOM OSINT; N20210825419 (U) Source Publication; Source Description: Twitter; Dan Lamothe, (@DanLamothe); Washington Post reporter

# **(U) OSINT TIPPER – NEO Afghanistan: Reports circulating that Abdul Rashid Dostum is going to or in Panjshir to meet with Northern Alliance 2.0 leadership (Reporter via Twitter)**

(U) Serial Number: N20210825421

(U) Production Description: Tipsters provide raw data extracted from publicly available information sources without editorial intervention.

(U) Publication Date: 25 Aug 2021

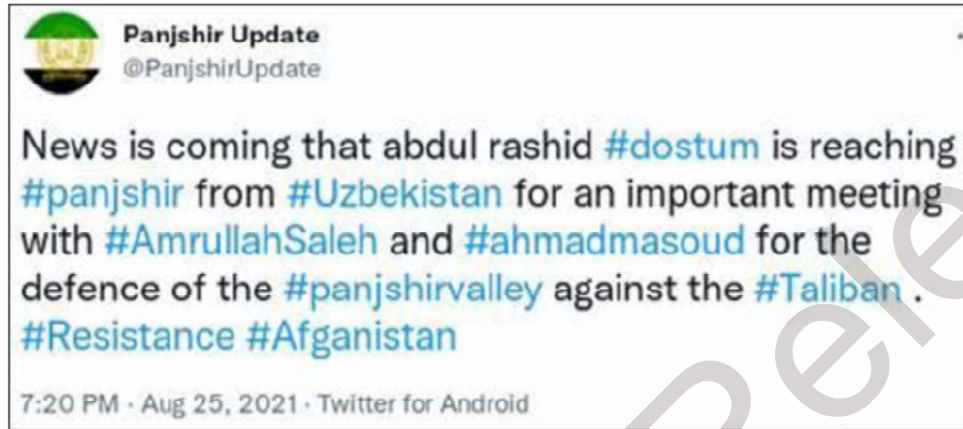
**(UNCLASSIFIED) Afghanistan: Reports circulating that Abdul Rashid Dostum is going to or in Panjshir to meet with Northern Alliance 2.0 leadership**

*(U) This is an Open Source Information Report, NOT finally evaluated intelligence. There has been neither editorial intervention nor analysis of the content. This report does not represent USCENTCOM opinion(s) or assessment(s), and is disseminated for informational purposes ONLY. The recipient may retain this report and bears sole responsibility for assessing relevance to individual mission(s) and further dissemination.*

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(U) Source Reference Citation and Descriptor: (U) USCENTCOM OSINT; N20210825421 (U) Source Publication; Source Description: Twitter; Panjshir Update, (@PanjshirUpdate); Twitter feed dedicated to tracking events in Panjshir

## **(U) OSINT TIPPER – NEO Afghanistan: Former GIROA governor says the Taliban has searched his residence for eighth time, took his private vehicle, and threatened his children (Government via Twitter)**

(U) Serial Number: N20210825422

(U) Production Description: Tippers provide raw data extracted from publicly available information sources without editorial intervention.

(U) Publication Date: 25 Aug 2021

*(U) This is an Open Source Information Report, NOT finally evaluated intelligence. There has been neither editorial intervention nor analysis of the content. This report does not represent USCENTCOM opinion(s) or assessment(s), and is disseminated for informational purposes ONLY. The recipient may retain this report and bears sole responsibility for assessing relevance to individual mission(s) and further dissemination.*

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**(UNCLASSIFIED) Afghanistan: Former GIROA governor says the Taliban has searched his residence for eighth time, took his private vehicle, and threatened his children**



(U) Source Reference Citation and Descriptor: (U) USCENTCOM OSINT; N20210825422 (U) Source Publication; Source Description: Twitter; Halim Fidal, (@GovFidai); Former Governor in 4 provinces of Afghanistan; Wardak, Logar, Khost & Paktia provinces. (2007-2021)

\*\*\*\* Please fill out CCIJ22 T-OSINT RFI Feedback Form: [USCENTCOM - Home \(ic.gov\)](https://www.uscentcom.gov) \*\*\*\*

*(U) This is an Open Source Information Report, NOT finally evaluated intelligence. There has been neither editorial intervention nor analysis of the content. This report does not represent USCENTCOM opinion(s) or assessment(s), and is disseminated for informational purposes ONLY. The recipient may retain this report and bears sole responsibility for assessing relevance to individual mission(s) and further dissemination.*

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