

Recommendations

The Board has found serious shortcomings in the concern for the safety of Dutch military personnel during the mission in Mali, both with regard to management of the ammunition and to military healthcare. Previous investigations conducted by the Board have brought similar patterns to light. Therefore the Board is concerned about the Defence organisation's virtually indiscernible motivation to learn from events.

A culture of safety and safety awareness form important pillars for a safe defence organisation, in the Netherlands and beyond. The Minister of Defence is ultimately responsible for this matter.

The Board issues the following recommendations to the Minister of Defence.

1. Ensure risk management is suitable for the current and future deployment of Dutch armed forces. Implement the changes necessary to form an organisation that actively learns.
 - a. Invest in an organisational structure and culture in which management is receptive to critical signals from staff. Provide operational management that converts reports of safety shortcomings into improvements. Encourage free communication about safety risks to create broad safety awareness within the defence organisation.
 - b. Use incidents and accidents to learn lessons. Provide the capacity to evaluate incidents and accidents in an objective and independent manner, selecting and implementing points for improvement.
2. Prior to taking a final decision about participating in an international military mission, as well as when changes to missions occur, clarify whether, and in which way, the safety and health of the military personnel to be deployed will be safeguarded. Make this safeguard a prerequisite. Fulfil the role of ultimate responsibility for the safety and health of Dutch military personnel during international missions by, for example:
 - a. drafting clear, verifiable criteria for the safety and medical care of Dutch military personnel during international missions;
 - b. fully assessing the consequences for the safety of Dutch military personnel and the medical care available when taking crucial decisions about changes to international missions;
 - c. actively monitoring safety aspects during missions, not from a distance, but in the deployment zone;
 - d. increasing the effectiveness of current checks and balances related to the safety of Dutch military personnel by, for example, investing in substantive knowledge and the independent positions of inspectors and investigation commissions.

3. Improve care for weapons and ammunition so that they are suitable for use in the conditions that may occur during missions.

In particular, ensure that:

- a. the mortar rounds currently in stock are checked to establish whether all safety procedures were followed correctly and - if this was not the case - carry them out;
- b. the established shortcomings in the organisation and regulations within the ammunition chain are eradicated;
- c. the storage, transport and use of ammunition is carefully documented, so that in the event of any seemingly unsafe performance all the ammunition concerned is traceable;
- d. the procurement process for weapons and ammunition is carefully documented and archived, so that it is possible to reconstruct how decisions were taken;
- e. the remaining stock of 60 mm HE80 rounds is no longer used;
- f. other countries that use these rounds are informed about the findings of this investigation.

4. Improve the acute medical care available during international military missions by:

- a. further defining the quality of medical care that must be available for Dutch contributions to UN missions and developing criteria for assessing this quality. When doing so, do not accept any dependence on medical care provided by UN Member States that is not able to meet with Dutch military standards;
- b. establishing the availability of the required care potential as a precondition before allowing a mission to begin;
- c. being aware of the consequences to medical care when relocating/extending missions;
- d. improving the care-related assessment of role 2/3 treatment facilities through standardisation and using specialist medical personnel with knowledge and experience of military trauma treatment and trauma surgery.



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