Name of event: Mission Response to Helicopter Crash of 3 March 2008

Date of AAR: April, 2008

Date of event: The AAR covers the events from 3 to 19 March, 2008.

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Background:
On 3 March 2008, an UNMIN helicopter crashed in Bethani VDC, Ramechhap district, on a routine flight from Main Cantonment Site 2 to Kathmandu. Three crew members, four International Arms Monitors and three national staff were on board at the time. The helicopter was initially discovered in the late evening in a remote hillside area; Nepali police confirmed that there were no survivors on board. Six days later on 8 March, a Russian avionics engineer associated with the helicopter company was found dead in his residence in Kathmandu of self-inflicted injuries.

The AAR covers the missions’ response to the crash, from the initial crisis response to the repatriation of remains and memorial services.

It should also be noted that some of the recommendations contained in the report have already been adopted by the Mission.

Objectives:
- Recovery, identification and repatriation of remains
- Recovery of wreckage and assistance to national police
- Maintain communication within the mission area, with Member States and families, external media, and UNHQ.
- Assess the safety of the remaining helicopters.
- Address staff concerns including stress issues.
- Conduct memorial services.
- Liaise with affected community at the crash site.

Context:
Mission management became aware of the incident through several channels. UNMIN Air Operations was tracking the flight and raised the alarm to Chief Technical Services/Chief Mission Support when the aircraft failed to call in for its routine 15 minute check. Because the media were alerted early to the incident, some staff members heard through local news broadcasts and others through the Office of Mission Support. A gathering of the SRSG and other staff members, including heads of some components, was immediately convened.
Nepali police at the scene were able to confirm there were no survivors. A recovery team was assembled under a team leader from the Arms Monitoring Office, including various mission components such as Security, Engineering, Public Information, Medical, and DSS. A Nepali Army helicopter with night flight capabilities was initially secured to transport the recovery team but was eventually cancelled by Nepali authorities. A decision was made to send the team by land. Although much of the journey to the area was done by vehicle, the recovery team, guided by local authorities, travelled on foot through the hills for several hours in the dark to reach the crash site.

Once the first team secured the site with assistance from local police, a second recovery team was sent the following afternoon by helicopter to recover and transport the remains back to Kathmandu for identification. This included a technician from Vertical T, the helicopter contractor, and two forensic specialists. Together with the initial team, they recovered the remains and left the scene. Two days later, a new UNMIN team arrived to work with local authorities to secure the site while government and national aviation authorities investigated. This team remained at the site for approximately two weeks recovering the wreckage and ensuring the site was restored to its previous condition.

The remains were immediately sent to Tribuvan Teaching hospital mortuary where UNMIN staff (medical and civilian) worked closely with a forensic specialist from Korea and a forensic dentist from Sweden, who travelled as part of the official member state delegation.

At headquarters, a crisis management team was set up to direct the mission’s response to the incident. Notification of casualty (NOTICAS) was sent to UNHQ Situation Centre (DPKO) and NY informed the families of the international Arms Monitors through the corresponding permanent missions. The families of the crew were contacted through the helicopter company. UNMIN contacted families of national staff through the personnel section.

An email was sent to Section Chiefs that evening, asking them to speak with their families to assuage concerns and lighten the load of incoming calls. A second email was sent the next day with more detailed information regarding the crash. A hotline for inquiries from families and friends was also established in English and Nepali using the conduct and discipline number.

A response cell was established at Kathmandu headquarters to receive families and Member States delegations. Public Information and Outreach worked closely with Mission leadership to keep media informed as developments unfolded.

Throughout the incident, and the subsequent response, UNMIN aviation section remained in close contact with the civil aviation authorities. The remaining helicopters were inspected by Civil Aviation authorities from Nepal, the technical director of Vertical T, and the Chief of Aviation Safety from DFS headquarters.

The remains of the international arms monitors were repatriated and memorial services were conducted as each body left the mission. A larger memorial service for all the victims was later held at UNMIN headquarters in Kathmandu and smaller services carried out in the regions.

Referenced guidance and SOPs:
- Submission of situation and special incident reports (DPKO/DFS)
- Aviation Safety Manual (DPKO/LSD)
- SOP Notification of Casualties (DPKO)
Best practices/what worked well:

A) Recovery, Identification and Repatriation
   1. Excellent cooperation between individuals and offices in the mission. Also noted was the solid cooperation with DSS who lent two security officers and vehicles to the recovery team.
   2. The initial team members sent to the crash site were all very skilled in their respective areas and some had prior emergency response experience. Likewise, the helicopter pilots sent to the scene to retrieve the remains were able to maneuver and land in very difficult terrain.
   3. UNMIN was able to come to an agreement with Member States to provide free forensic services and DNA testing to all of the victims.
   4. Local staff focal points were identified for the Nepali families and provided a direct line of communication. Final salary payments of the deceased were disbursed promptly and the personnel section met with the families to explain entitlements.
   5. At the time of the incident, UNMIN was without a legal officer. With the assistance of DPA, and the DSRSG who was in UNHQ during the incident, the mission was able to facilitate a TDY arrangement for the immediate assignment of a legal officer to UNMIN.
   6. UNMIN quickly established a well-equipped presence at the site to assist local authorities and establish communication with the local population. Teams rotated in and out of the area every two days and identified needs on the ground. When carrying out the initial assessment of how to proceed, an UNMIN staff member from affected closely-related community was identified and included on the assessment.

B) Communication
   1. Communication with UNHQ (DPKO, DFS, and DPA) proceeded well; the mission identified a focal point familiar with SitCen procedures.
   2. Communication with the media was immediate and constant throughout the incident. A public information representative was also included in the initial team to help manage local media at the site. A link was also added to the UNMIN public website to provide constant updates.
   3. Some media at the site initially insisted on taking photos of the deceased before they could be covered. This led to a small confrontation which was then exaggerated by the media as censorship of the press. UNMIN responded well by not engaging directly on the issue and stating its position on the incident at a press conference the following week.
   4. A reception cell, which was set up to receive the delegations and families, allowed for a private space outside of an office environment.

C) Air safety
   1. Longstanding relationship developed between UNMIN and civil aviation authorities led to smooth cooperation and follow up through the crisis and subsequent investigation.
2. Aviation Section, in coordination with staff representatives, produced a frequently asked questions (FAQ) sheet on aviation safety and questions related to the crash. This helped to assuage some concerns regarding the safety of the remaining helicopters.

D) Staff Concerns
1. As the mission does not have a staff counselor post, stress counselors with appropriate language skills were brought in immediately from DSS Nepal, NY and UNAMA to meet with the response team, helicopter contractors, aviation crews, staff members who were originally on the manifest then opted not to fly, Nepali families, and other UNMIN staff members. Other stress issues besides the crash were also raised with the counselors.

E) Memorial Services and follow-up
1. Senior staff members were very involved in all aspects of the response and engaged with the local community at the site. The SRSG personally attended the final Buddhist memorial ritual held by the community in late April. The SRSG and the Chief Arms Monitor also attended the cremations of the three Nepalese staff members who perished in the crash.

2. Legal claims of community members were quickly settled. Moreover, the community was consulted on the impact of the crash on the overall welfare of the community. Measures were jointly identified by UNMIN and the community to help the community pay respects and heal in a culturally appropriate manner.

3. UNMIN identified areas where it could support the community directly, and other areas that would require volunteer contributions from staff members. Staff took up collection to contribute to a temple and school at the crash site as a way of thanking the community for their support. Donations from staff were deducted directly from salaries or MSA.

4. The final memorial service held in Kathmandu headquarters was a good opportunity for all staff to pay their final respects to the victims and heal collectively. The service was organized by volunteers from various mission components. Several of the regional offices also held memorial services simultaneously. Nepali translation for the families in attendance was also appreciated.

5. Individual country customs were respected in the preparation of remains and in the ceremonies (flowers, flags, timing etc…), depending on the preference of the families and Member State.

6. The avionics engineer who died after the accident was included in the memorial services to the same extent as the crash victims.

Lessons learned/what did not work well or could be improved:

A) Recovery, Identification and Repatriation
1. The initial senior management meeting directly following the crash was attended by a wide range of personnel without a clear sense of division of labor and responsibilities. Decision making lines and responsibilities beyond that of the SRSG seemed unclear to some.

2. Since JOC was in the midst of being set up and not fully operational, there was initially no central source for information and it was pulled from a multitude of ad-hoc sources. Likewise, written guidance on emergency response and related procedures were not readily available in a centralized location and had to be collected from various sources or downloaded from the intranet.
3. UNMIN Headquarters did not have an accurate passenger manifest for the flight. The incorrect manifest was circulated amongst some staff in the mission, leading to the assumption that three additional staff had also been killed. The Nepali home ministry also initially relied on the incorrect manifest. Although pilots manually correct manifests once passengers are on board and routinely confirm the number after takeoff, this information did not get through to headquarters due to bad communication. An updated manifest was later put together shortly after the crash by speaking with people on the ground who had witnessed the passengers boarding the plane.

4. The initial deployment of the recovery team was delayed due to the gathering of people, supplies and basic equipment. In the end, the team deployed in the middle of the night with four flashlights for 12 people, no batteries or chargers for communication and electronic devices, and no maps of the area even though none of the team members were acquainted with the terrain.

5. Although body bags, tarps and masks were included in the original equipment bags, they were left in the initial vehicle to lighten the load of the team through the narrow paths and not transported to the crash site. As such, there were no readily available supplies to cover the bodies and recover the remains. Material had to be purchased at the site from local vendors and the body bags brought with the second team.

6. The perimeter at the site was very difficult to establish because of the number of locals gathered at the site. The recovery team found it difficult to keep some locals from entering the site and local police seemed to be ill equipped to assist.

7. Between the initial recovery of the remains and the set up of a temporary UN camp, there was a short period when there was no UNMIN representation at the crash site.

8. Conditions at the morgue were less than ideal. There was no electricity and initial work on the first night had to be done by candlelight before UNMIN generators arrived the next day. Security at the morgue was also an issue with journalists trying to take pictures of the arriving remains.

9. UNMIN did not have enough coffins to repatriate the remains of the international staff and had to seek them from an embassy in Kathmandu. Although the morgue would have been able to provide basic coffins, these were not suitable for air travel.

B) Communication

1. Initially, some information regarding the crash did not come through the established chain of command. Because the crash happened on an afternoon, there was very limited information available to pass to staff from senior management, including to heads of regions, until the second day.

2. Although the UNMIN personnel attempted to contact all of the Nepali families as soon as possible, one of the names was acquired from an alternate source and announced by the media before the family could be reached.

3. While a focal point arrangement through the Interpretation/Translation Unit and Personnel Section was quickly put in place for Nepali families, it was noted that initial frustration was felt in the first few days as families bumped up against UN procedures.
4. There is no feedback mechanism from Permanent Missions to inform the UN when they have contacted the families of international personnel. The delay resulted in intense pressure on the Mission to release the names.

5. It was initially unclear who would field calls from family and friends on the hotline. There was also no standard protocol for how to respond to inquiries. Some questioned whether JOC was the appropriate choice as many calls were on routine Mission matters or job inquiries.

C) Air safety
1. There was confusion regarding the cancellation of scheduled flights and generally on the use of helicopters after the incident. Some continued to travel on special flights while others chose not to fly until the remaining helicopters had been cleared. Because there were no clear instructions, managers made individual decisions on staff travel.

2. It was also noted that some staff were still anxious after conclusion of the safety review and were not confident in the overall safety of the helicopters.

3. Although UNMIN has an air safety post, it has been empty since the mission start-up when one officer was initially lent on TDY.

D) Staff concerns
1. Although stress counselors deployed to the mission area quickly, there were capacity issues in trying to address all of those affected. In the regions, contact was made via video link and a few participants noted that this was an inadequate format of communication for this type of incident. In one region, the follow-up visits arranged over the video link never materialized.

2. There also seemed to be confusion among some personnel regarding entitlements to stress counseling services. Although mission management was diligent in sending out information regarding available services, some believed they were not entitled to follow up attention because of their contract status or level of association to the Mission.

Specific recommendations:

Emergency Response Operations:
• Clarification issued on the Mission’s Emergency Response Plan (ERP), including senior decision making authority and clear lines of responsibility in a crisis. This should also include clear delegation of authority for team leaders and others responding directly in the field.
• The ERP should incorporate the changing nature of the mission and the downsizing of staff. It should address specific scenarios in a variety of terrains including but not limited to air operations/accidents such as explosions, natural disasters and hostage taking.
• The ERP should include all available emergency guidance and SOPs. Hard copies of the plan should be made available to all offices which may be involved as well as being available in a central location (such as the office of the Chief of Staff) to be accessed on short notice.
• Standby crisis teams need to be developed and trained to reduce reaction time, including team members (depending on the situation/accident) with various skill sets in both HQ and the regions. If at all possible, when responding to a casevac, close friends and colleagues of known victims should not be part of the response team.
• Emergency kits need to be developed and distributed to headquarters and the regions to reduce response time. Kits should include (but not be limited to) items to secure the crash site,
necessary equipment to break into the wreckage for emergency retrieval, batteries for electronics and communication devices, medical equipment and petty cash.

- When the ERP is formalized, a series of exercises for the various scenarios should be conducted to test and identify gaps. These should include reactions to potential community impacts such as death of local citizens or mass destruction of property.

**Air Safety:**

- Post-incident evaluations of aircraft and air safety procedures should be carried out by an independent body not affiliated with the contracting or management of the air operators.
- The establishment of an Air Safety Unit should be made a priority in every mission with air operations and staffed as a matter of priority. The Unit should have sufficient capacity to maintain coverage for leave/ORB.
- Where there are no aviation officers in regions, the mission should explore the use of trained and qualified military focal points near cantonment sites.
- A formal system should be established to ensure that HQ and the control tower are apprised of amendments to the passenger manifest prior to take off.

**Staff Welfare:**

- Staff Counselor posts should be standard in every mission and recruited as priority staff.
- All of those associated with the mission requiring post-incident counseling should be eligible regardless of contract. Military and contractors’ ability to function has a direct impact on the operations and safety of mission personnel.

**Communications:**

- As part of the ERP, a communication plan should be developed to inform and disseminate policy to staff in HQ and the regions.
- Feedback system should be developed at UNHQ to inform missions when families of the deceased have been reached.

**Quotes from the AAR:**

“Mission worked together in ways it hadn’t before”
“People went beyond the call of duty”
“Everything was so ad-hoc, it took too much time”
“We could have easily added 12 more bodies [travelling to the crash site]”
“Learning of such accident involving UNMIN from the local TV did not feel right”
“One can’t underestimate how confusing a UN Mission is to Nepalis”

**Keywords associated with this AAR:**

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