

A.D. - Done 28 Feb -
U.S. Armed -

Medical Officer / Preventive Medical Officer
INTERVIEW QUESTIONS

2nd BDE - 1st ID

Rank CPT Branch MC Date 29 March Unit BDE Sumr
Duty Position Surgeon How Long in Job 3 months WRAAC - Gen. Surg. - Beside
How Long in Current MOS - Interviewer (b)(6)-2
How long have you been in Country Ku - 12 Feb - 5 Mar -

1. What medical requirements in support of the detainee program were identified in the medical annexes of relevant OPLANs, OPORDs, and other contingency planning documents? What identified requirements were actually allocated? What procedures were specified in these documents? (Collect theater/local policies, SOPs, etc) (1.1, 1.2, 2.1, 4.1)

Nothing - PM other - they have medical care -
- daily medical ops + deaths -

2. What training, specific to detainee medical operations, did you receive prior to this deployment? What training have you received during this deployment? (1.4)

Nothing - OBC did not cover detainee treatment - just
- Det program - covered GC + how to apply to

→ Doc had no knowledge of the legal status of the detainees -

3. What are the minimum medical care and field sanitation standards for collection points/internment facilities? What have you observed when detainees are received at collection points/internment facilities? (Describe the process) (1.2, 1.4, 1.8)

→ report to the same medical care as collection points - toilet - 1 per 15 detainees
- report to the command -
- they just move down here to the point -
He sees reports of returns to + records at BW A&D.

4. How often are the collection points/internment facilities inspected (PVNTMED inspections)? Who performs the inspections (field sanitation team, PVNTMED detachment)? What do the inspections consist of? What do you do with the results of the inspections? Are the appropriate commanders taking the necessary actions to correct the shortcomings noted during your monthly medical inspections? Have you observed any recurring deficiencies during your inspections? (Obtain copies of past inspection reports) (1.1, 1.2, 1.3, 1.7, 2.1, 4.1)

should be reported monthly - Div has talked (b)(6)-2 P.M. address / BDE
they have not been here yet - they will inspect it NRA's
Quarters

5. How do you ensure that each unit has a field sanitation team and all necessary field sanitation supplies? What PVNTMED personnel are assigned to MP units responsible for detention operations? (1.1, 1.2, 1.3, 1.4, 1.5, 1.7, 2.1, 4.1)

~~CPT~~ [redacted] each Co has a F-Sanitation team -
(b)(6)-2

6. How are detainees initially evaluated (screened) and treated for medical conditions (same as US)? Who performs the screening? What do you do if a detainee is suspected of having a communicable disease (isolated)? (1.1, 1.2, 2.1, 4.1)

DA 1574
screened by a provided medics, P.A, nurse - that P.E - record ~~stay~~
- should be isolated -
he or work on an SDP -

7. How often do you or your staff conduct routine medical inspections (examinations) of detainees? What does the medical evaluation consist of? What is the purpose of the medical examination? How are the results recorded/reported? (1.1, 1.2, 1.3, 1.7, 2.1, 4.1)

→ sick call browser - 07-07 & 15-2100 -
stay 2-21 days - longer - 10K -

8. Does every internment facility have an infirmary? If not, why not? How do detainees request medical care? What are the major reasons detainees require medical care? Have any detainees been denied medical treatment or has medical attention been delayed? If so, why? (1.1, 1.2, 1.8, 2.1, 4.1) -

separate room for examination -
MP's will by an emergency of here -

9. How do detainees obtain personal hygiene products? (1.1, 1.2, 1.8, 4.1) -

- 10K

10. What are the procedures for the transfer of custody of detainees to/from the infirmary for medical treatment? How is security maintained when a detainee is transferred to a medical facility? (Database, form, etc) (1.1, 1.2, 1.7,

4.1) *It's a matter for transfer, detainees to the USH -
medical may, as required -
- same they you would do for a soldier -*

11. What are the procedures for repatriation of sick and wounded detainees? Who is eligible for repatriation based on a medical condition? How do you interact with the Mixed Medical Commission (EPW/RP only)? (1.1, 1.2, 4.1)

CA & us have a list of medical facilities they would be returned -

12. Who maintains medical records of detainees? How are these maintained and accessed? What is kept in the medical record? Who collects, analyzes, reports, and responds to detainee DNBI data? (1.1, 1.2, 1.7, 4.1)

*- M&C maintain them
- somebody has a separate medical record -*

13. What are the standards for detainee working conditions? Who monitors and enforces them? Who administers the safety program? What is included in the safety program? How does a detainee apply for work-related disability compensation? (1.1, 1.2, 1.7, 4.1)

14. How are retained medical personnel identified? What special conditions apply to them? How are they employed in the care of detainees? How are they certified as proficient? Who supervises them? (1.1, 1.2, 1.7, 4.1)

*- no knowledge any -
- I expect I would follow the to process*

15. What measures are taken to protect US personnel from contracting diseases carried by detainees? Who monitors/enforces these procedures? (1.1, 1.2, 1.5, 1.7, 4.1)

see the - unbreed procedures - lice, TB, STD -

not ^{b6-2} DDV psychiatrist
16. What kind of stress counseling do you provide to Soldiers/Guards of detainees? (1.1, 1.2, 2.1, 4.1)

- we have CSC Teams they come in after death -

The CSC will be only a consult, based on recommendations of the surgical study -

17. What are the procedures if a detainee in U.S. custody dies? (1.1, 1.2, 4.1)

18. What do you perceive to be doctrinal medical shortcomings pertaining to detainee operations? How would you fix/incorporate into updated doctrine/accomplish differently? Does the current force structure of the Medical/MS/SP Corps support the successful accomplishment of detainee operations? What are the shortcomings, and how do we fix the problem at the Army level? (1.1, 1.3, 1.5, 1.7, 2.1, 2.2, 3.1, 4.1)

- specify who is in charge - acute vs. chronic care - isolated areas - acute care vs. chronic care - how do we fix chronic conditions - the United St. is our care for some time -

19. If you noticed any markings and/or injuries on a detainee that might lead you to believe the detainee was being abused, what would you do with the information? Do your subordinates know the reporting procedures if they observe or become aware of a detainee being abused? (1.1, 1.2, 1.6, 4.1) (Serious Incident Report/Commander's Inquiry, etc)

call the DDV Surg + send guardsman from whom approach the CMI -

20. Overall, how do you feel detainees are being treated at the infirmary, collection points and/or detention facilities? What systemic weaknesses have you identified? No standard. Personal observations. (1.1, 1.2, 2.1, 4.1)

From verbal reports - they're getting standard of care aware about ~~that~~ Field Sanitation - aspects

21. What AARs or lessons learned have you written or received regarding detainee operations? Can I get a copy? (preferably on disk) (2.2)

Let's not score here LL, but nothing - had to do with the detention facility

22. What do you perceive as the mission of your unit? Describe the importance of your role in that mission. (Insight to the Soldier's understanding and attitude concerning unit mission and their role)

Captain - The every + structure structure of 1st Q - needs, collect assets - use co-adjunct missions to make sure roles - weapons cache - not in the CDC - not in C.A. or medical side -

23. Describe your working environment and living conditions since being in Theater. (Identify physical and psychological impact on Soldier's attitude). (1.2, 1.3, 1.4, 1.5, 1.6, 1.7)

As good as the cache - internet, water -
- mission to clear - 2 warm meals only - safety checks -
NED IC checks cleared weapons -

24. Describe the unit command climate and Soldier morale. Has it changed or evolved since you have been in Theater? (Identifies Soldier's perception of the chain of command and Soldier attitude. Does the Soldier feel supported? Do Soldiers feel the Command cares? Are they getting clear guidance?) - Excellent unit climate -

25. Are you aware of any incidences of detainee or other abuse in your unit? Yes

ADVISEMENT OF RIGHTS (For military personnel)

The text of Article 31 provides as follows a. No person subject to this chapter may compel any person to incriminate himself or to answer any questions the answer to which may tend to incriminate him. b. No person subject to this chapter may interrogate or request any statement from an accused or a person suspected of an offense without first informing him of the nature of the accusation and advising him that he does not have to make any statement regarding the offense of which he is accused or suspected, and that any statement made by him may be used as evidence against him in a trial by court-martial. c. No person subject to this chapter may compel any person to make a statement or produce evidence before any military tribunal if the statement or evidence is not material to the issue and may tend to degrade him. d. No statement obtained from any person in violation of this article, or through the use of coercion, unlawful influence, or unlawful inducement, may be received in evidence against him in a trial by court-martial. (1.2, 1.6)

I am _____ (grade, if any, and name), a member of the (DAIG). I am part of a team inspecting detainee operations, this is not a criminal investigation. I am reading you your rights because of a statement you made causes me to suspect that you may have committed _____. (specify offense, i.e. aggravated assault, assault, murder). Under Article 31, you have the right to remain silent, that is, say nothing at all. Any statement you make, oral or written, may be used as evidence against you in a trial by courts-martial or in other judicial or administrative proceedings. You have the right to consult a lawyer and to have a lawyer present during this interview. You have the right to military legal counsel free of charge. In addition to military counsel, you are entitled to civilian counsel of your own choosing, at your own expense. You may request a lawyer at any time during this interview. If you decide to answer questions, you may stop the questioning at any time. Do you understand your rights? Do you want a lawyer? (If the answer is yes, cease all questions at this point). Are you willing to answer questions?

26. Describe what you understand happened leading up to and during the incident(s) of abuse. (No applicable standard) _____

27. Describe Soldier morale, feelings and emotional state prior to and after these incidents? (Identifies unit and Soldier morale, atmosphere, mood, attitude, stress, retaliation, preemption, family crisis)

28. Was this incident reported to the chain of command? How, when & what was done? What would you have done? (Identifies compliance, procedure, timeliness, Soldier perception of action taken and effect on unit morale.) (1.2, 1.6)

29. How could the incident have been prevented? (Identifies root cause and perceived solution) (No applicable standard)

30. Describe any unit training or other programs that you are aware of that teach leaders and Soldiers how to recognize and resolve combat stress.

As excellent - CIS -

31. What measures are in place to boost morale or to relieve stress? (Identifies perceived solution.)

- 1DK - at a FOB level

Fight Management Program - 3-4 day pass -

32. What measures could the command enact to improve the morale and command climate of your unit? (Identifies perceived solution.)

10x - had to answer your, I will know better in 6 months
