Rough Transcript
Cdr Robert Briggs, 15 Fd Amb (30 July 2016)

Deployment(s): Afghanistan 2009
Interviewer & Transcriber: LCol M.C. Vernon

Note: Quotations are not 100% verbatim.

Timecode	Content
0:30	Previous op experience prior to Afghanistan? He'd been with artillery units in Petawawa and deployed on Op PALLADIUM and Op DETERMINATION, as well as some domestic operations. So, he had a fair amount of experience.
1:00	His reaction? He was RCN senior surgeon in Ottawa at the time he was asked to go, so it was a bit of a surprise. He felt the need to brush up on his trauma skills and army knowledge.
1:50	He's not sure what the Navy thought. "Army was getting all the glory in those days." People in the medical world saw it as a good opportunity for him to deploy in a senior leadership position. His wife, kids, and parents were quite concerned. There'd been a lot of talk about Afghanistan and casualties—physical and mental.
2:45	He would be the CO of the Health Services Unit at the time. Canada was the lead for the Role 3 Hospital in KAF. He was also the TF Surgeon. He was responsible for the hospital and the Role 1 (which included EMTs/medics outside the wire), personnel at Camp Mirage, mentoring ANA too.
3:55	His concerns? A broad scope of responsibilities, as well as providing advice to the TF commander. He was concerned to make sure his subordinates had all the skills they needed. Multi-fold concerns—clinical and soldier skills required. [Fan recording]
5:00	Work up training emphasis? Quite challenging. They weren't sure if US Navy would take over the lead for the Role 3, so he had to ensure adequate force generation if that didn't happen. Training in Edmonton, Vancouver, Valcartier, Petawawa. His attention was dispersed and fragmented.
6:10	Was he an administrator or hands-on doctor? Primarily the former, but his clinical skills had to be up to par in order to interact with his subordinates.
6:55	Canadian medical skills were "truly outstanding." They were supporting 1 PPCLI BG, Roto 8. Clinical and soldier skills were very good. "Medics had to be able to look after themselves before they could look after others." They had l"ive tissue training with live animals in simulated and realistic combat situations." Reserve med techs were "outstanding", his best because they dealt with real issues as part of their civilian practice/jobs.

8:15	Mental health? By this point, they knew how much of a toll mental health stress injuries were taking a toll—with soldiers and first responders. They had mental health people deployed with Role 1 in theatre, "very robust", to deal with such injuries.
9:00	Expectations? You have a vision based on movies, what you've heard, but it doesn't capture the full range of in-theatre experiences. They had the benefit of a tactical recce several months prior to deploying—a true eyeopener, invaluable, including rocket attacks inside the wire. The first day they were there a dump truck filled with explosives tried to ram through the front gate of KAF. They saw the plume of smoke. They had to deal with casualties and deaths on the recce, including some things he'd never seen before. "It sharpened your mind to the dangers at hand."
10:45	Personal desire? Anyone who joins the military looks to the day they'll deploy to a combat situation. As a man you want to test your mettle. A great test. Something you'll always have with you. Can you standup? Do what needs to be done? Thrive? Those who have, will always know "we measured up."
12:00	First impressions? Absolutely surreal, going from Canada to a war zone. Jet-lagged. Well-established in-routine. Hit the ground running with briefings about threats, TTPs, weapon zeroing. Assimilated, acclimated, and into routine. Where you know what to expect and it feels comfortable. Oppressive heat in October, mid-30s. Sleet in Edmonton at the time. Make sure you sleep. The stress level alters sleep patterns, which affects your ability to handle stress.
13:45	His routine? Up at 0730, went for a run, breakfast, into work. Ottawa time also determined pace. "You knew when emails would be there, so I would work to 2130, 2200." Briefings to attend, monitoring Tacnet for information about casualties, what was going on in their area of responsibility. Plenty of time to think. 24/7, seven days a week. All-consuming.
15:00	Stressors he dealt with? Commanders are always aware of the need to appear to be in control, command presence, be strong for subordinates and family. Portray a certain persona that can be somewhat forced, the CO Persona. A baseline stress you have to learn how to handle.
16:15	Was it wearing over time? Absolutely. On relinquishing command, a weight lifted off his shoulders. It had always been there, including during 9-12 months of workup training. A vivid time in your life.
17:00	Concerns for his subordinates and how they handled stressors? Many were attached to other units—recce, OMLT, artillery, FOBs. You hope they're being well-looked after by their chain of command, and most were.
17:50	Could he visit them outside the wire? From time to time. He didn't have much mobility using his own resources, so he relied on convoys, helicopters for the occasional visit.

18:30	His impressions of what they were doing? A great deal of mundane time, not eating as well as he'd liked, smoking too much, drinking too much Red Bull. But they were appreciated by the soldiers they supported. They made him proud.
19:20	Memorable day? There were a number. Their adjutant—Frank Paul—died at home while he was on his HLTA leave. A sad day when they learned he'd fallen ill and then died. Another day, 12 ANA troops came in after a fuel truck exploded near them. They provided some relief while waiting for these soldiers to die. Post-mortems for friendly casualties with a view to determining force protection measures that might be improved, based on the nature of their deaths. "Until you sit down and think about them, you just bury those memories." He remembers a lot of pride, especially when his people were nominated for awards, were mentioned in newspaper reports. "Some awesome things my troops did, really made me proud."
21:10	His own clinical experiences? Role 3 had its procedures down very "tight". Very formulaic, algorithmic, "a recipe": "If this happens, do that." Sometimes overwhelmed by numbers, but everyone remained calm. "I don't know the mental toll it took on everyone there… Might have several nationalities working on one casualty. A choreography that was beautiful to see." A multinational medical unit, very good interoperability of several countries. Saved untold number of casualties—military and civilian.
23:20	HLTA? He met his family in San Antonio, Texas. His wife was four months pregnant at the time. His son was in hockey. They did dry land training together, running in San Antonio.
24:20	His sense of the mid-tour break's utility, for mental health? Hard to look at it from mental health perspective alone. It greatly affected the mission, reducing combat strength by 20-25%, and soldiers had to re-acclimate on their return. It's a complex question. He thinks tour lengths should be longer than six months. And HLTA, in his estimation, was probably a little too long.
25:30	His own return to theatre? It didn't take long to get back on the course, but he had some guilt about being away for certain events that took place during his absence—like a large IED that killed several people. [30 December 2009—with Michelle Lang and others killed?] "I remember feeling some guilt that I had missed that."
26:20	He confirms it was the Michelle Lang incident. A huge event. "The medic on scene received a CDS commendation for how well she performed."
27:25	Were there any mental health debriefings for first responders after such an event? They had a psychologist, mental health nurse and others at Role 1. After the incident, they would have had them go out and screen people, and remind people about self and buddy recognition. "You have to be careful about removing people from their

	support systems, so the worst thing you could do would be to bring them all back to KAF." And they had the casualty repatriation process. Have to have your sensors out there. "But don't want people to think they should be affected if they're not affected. Need to support them without being too intrusive. And symptoms not always obvious on Day One. Remind commanders what to look for. Best support is their friends and buddies."
29:10	Trends in mental health? He didn't notice any trends as the tour progressed. His concern was more for post-tour, when people have time "to take stock of what happened. And this is when you have less control, and particularly true of reservists who are from smaller centres with less support."
30:30	Learning curve? Had a very robust lessons learned policy. Independent of CAF, the medical community had hot washes, like trauma teams discussing post-op. For quality assurance. They'd give med techs feedback after incidents, like info about aid that had been applied (eg, tourniquets etc.). He would do post-mortems (not autopsies per se), looking at equipment worn/used, and for force protection recommendations.
32:25	He saw every dead body from the TF (US and Canadian). It's important to do. "I chose to do the post-mortems myself and not expose any others to it." People in Role 3 were used to seeing death.
33:30	How satisfying? Extremely satisfying, "I wear it with great pride. That I deployed as a commanding officer to a combat theatre and I think I performed well. Proud of troops' performance. Several are in my unit now. One of the reasons I decided to become CO of 15 Fd Amb is because I deployed with med techs from the unit and they were some of the best med techs I had. So, a great deal of pride knowing I passed muster."
34:35	Cyprus? He didn't go to Cyprus. His wife was due to give birth and she was at the limit of when she could fly. He was posted to Edmonton and had to do househunting trip immediately. Had a brief layover in Cyprus airport. Deployed October-May, believed he would miss winter (foolishly). Returned to snow in Edmonton, then slept for 18 hours straight. "That was my decompression." Did their HHT and returned to Ottawa for son's birth.
36:15	How important is TLD? Enormously important. They have to decompress with their buddies, blow off steam in a safe environment. Receive lectures on mental health, reintegrating with their family. "It's surreal to go from combat zone to Canada in 24 hours." He knew what to look out for, so less concerned about himself. But he probably did need some decompression for himself.
37:40	How long did it take him to transition to home? Tough to answer. "I tend to compartmentalize. They tell you not to. I put it into a closet, a room. Maybe it's not good to do that, but I did that and carried on." He

	doesn't think he had any issues as "a serial mono-tasker who does one thing at a time."
38:35	How did it affect him? "It made me a better leader. I understand what really matters. The importance of looking after your troops. Of giving your people latitude to be innovative. That's what really counts. I have some great friendships, some connections I'll always have. Some deep bonds. And the satisfaction of knowing I did what had to be done and I looked after my troops. When all is said and done, I have very positive memories. Knowing I did the best I could."
39:40	Final thoughts? He looked at how they handled detainees, insurgent casualties and "I was absolutely proud of how we did that. In a very professional manner. Unlike other countries. Our folks are absolutely professional. Strategic corporals know how to do the right thing and they do it. We did the best we could and we had the absolute best intentions."
	Additional details?