

Exhibit 6

Interview with (b)(6),(b)(7)(C) Professor and Chairman, Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences (USUHS), 19 February, 1993.

The Letter of Appointment and a Privacy Act Statement were presented to (b)(6),(b)(7)(C)

(b)(6),(b)(7) has been in his current position since 1982; he succeeded (b)(6),(b)(7)(C) who held the position for one year, and (b)(6),(b)(7)(C) who held the position from 1976-1981. In 1985, the Department of Military Medicine merged with the Department of Military and Emergency Medicine.

I first asked (b)(6),(b)(7)(C) to give me the history and purpose of the course "Operational and Emergency Medical Skills (OEMS)." He replied that in late 1985 or early 1986 budgetary reductions forced cancellation of Military Medical Field Studies. A replacement course was developed in 1986 to accommodate students locally. The course was an elective, was pass/fail and was offered only to students with prior military service. The course was started by LTC (b)(6),(b)(7)(C) (now at Wright-Patterson AFB, Dayton, OH), MA (b)(6),(b)(7)(C) (now LTC, still at USUHS) and LTC (b)(6),(b)(7)(C) (now out of the Army).

Among the reasons for the development of this course were: (b)(6),(b)(7)(C) while at Brook Army Medical Center, had performed similar exercises with students which were well received; feedback from students indicated that they liked hands-on learning; and the Dean and President of USUHS, (b)(6),(b)(7)(C), was a strong supporter of the concept.

The course was graded pass/fail; participation in the practical exercises was not required for a passing grade. The only absolute requirement of the course was that the student provide information about their whereabouts, if they did not attend class, so that they could be located in an emergency. Students evaluated the course on completion.

The course was offered in the summer between the first and second years. It included: an overview of military medicine; Basic Life Support; combat medical skills; and military applied physiology, which emphasized heat, cold and hyperbaric stresses, as well as effects of sleeplessness.

In June of each year, all first year students participate in Military Medical Field Studies (MMFS) at Quantico, VA. Air and vehicle operations, use of MOPP gear, and other field medical skills are taught. OEMS is taught after MMFS in July of each year.

The Department of Military and Emergency Medicine also teaches Military Medicine II to second year students and Military Contingency Medicine, with ATLS, ACLS and a one week field exercise, to fourth year students. In the fourth year, students also do a four week clerkship in Military Emergency Medicine at a civilian institution. The Department also offers electives

in Aviation Medicine, a Basic Aviation Course, as well as overseas opportunities. In addition, the Department has a contract to do refresher training for Drug Enforcement Administration (DEA) medics, which includes OEMS and instruction on tropical diseases. The Department also gives EMT training to Army Rangers, Navy Seals and Air Force Pararescue personnel.

At the time of the development of the OEMS course, volunteer information sheets were developed for students to explain the purpose, risks and benefits of each practical exercise in which they might participate. These were reviewed and approved by the (b)(6) Counsel, (b)(6) (b)(6). They were also presented to the Curriculum Committee, at Dr. (b)(6) request, in the spring of 1986. This committee offered no objection to their use. (b)(6) (b)(6) thought that (b)(6) (b)(6) Associate Professor, Department of Physiology, was Chairman of this committee at that time. (b)(6) (b)(7) did not know if the minutes of this committee mentioned this review of the information sheets. (b)(6) (b)(6) also stated that he requested review of these documents by the University's Human Use Committee (HUC), but was told that this issue did not fall under the purview of this committee, since no research was being conducted. (b)(6) (b)(6) thought that the Chairman of the HUC at that time was (b)(6) (b)(6) (b)(6). These information sheets were also presented to the Teaching Laboratory Advisory Committee in either 1986 or 1987; this committee offered no comment. (b)(6) (b)(6) stated that he sought counsel and advice from these committees in an attempt to avoid potential problems concerning the participation of students in the practical exercises.

In 1990, when (b)(6) (b)(6) became the Commandant of Students at USUHS (b)(6) (b)(6) gave him a copy of the course syllabus to review. He made no suggestions for change. (b)(6) (b)(7) noted that (b)(6) (b)(6) performed this review before he accepted an appointment to the Department of Military and Emergency Medicine.

The OEMS course is reviewed annually by the Department. Student and faculty critiques are reviewed, as is the pertinent medical literature, and specific recommendations for change are given to (b)(6) (b)(6).

Both (b)(6) (b)(6) and (b)(6) (b)(6) participated in the course as instructors; each also monitored the students responses to the course.

LTC Hagmann graduated from USUHS in 1980, having had prior military service. (b)(6) (b)(6) commented that he has complete trust in LTC Hagmann, that he has an "extreme degree of sensitivity" and was "proactive in determining safety issues." (b)(6) (b)(6) feels that LTC Hagmann is "unflinchingly honest." He has complete trust in LTC Hagmann.

Concerning specific issues raised by the Letter of Appointment:

- 2.a. "the inhalation of nitrous oxide by students;" nitrous oxide was used to teach analgesia, not anaesthesia. It was administered using draw-over equipment that required an oxygen source to drive it; the concentration of nitrous oxide was therefore never over 50%. The equipment was set up and maintained by CAP (b)(6) and nurse anaesthetist. Students were monitored while receiving nitrous oxide with a cardiac monitor and a pulse

oximeter. Additionally, the student held his own mask, which was not attached to the face. Thus, the mask would have dropped from the face if the student had lost consciousness.

- 2.b. "direct and indirect laryngoscopy by or involving students;" students practiced these techniques on manikins and then on marmosets. They then could practice indirect laryngoscopy on each other. Direct laryngoscopy was never performed by students. Two years ago, a student volunteered to be a subject for direct laryngoscopy, which was performed by a staff member using topical anaesthesia. (b)(6) was the subject and LTC Hagmann performed the procedure.) Prior to that episode, when (b)(6) was still at USUHS, he and LTC Hagmann performed direct laryngoscopy on each other to demonstrate for the students.
- 2.c. "intraoral local anesthetic blocks by or involving students;" the dentists ran their own course; they demonstrated intraoral blocks and did use student volunteers, if available. (b)(6) (b)(6) did not know if students were allowed to perform these blocks on each other. He noted that there was no volunteer information sheet for this procedure in the syllabus.
- 2.d. "administration of Lasix to student volunteers after 24 hours of fasting and fluid deprivation and strenuously exercised prior to administration of I.V. fluids;" (b)(6) (b)(6) labelled these charges "totally erroneous." He admitted that furosemide (Lasix) was used, but did not remember the dose or timing of administration. He also did not know if the students' weights were monitored during this exercise. He stated that students were not permitted to exercise during the procedure. He said that LTC Hagmann had discovered that some students had used a sauna during lunch while involved in this exercise, a practice he stopped immediately. (b)(6) (b)(6) said that the degree of dehydration experienced during this exercise was equivalent to that of a typical post-operative patient. When I asked him why I.V. hydration was necessary after the exercise, he said that it was offered to those students who had been given furosemide before they left the lab.
- 2.e. "placement of I.V. and arterial cannula by or involving students;" students were allowed to practice external jugular venous cannulations on each other; the use of the external jugular was chosen because it provided a way to monitor central venous pressure. Students also started I.V.'s in the dehydration exercise mentioned above (2.d.). Radial artery punctures were performed to obtain blood for chemistries, but no cannulae were ever inserted.
- 2.f. "the use of triazolam by faculty or students in said course;" triazolam was used; students were monitored for one hour after taking the drug and were not allowed to drive for six hours. Students were given transportation home after these exercises. Ibuprofen (Motrin) and diphenhydramine (Benadryl) were also used. Narcotics were never used in these exercises. Both scopolamine and ethanol were used in the course on one occasion.
- 3.a. "the obtaining of drugs for any procedures done above;" drugs were obtained from the USUHS multi-disciplinary pharmacy; all University procedures were followed.
- 3.b. "approval process followed for any above procedures;" the curriculum for the course was reviewed and approved. The course was also reviewed by the University General Counsel at its inception (see additional comments on pages 3 and 4, above). All

instructors were Board Certified Emergency Medicine Physicians and all were credentialed at their respective teaching hospitals.

- 3.c. "the safety of the environment (personnel and equipment) in which these procedures were conducted;" the labs were conducted in the multi-disciplinary lab, second floor, Building A. A defibrillator and intubation equipment were available in the lab. The NNMC EMT's were located only 5 minutes away from the lab.

(b)(6) (b)(7)(C) was asked to comment further on any other issues which might be relevant in response to the issues raised in item 4 of the Letter of Appointment. He stated that he felt that students should have the opportunity to learn certain skills on each other, rather than on patients. He stated that he is comfortable with what intelligent and motivated people can do and learn with supervision. He felt "nothing in this course would make him feel uncomfortable concerning the safety of the students." "LTC Hagmann has not violated any legal, ethical or medical standards." (b)(6) (b)(7)(C) also felt that LTC Hagmann would have informed him of any problems with the course had they developed.

Finally, (b)(6) (b)(7)(C) stated that he personally taught in all of the courses (except 1992, when he was recovering from a broken neck). On the first day of each course, he met the students and explained the expectations and outlined the "ground rules," emphasizing that there was no pressure to volunteer for any of the exercises. Thereafter, he would meet with students informally and elicit their reactions to the course; the most frequent comment he remembers hearing was "The course is great - it should be a requirement for everyone in the class."

I have been given the opportunity to review and correct the facts contained in this summary of interview.

Date

Signature

Interview with John H. Hagmann, M.D., LTC MC USA, Assistant Professor, Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences (USUHS), 19 February, 1993.

The Letter of Appointment and a Privacy Act Statement were presented to LTC Hagmann.

LTC Hagmann is the Course Director for the course "Operation and Emergency Medical Skills" (OEMS). OEMS is one option to fulfill the requirements of the course "Military Medicine Field Studies." The OEMS course was held for the seventh time in 1992; LTC Hagmann has been the course director for all seven.

I first asked LTC Hagmann to give me the background of OEMS. He told me that at the time of the Graham-Rudman budget cuts a decision was made to curtail the training with military units that had taken place at the end of the first year of medical school. These activities had been carried out on TDY orders and had cost about \$500,000/year. (b)(6) and LTC Hagmann were asked to develop a course teaching EMT skills at USUHS. The philosophy was to augment the didactic learning of the school with hands-on experience to stimulate the students' motivation. It was felt that some techniques/procedures were better learned on fellow students than on patients; choices of techniques to be taught were made based on the question: "What do we wish someone had taught us?" (b)(6) felt the course should illustrate what the military combat medic was able to do.

The first course was run in July, 1986. Among the techniques taught were: placement of IV's; arterial punctures to obtain samples for arterial blood gas analysis; and Moulage drills. From the beginning, the major constraints were safety and modesty.

LTC Hagmann stated that the staff were concerned about the issue of coercion in using students as volunteers for the practical exercises. The (b)(6) was consulted. LTC Hagmann wanted to use written informed consent documents. The opinion of counsel was that such documents implied medical benefit and education was not a medical benefit; therefore use of informed consent documents did apply in this setting.

Because of this advice, volunteer information sheets were developed to be sure that students knew everything they needed to know to make an informed decision before they elected to participate in an exercise. LTC Hagmann said that he made these documents as complete as possible, even though including very rare complications made these documents "exceptionally threatening." Counsel further warned that to eliminate implied coercion, barriers should be constructed that the students must willingly overcome. Therefore, the information sheets were included in the course booklet; if a student wished to volunteer, s/he had to fill it out and turn it in on their own volition. LTC Hagmann commented that he always got a "stack" of these for

each exercise, and he selected the participants from these. He felt that this process reduced peer pressure to participate, since only a few of the volunteers would actually be selected by this process.

Another barrier that was imposed was physically separating the lab from the classroom; those who wished could go to the lab, but attendance was not required. All that was absolutely required was accountability; if a student was not going to be present, s/he was required to inform another student where they could be reached in an emergency. A log book was kept with this information by the students, not faculty.

Other requirements of the course were: it was an elective - students had to volunteer to take the course; and military service prior to medical school was required. Interested students were then briefed on the course, emphasizing negative aspects. Students were then interviewed individually to be sure they had no anxieties about the course, that they understood the purposes and risks, that their spouses also knew about the course and agreed with the students participation and that they had no medical problems. These interviews were done by LTC Hagmann and MAJ (b)(6), (b)(7)(C), Director of Military Medical Field Studies; both LTC Hagmann and MAJ (b)(6), (b)(7)(C) could veto the participation of any student.

LTC Hagmann explained to students that he would not allow them to be exposed to more than negligible risk in the course. Furthermore, they would not be allowed to do anything without supervision; no practicing outside the lab would be permitted.

As the course evolved, students were required to do two shifts with EMT's and could volunteer to accompany the course's medical staff when they were on duty. These experiences stimulated the students, and they requested to learn some of the techniques that they had witnessed. Before a new procedure was introduced into the course, they were first performed on LTC Hagmann - a rule he has and continues to consistently follow. All procedures taught to students were meant to demonstrate that they could be done to patients comfortably, if done correctly. Not all procedures that students requested to learn were approved for the course, for example, lumbar punctures.

The circulation lab was included in the original course. The procedure followed included restriction of fluid intake to 8 ounces after dinner the night before the exercise and nothing by mouth the morning of the exercise. During one course, the students decided themselves to add to the dehydration by going to the sauna during the lunch period before the lab. When LTC Hagmann found out about this, he stopped it immediately, explaining to the students that they were not sophisticated enough to know what was safe. He told them, "Don't put yourself at risk; don't do it (use the sauna)." It was at this point that LTC Hagmann introduced the introduction of furosemide (Lasix) so that he could induce a mild, controlled diuresis to increase dehydration.

The circulation lab was introduced to demonstrate what dehydration looks like, the use of the tilt test and the use of MAST (Military Assistance to Safety in Traffic) pants.

Concerning specific issues raised by the Letter of Appointment:

- 2.a. "the inhalation of nitrous oxide by students;" a one hour lecture is given to the students on the use of nitrous oxide in the pre-hospital environment. A demonstration is then held in the lab. One student volunteer inhales nitrous oxide, under his own control, up to a maximum 50% nitrous oxide/50% oxygen mix. The initial concentration is lower, and the concentration is increased gradually to demonstrate the stages of anaesthesia. The maximum period of inhalation is four minutes, but inhalation is stopped sooner when a clinical effect is seen. LTC Hagmann stated that, although no monitoring would be required for such an exposure, students were monitored with a cardiac monitor and a pulse oximeter, and blood pressure was measured by another student every minute. LTC Hagmann said that this type of use of nitrous oxide is a part of the curriculum for paramedics for pre-hospital care, and is required for Emergency Medicine. It is used for analgesia, because of its safety. The standard of care for its use does not require monitoring, but monitoring in the lab was used as a teaching modality. During the inhalation, the volunteer student is lying supine and is loosely restrained in the event that s/he becomes agitated or confused.
- 2.b. "direct and indirect laryngoscopy by or involving students;" students practice direct laryngoscopy on manikins and ferrets to teach the principle that the cords must be visualized before intubation can be performed. Students can do indirect laryngoscopy on each other after Cetacaine local anaesthesia. Students can volunteer to have direct laryngoscopy performed on themselves. They can choose between local anaesthesia with Cetacaine, lidocaine or benzocaine, or can choose 50% nitrous oxide inhalation. One of two instructors performs the laryngoscopy, the other students only observe. The volunteer is instructed to raise his/her hand if there is any problem and the procedure will be terminated promptly. The only problems LTC Hagmann recalls having with this demonstration were that some student volunteers gagged, but none vomited. There were no traumatic injuries resulting from these procedures. This procedure was not performed in 1992 because of the small number of volunteers.
- 2.c. "intraoral local anesthetic blocks by or involving students;" oral surgery residency program gives a one-half day session as part of the course. Four staff and eight residents demonstrate procedures on skulls. Students who then ask to practice on each other are allowed to do so under supervision. No student who reports an allergy to anything is allowed to be injected during this exercise. A SPARK kit and a defibrillator are available in the lab. LTC Hagmann also brings his own pre-hospital care bag to the lab. When the oral surgeons run the lab, M.D.'s are present on the floor. All of the oral surgeons have current BLS and ACLS certification.
- 2.d. "administration of Lasix to student volunteers after 24 hours of fasting and fluid deprivation and strenuously exercised prior to administration of I.V. fluids;" after their evening meal the night before this lab exercise, student volunteers are told to take nothing by mouth until lunch before the lab. They are allowed normal fluid intake in the evening before the lab, and are allowed 8 ounces of fluid in the morning before lab. They are instructed not to eat lunch, but to eat after the lab. Some students also take furosemide; none are required to do so, but they may volunteer to take it. The furosemide is given as a 20 mg dose, orally, at 0800 on the morning of the lab. The lab

starts at 1230. Those that take furosemide are required to stay in the lab for the whole time. Women can take the course, but are only allowed to take lidocaine; in exercises where other drugs are used, women are always included in the groups receiving placebo. Women are not allowed to participate in the circulation demonstration. There is no "strenuous exercise" in the circulation demonstration. All volunteers get IV fluids, usually <500 ml normal saline or Ringer's lactate. Student volunteers become tilt positive during this exercise only after dehydration and 1/150 gr TNG; this corrects rapidly with the use of the MAST pants. Syncope has not been observed in any of the volunteers. Weights are not monitored, though urine specific gravities of 1.025 have been seen.

- 2.e. "placement of I.V. and arterial cannula by or involving students;" students place IV cannulae and do perform arterial punctures, but do not cannulate arteries. External jugular veins are used when venous pressure is to be measured; otherwise arms veins are used.
- 2.f. "the use of triazolam by faculty or students in said course;" triazolam, 0.25 mg orally, was introduced in 1992 to demonstrate the use of "benign" agents for analgesia, rather than using narcotics. Aspirin, ibuprofen, acetaminophen and diphenhydramine have also been used in this exercise. A placebo (penicillin) has been used to demonstrate placebo effect. No student has ever been given other benzodiazepines or narcotics. Ethanol was used one year, with enough given to give a blood level of 0.1. Transdermal scopolamine was used one year, but didn't have any effect and was not used again. After taking these medications, students' blood pressure and pulse were monitored every five minutes. After the exercise, all volunteers are given a ride home. LTC Hagmann said that there have never been any problems with this exercise.
- 3.a. "the obtaining of drugs for any procedures done above;" all drugs were obtained from the USUHS pharmacy and records of their use are maintained by the controlled substance coordinator in the Department. The drugs are inventoried every three months and after every deployment.
- 3.b. "approval process followed for any above procedures;" Review of the volunteer information sheets was initially performed by the University General Counsel. These documents were also presented to the Human Use Committee (HUC), but the committee replied that since no research was being performed they had no jurisdiction; therefore, the HUC did not review these documents. The Teaching Laboratory Education Committee, which deals with lab space and funding, did review these documents and approved them. They were also reviewed and approved by (b)(6), (b)(7)(C) when he arrived at USUHS, was interested in the course and concerned with adequate safeguards for the students, so he reviewed the syllabus and sat in on parts of the course until his concerns were alleviated. He judged that there was no coercion of students and no danger to them engendered by their participation in any of the exercises. Other agencies (ie, USA Special Operations Command, Navy Seals) also participate in these exercises, but LTC Hagmann said that these agencies had performed no medical review of the course.
- 3.c. "the safety of the environment (personnel and equipment) in which these procedures were conducted;" at least one board certified emergency medicine M.D. was present in every

lab. There was usually a second M.D. present, but s/he may not have been an emergency medicine specialist. A paramedic or EMT-P is usually present as well. All M.D.'s are credentialed, either at WRAMC, NNMC or at a PHS hospital. All M.D.'s have current state licenses.

LTC Hagmann was asked to comment further on any other issues which might be relevant in response to the issues raised in item 4 of the Letter of Appointment: the course is graded pass/fail; the only requirements for a passing grade are to participate in two ambulance rides, to evaluate the course and to design a teaching module for the course. Furthermore, Military Medical Field Studies requires a three page evaluation of the whole course. LTC Hagmann observed that ultimately students will have to perform these procedures on patients, and he felt it is "unethical to do so without proper training." He felt that students learning on each other was the "most ethical way of becoming a competent care provider." He felt, that as a result of this course, students would have better rapport with patients because they've done these procedures on each other and had them performed on themselves.

LTC Hagmann stated that if he had felt that there was any problems with the course or the students' participation in the exercises, he would have brought them to the attention of the Department Chairman, (b)(6) (b)(7)(C). Furthermore, he felt other members of the staff and the students would have done likewise. LTC Hagmann felt that the course and all of its procedures were in compliance with USUHS guidelines.

At the close of the interview, I requested that LTC Hagmann send me a copy of his C.V., a list of the course's teaching staff and sample data collection sheets.

I have been given the opportunity to review and correct the facts contained in this summary of interview.

Date

Signature

Individuals to be interviewed by COL. (b)(6) (b)(7)(C)

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) Wright-Paterson AFB

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

- San Francisco -

(b)(6),(b)(7)(C)

LTC (b)(6),(b)(7)(C) (? location) NOT IN ARMY - Texas?

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

MAJ (b)(6),(b)(7)(C)

Tues 10:00

(b)(6),(b)(7)(C)

X Director, USUHS Pharmacy (b)(6),(b)(7)(C)

X Controlled Substance Coordinator, Department of Military and Emergency Medicine (b)(6),(b)(7)(C)

Jan 90 - July 92 (Tuesday 10:30)

X COL (b)(6),(b)(7)(C) 11:00 Tuesday

X (b)(6),(b)(7)(C) Associate Professor, Department of Physiology, Curriculum Committee (b)(6),(b)(7)(C) 2:00 - TUESDAY

X (b)(6),(b)(7)(C) Human Use Committee (b)(6),(b)(7)(C) 2:30 Tues.

(b)(6),(b)(7)(C) Human Use Committee (b)(6),(b)(7)(C)

X Chairman, Teaching Laboratory Advisory Committee, 1986-87 (b)(6),(b)(7)(C)

X CAPT (b)(6),(b)(7)(C) nurse anaesthetist (b)(6),(b)(7)(C)

X Chief, Anaesthesia Department, USUHS (b)(6),(b)(7)(C)

Reschedule 1:30 - Tuesday

The accuser

X Tour the multi-disciplinary laboratory used for this course, on the second floor, Building A.

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

→ 9:00 - Tues.

Administrative (b)(6),(b)(7)(C)
15-6 investigation

10-15 minute interview.

(b)(6),(b)(7)(C)

Exhibit 7

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION BLD A Room 1009	2. DATE (YYYYMMDD) 2013/09/24	3. TIME 1000	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C) MD	6. SSN (b)(6), (b)(7)(C)	7. GRADE/STATUS (b)(6), (b)(7)(C)	
8. ORGANIZATION OR ADDRESS Uniformed Services University.			

9. I, (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or about 1000hrs on September 24th 2013 I had an appointment with COL (b)(6), (b)(7)(C) introduced himself as the Investigation officer duly appointed by Dr. Rice to investigate the administration and operation of the Operational Emergency Medicine course. (b)(6), (b)(7)(C) stated that he would take notes in a question and answer format and then transcribe these notes into this form for my review and at a later time he would come back to sign with me. He asked if I had seen the questions that were requested to be answered by Dr. Rice. I stated that I had not nor had I seen written documentation of events in question, save one student account of irregularities submitted to the Commandant, School of Medicine.

Q How long have you been Vice Dean of the Medical School?

A. I have served as Vice Dean since June 2007 and as Acting Dean from March to Sept 2013.

Q During that time had you seen any of the OEM course content?

A. I had seen a USU OEMS course description, but not a detailed curriculum containing course goals and objectives.

Q. What is the current process for having a course accepted? Does the Department vet it through the Deans Office?

A. The normal process to develop a new course or make significant changes to an established course would be for the Department, often through its education committee, to initiate the course planning or revision process. For a departmentally based course, the approval of the chair would be required. The proposal would then be referred to the Executive Curriculum Committee (ECC) who would review and make recommendations to the Dean, School of Medicine.

The traditional process has been modified during the period of Curriculum Reform. During this period, the Dean directed the responsibility and authority that would traditionally rest with ECC be delegated to the Curriculum Reform Steering Committee. Therefore, the process associated with new courses or major curriculum revisions over the past three years have gone from Department to Curriculum Reform Steering Committee (CRSC). The CRSC would then make recommendation to Dean, School of Medicine. I believe the changes in USU OEMS course occurred during this period of Curriculum Reform and therefore would have been reviewed by CRSC, not ECC.

Q Do you recall when or if the Operational Emergency Medicine course was vetted?

A. I don't. Certainly the Military and Emergency Medicine curriculum has undergone significant changes in association with Curriculum Reform. My understanding is that the USU OEMS course also underwent significant changes over the past two or so years. This is the third class entering the new curriculum and all courses should have been reviewed by the CRSC.

Q Is the Curriculum Reform process the current one?

A. Yes

Q Would they know about the OEM Course?

A. Yes, it would have been reviewed at some level by the Office of Curriculum Reform and the CRSC. COL (b)(6), (b)(7)(C) is the Director of the Office of Curriculum Reform.

Q She would know specifically about OEM?

A Col (b)(6), (b)(7)(C) would be a good point of contact for further inquiries.

10. EXHIBIT 2	11. INITIALS (b)(6), (b)(7)(C)	MAKING STATEMENT	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b)(6), (b)(7)(C) IN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF **(b)(6),(b)(7)(C)** TAKEN AT A1009 DATED 2013/09/24

9. STATEMENT (Continued)

Q What is the difference between the OEM course that is offsite and the OEM course that is listed on the MEM website as mandatory for all students.

A. I have not reviewed information on the Website, but my understanding is as follows. (1) The mandatory USU OEMS course was conducted on USU campus and led by USU faculty with assistance, as necessary, from outside instructors and USU student teaching assistants. (2) To create a cadre of student teaching assistants for the USU OEMS course, a number of USU students were provided the opportunity to train offsite at courses conducted by Deployment Medicine International (DMI). (3) The offsite DMI training was voluntary and not part of the USU curriculum.

Q. Would the details of the mandatory course have been vetted through steering committee?

A. The normal process would be for the course director to obtain departmental approval and then present to CRSC during the period of Curriculum reform. I don't have specific knowledge regarding the process followed to vet the USU OEMS course.

Q Would the Office of Student Affairs be heavily involved in student instructors

A. No, the Office of Student Affairs (OSA) is not involved in the review / approval process of academic curricular offerings (to include courses, clerkships, etc.). That is a department to ECC / CRSC to DEN function. OSA would play a role in reviewing whether individual student circumstances (academic, personal, other) would allow a given student to participate in a clerkship or other rotation. But, OSA has little to do with the actual curriculum.

Q If a student is at risk for unethical behavior or conflict of interest due to previous employment, like with DMI would they be aware of this or have a responsibility?

A. Students are provided briefings as part of their orientation to the military and USU. Many USU students are prior service or attend service specific Officer Candidate Schools. However, I do not know the level of student understanding of ethical or conflict of interests issued involved with prior employment. Many of our faculty and staff are senior military and DoD civilians who are aware of the intricacies involved. If faculty or staff become aware of potential conflicts, I would expect them advise the student accordingly and refer them to the Brigade or OGC.

Q What about evaluating a student's capability as an Instructor in the OEM course?

A. It would be a departmental (MEM) responsibility to determine if a student is competent to serve as a teaching assistant for the on campus USU OEMS course.

Q Who would best protect a student who had previously worked for DMI as a civilian and may have a conflict of interest with a contracted agency?

A. The student should be referred to the Brigade or Office of the General Counsel (OGC).

Q Where does responsibility lie with regard to ensuring travel and ethical guidance is followed?

A Serious financial, accountability, and conflict of interest concerns were raised regarding the Summer 2012 OEMS. **(b)(6)** **(b)(6)** stated that felonious acts may have occurred in 2012 and worked with MEM on Summer 2013 processes. Meetings were held between MEM, SoM, and OGC to discuss these issues and to determine how to best proceed (or not proceed) with the Summer 2013 OEMS activities. It was my understanding that all activities associated with the Summer 2013 were coordinated with OGC and that Summer 2013 administration and travel was done in accordance with regulation. I believe that because OGC was involved, the "administrative framework" was correct this year. I believe students travelled on orders this year. In summer 2012, students purportedly travelled without orders, appropriate proffers were not completed, and there was inadequate accounting of equipment. Those mistakes were not to be repeated this year and I believe that MEM worked closely with OGC. I don't understand how the previous year's students traveled without orders.

Q Was a Criminal investigation done last year?

A. To my knowledge, a criminal investigation was not initiated, but **(b)(6)** looked into circumstances surrounding Summer 2012 OEMS.

Q You are aware of travel regulations being broken in 2013

A. My understanding is that all travel regulations were adhered to in Summer 2013.

Q Did you know that alcohol was being used in the OEMS course?

A No, I was shocked to learn that alcohol was used in offsite DMI training. To my knowledge, alcohol was not used in the on campus USU OEMS course

Q Were you aware that Ketamine was used on students?

A No, I was shocked to learn that ketamine was used during offsite DMI training. To my knowledge, ketamine was not used in on campus USU OEMS course

Q Did you know about foley catheterizations?

INITIALS OF PERSON MAKING STATEMENT

(b)(6),(b)(7)(C)

PAGE 2 OF 3 PAGES

STATEMENT OF

(b)(6),(b)(7)(C)

TAKEN AT USU

DATED 2013/09/24

9 STATEMENT (Continued)

A No, I did not know that foley catheters were being placed in students during offsite DMI training. To my knowledge, this did not occur during on campus USU OEMS course.

Q Was misconduct, illegal acts, medical malpractice or dereliction of standards of care occurring during OEMS this year?

A If the information I have read in the student statement and heard of in meetings is correct, then certainly dereliction of standards occurred during offsite DMI training. The actions may be illegal or medical malpractice as well.

Q Are you familiar with the AMA's position paper on the ethical considerations of medical students practicing procedures on each other?

A I know that the AMA has one but I haven't read it in quite a few years.

Q Whose responsibility is it to abide by the ethical considerations of students as it pertains to this?

A The department and the Deans office.

Q Is there a written policy based on the AMA's recommendations?

A I don't know if there is a written USU or SOM policy based on AMA recommendations.

Q Do you feel that students practicing procedures on each other are free from influence or persuasion or coercion in this environment as the AMA guidance requires in order to give informed consent or "volunteer".

A It is my understanding that during the mandatory, on-campus, USU OEMS course, students were free from influence or persuasion or coercion.

Q Do you know if students were improperly used as instructors for DMI instructing non USU students?

A I don't know. It was my understanding that USU student volunteers who attended off-campus DMI training activities were doing so as students. This was for the purpose to allow them to work with USU faculty as teaching assistants during the mandatory, on-campus, USU OEMS course. If students did serve as DMI instructors, they would need to abide by Off Duty Employment regulations.

Q Do you have anything further to add do you feel I should speak to anyone else?

A I do not understand how the alleged travel irregularities in Summer 2012 could have occurred. USU students travel on orders throughout medical school. MEM is very familiar with travel guidelines. COL (b)(6) the course director, and LTC (b)(6) the MSC officer, are both experienced officers and should be well versed in travel regulations. Students should not have been able to travel without the knowledge of (b)(6),(b)(7)(C) - neither should have been able to go 'rogue' and send student without orders. I just don't understand how it happened

nothing follows

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, (b)(6),(b)(7)(C)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to

(b)(6),(b)(7)(C)

September 2013

Oath)

ORGANIZATION OR ADDRESS

Uniformed Services University

Bethesda, MD

ORGANIZATION OR ADDRESS

(b)(6),(b)(7)

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

Exhibit 8

SWORN STATEMENT

For use of this form, see AR 190-45, the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION USU	2. DATE (YYYYMMDD) 2013/10/16	3. TIME 1200	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6) (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS (b)(6)	
8. ORGANIZATION OR ADDRESS Uniformed Services University			

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or about 1200 hrs. On October 16th 2013 I had an appointment with (b)(6) (b)(6). He introduced himself as the Investigation officer duly appointed by Dr. Rice to investigate the administration and operation of the Operational Emergency Medicine course. (b)(6) stated that he would take notes in a question and answer format and then transcribe these notes into this form for my review and at a later time he would come back to sign with me as my sworn statement. He stated this investigation was to meet, in general, the requirements of AR15-6, the Navy JAGMAN, and the AF Command Directed Inquiries. (b)(6) stated that his intent in interviewing me was to attempt to answer questions regarding the process for reviewing new courses amidst curriculum reform and if OEMS or FTX 201 had been discussed.

Q. How did this particular course become a part of the new curriculum?

A. To the best of my knowledge, the OEMS course has been an integral aspect of the Military Medicine curriculum, but was primarily offered as an elective to interested students. From what I understand, it had almost always garnered 'rave' reviews. About 1.5 years ago, MEM recommended that OEMS be offered to all students as part of the more extended summer break that was now part of the new curriculum, following completion of the MS-I academic year. The recommendation was discussed with the Curriculum Reform Steering Committee and with the Dean, School of Medicine, both of whom agreed that this would be a valuable and operationally focused activity for students to participate in, during the Summer separating their MS-I & MS-II years. The endorsement decision was subsequently conveyed to the MEM department for implementation/action.

Q. Who made that decision?

A. As I recall, during the early phase of the Curriculum Reform effort, the Department of Military and Emergency Medicine was asked to review the entire Military Medicine curriculum, as it proceeded across all four years. One of the recommendations that emerged from the MEM department was to include OEMS as a formal part of the curriculum and provide this training to all students. This seemed to make sense both academically and operationally, as one of the unique facets of USU is that our graduates are trained to be true, "full up rounds" and emerge from USU with skill sets that are not routinely taught in civilian medical schools. This idea was discussed in the Curriculum Reform Steering Committee & subsequently proposed to Dean (b)(6) who endorsed the same. As mentioned above, this course has been offered to USU students for many years and had a reputation of being exceedingly well received & quite popular with students. I was never aware of any previous problems or concerns about this course.

Q. Was it the Dean or the Curriculum reform steering committee that approved moving ahead with this course?

A. As noted, the recommendation to expand the course to all medical students originated within the Department of MEM, was discussed at a Curriculum Reform Steering Committee meeting and subsequently endorsed by the Dean, SoM. Expanding the course was felt to complement the SoM's strategic and educational goals.

Q. Once a detailed educational plan was drafted would it have been presented to the steering committee?

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF (b)(6) (b)(7)(C) TAKEN AT USU DATED 2013/10/16

9. STATEMENT (Continued)

A. No; detailed educational plans—particularly as they apply to individual courses—are reviewed at the Departmental level, with new courses generally being reviewed/approved by the Executive Curriculum Committee or ECC. It should be noted, however, that OEMS was not viewed as an entirely new activity, but rather as an expansion of an existing course/activity to a wider subgroup.

Q. Are you on the ECC?

A. Yes, I was recently appointed as a member of the ECC.

Q. Why then is the ECC necessary if they ultimately don't make a decision about the content of a component of the SOM's Curriculum?

A. The ECC is a function that is required by the LCME. The primary role of the ECC is to provide educational oversight of the entire four year curriculum, to ensure that the content, timing, sequencing, etc are appropriate and that the educational activities contribute to the fulfillment of the University's goals and objectives, and that the curriculum contributes to the fulfillment of all of the educational requirements associated with the award of a M.D. degree.

Q. Has the current ECC ever seen the OEMS or FTX 201 course content?

A. I'm not aware of the ECC being asked to review the details of the OEMS course, but I'm a relative newcomer to the ECC, having been on the committee for less than a year.

Q. Who would know if it was presented in the past?

A. The prior, acting chair of the ECC--CAPT (b)(6)(b)(7)(C) oversaw the ECC during much of the past year & would likely know if it had been discussed recently. Alternatively, you could review the minutes of prior ECC meetings to see if there had been mention of OEMS in the past.

Q. This course is dense with procedures; would you expect the ECC to inquire about consent if it wasn't included in the content?

A. I'm not sure. It's possible that members of the ECC might have, but my understanding is that OEMS is/was a well-established course—not a new activity being offered de novo, so I'm not sure if/when it would have been reviewed by the ECC in recent months. Not all of the ECC members are clinicians, so it's also possible that not everyone would fully understand the intricacies of a military unique course such as OEMS.

Q. Have you seen any policies in the university pertaining to consent of students practicing on each other as the AMA outlines?

A. I'm not aware of seeing a formal policy in this regard, but I do remember learning and practicing basic procedures -- like basic physical exams (excluding the breast and genitourinary exams—which were done on professional patient-educators), phlebotomy and starting IV's—on a fellow medical student, while I was attending USUHS. Although it's been quite a while since I was a student, I do not recall there being a formal consent process.

Q. Do you have anything else to add?

A. I don't think so; I've never met Dr Hagmann and didn't hear of any problems with the course until very recently.

NOTHING FOLLOWS

INITIALS OF PERSON MAKING STATEMENT

(b)(6),
(b)(7)(C)

PAGE 2 OF 3 PAGES

STATEMENT OF

(b)(6),(b)

TAKEN AT USU

DATED 2013/10/16

9. STATEMENT (Continued)

NOTHING FOLLOWS

AFFIDAVIT

I, (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

ORGANIZATION OR ADDRESS

Uniformed Services University

Bethesda MD.

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 15 day of October

at (b)(6),(b)(7)(C)

(Typed Name of Person Administering Oath)

INVESTIGATOR

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

Exhibit 9

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION USU	2. DATE (YYYYMMDD) 2013/10/17	3. TIME 1000	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6) (u)	6. SSN	7. GRADE/STATUS (b)(6)	
8. ORGANIZATION OR ADDRESS Uniformed Services University Bethesda Md			

9. I, (b)(6) (u), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or about 1000 hrs, On October 17th 2013 I had an appointment with (b)(6),(b). He introduced himself as the Investigation officer duly appointed by the Dr. Rice to investigate the administration and operation of the Operational Emergency Medicine course. COL (b)(6) stated that he would take notes in a question and answer format and then transcribe these notes into this form for my review and at a later time he return with it for signature as my sworn statement. He stated this investigation was to meet, in general, the requirements of AR 15-6, the Navy JAGMAN, and the AF Command Directed Inquiries. I reviewed the appointment letter provided to me. COL (b)(6) stated that his intent in interviewing me was to attempt to answer questions regarding the process for reviewing new courses amidst curriculum reform and if OEMS or FTX 201 had been discussed.

Q Sir, what is your role as Chair of the Executive Curriculum Committee (ECC) and what is the process for review of a course that is included in curriculum reform.

A. I guide the committee in the review and assessment of evolving curriculum as it pertains to the overall educational goals of the university in producing military physicians and within the guidance of the LCME.

Q. Do you have a copy of the last LCME visit?

A. I do not.

Q. Did the OEMS course ever get as far as the ECC?

A. I hadn't even known what the acronym OEMS meant. No, the ECC will not have oversight of a course until it has completed its second iteration under the guidance of the Curriculum Reform Steering Committee. That means that after the class of 2016 completes a module, the oversight then transfers to the ECC. The Curriculum Reform Steering Committee has oversight of curriculum changes in the first two instances under the new curriculum. If you're asking for a vetting process for this course in the ECC, there is none because we are too early in the process.

Q. If this wasn't too early in the process would the ECC have the responsibility to review a course at the granular level of say "is informed consent being used" or "using ketamine on students in a cognition lab"?

A. First, I would have done everything possible to stop the use of an anesthetic agent on students. That's criminal. But the ECC does not have the charge of reviewing in that level of detail. That would that would remain at the department level.

Q. Do you have anything else to add?

A. No.

10. EXHIBIT	(b)(6),(b) (7)(C)	PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT USU DATED 2013/10/17

9. STATEMENT (Continued)

NOTHING FOLLOWS

AFFIDAVIT

I, (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(6), (b)(7)(C)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of October, 2013.

(b)(6), (b)(7)(C)

(Oath)

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

Uniformed Services University

Bethesda MD.

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

Exhibit 10

MS Class of 2016 Summer Experience

The MS Class of 2016 summer break covers the 8 week period between 03 July and 25 Aug 2013. There are no activities planned during the week of July 1 or the week of Aug 19th to allow you to take leave if permitted by your company commander and OSA. Within this 8 week block, there are two MEM requirements which must be completed. These will require approximately 4 weeks but students may do more as time and funding allow.

The goal of these experiences is to provide a foundation in combat emergency medical skills, offer students without prior active duty experience insight into their specific service and to engage students in an experience that is re-energizing and which may motivate some to continue in operational military medicine.

Weeks not used for the requirements may be used for additional learning opportunities or taken as down time/leave. We believe most students will be able to design a program that meets MEM requirements and still allows reasonable time off if desired. Leave is required if leaving the local area. Those taking down time in the local area will follow accountability requirements as per the company commanders.

MEM Summer Experience Requirements

The options listed below are designed to allow individuals to tailor the experience to their own interests and time constraints. It is somewhat complex and some specific details are subject to scheduling changes. The MEM department and company commanders can assist students in developing a personalized experience. Col [b] is the primary officer in charge and is available to help students understand the options and to explore interests they may have. Refer to the calendar at the end of this document for the specific dates. Specific requirements and options are as follows:

1. All students will complete FTX 201 - Operational Emergency Medical Skills (OEMS) either during weeks 6 and 7 (the majority of students) or weeks 4 & 5 (students with conflicting summer operational experience options or significant personal events that require the shift). OEMS is a highly respected and demanding course that teaches the principles of Tactical Combat Casualty Care. OEMS is taught here at USUHS and field locations

nearby. There are no overnight requirements but the course may include weekend days for all weeks.

2. All students will complete an additional, approximately 2-week Summer Operational Experience (SOE). Some options are service-specific. Others are open to any service. Primary options are as follows:
 - a. OEMS Teaching Assistant: We are only able to run the OEMS course by developing Teaching Assistants from within the class. These students will be required to engage in a very time consuming and demanding summer experience. This will include a weekend of equipment preparation followed by a one week "OEMS procedures course" that will be offered over Spring break or somewhere during weeks 2 & 3. They will then need to complete the full course during weeks 4 & 5. Finally, they will act as Teaching Assistants for the full course over weeks 6 & 7. These positions will be offered to between 25 and 35 students. There will be several meetings with (b)(6),(and the lead instructor (Dr. John Hagmann) during the lead up to the course.
 - b. The default Air Force experience will be the first part (AMP 101) of the Flight Surgeon's Course at Wright Patterson AFB. This will be completed weeks 2 & 3. Exceptions to this will only be allowed for exceptional circumstances. This course is centrally funded by the USAF SG and provides travel, lodging and per diem support.
 - c. USAF students may participate in additional opportunities to add to the AMP course experience. These include:
 - i. The Contingency Aerospace Medicine Staging Facility (CASF) in Ramstein Germany. During this one week experience, students will work with Aeromedical Evacuation (AE) Crews and Flight Surgeons in receiving patients from downrange, working AE plans for moving patients from Germany to CONUS and assisting AE personnel in loading and transporting these patients. This experience has had very positive reviews from students and provides travel and lodging expenses.
 - ii. USAF TOP KNIFE is a course normally taught to operational flight surgeons attached to fighter squadrons. During this course taught at Luke AFB in Phoenix AZ, students will learn basic ground and flight operations in the F-16 Flying Falcon and participate as back seat flyers in several F-16 sorties. This

experience was very successful last year with one student getting 7 individual sorties. It provides travel and lodging.

- d. Medical Capacity Building Experience (MEDCAP). This is a collection of trips to various locations in Central and South America and is available to all services. Students will accompany military physicians in training exercises with medical providers from the host nations. Locations have included Honduras, Panama, Dominican Republic, Peru and Ecuador. The exact nature of the trip and locations are dependent on what operations are being executed and are appropriate for students in the SOUTHCOM theater. Travel and lodging will be provided. Details about options will be provided to those who indicate they are interested.
 - e. The USMC Mountain Medicine Course will be offered in the 4th & 5th weeks and can accommodate up to 40 students. This course is conducted in the northern California mountains and provides an overview of the challenges of high altitude ground operations and the care and treatment of personnel and casualties in this environment. There are significant physical fitness requirements for this course including 50 pushups, 50 sit ups and a run of a mile and a half in 14 minutes. This course has been very popular in prior years and is highly recommended. It provides travel and lodging for the course.
 - f. Individual line military experience: These opportunities can be arranged with MEM Service Representative (USA - (b)(6)(b) USN - (b)(6),(b)(7)(C) USAF - (b)(6)(b) and/or with assistance from the company commanders as needed. Locations and times can be arranged by the student in whatever way is best for his/her interests and schedule. Travel, lodging and per diem are dependent on the actual experience and budget.
 - g. The 1-week Ultrasound Course provides further development of the U/S skills learned during the first year. This will be available week 2 and can accommodate 30 students.
 - h. A 1-week "Stability Operations" symposium will be held during week 3. When combined with the Ultrasound course, it completes the requirement and is ideal for students particularly interested in these topics or who may not wish to travel due to family or other issues.
3. All students must complete an AAR about their experience acceptable to their Service Specific MEM faculty member.

MS Class 2016 Operational Summer Experience Calendar

WK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	July 1	July 2	July 3	July 4	July 5	July 6	July 7
2	July 8 AMP 101 Stability Ops OEMS Proc	July 9 AMP 101 Stability Ops OEMS Proc	July 10 AMP 101 Stability Ops OEMS Proc	July 11 AMP 101 Stability Ops OEMS Proc	July 12 AMP 101 Stability Ops OEMS Proc	July 13 AMP 101 OEMS Proc	July 14 AMP 101 OEMS Proc
3	July 15 AMP 101 Stability Ops OEMS Proc	July 16 AMP 101 Stability Ops OEMS Proc	July 17 AMP 101 Stability Ops OEMS Proc	July 18 AMP 101 Stability Ops OEMS Proc	July 19 AMP 101 Stability Ops OEMS Proc	July 20 AF CASE 1 OEMS Proc	July 21 AF CASE 1 OEMS Proc
4	July 22 OEMS T/A AF CASE 1	July 23 OEMS T/A AF CASE 1	July 24 OEMS T/A AF CASE 1	July 25 OEMS T/A AF CASE 1	July 26 OEMS T/A AF CASE 1	July 27 OEMS T/A AF CASE 1	July 28 OEMS T/A AF CASE 2
5	July 29 OEMS T/A AF CASE 2	July 30 OEMS T/A AF CASE 2	July 31 OEMS T/A AF CASE 2	Aug 1 OEMS T/A AF CASE 2	Aug 2 OEMS T/A AF CASE 2	Aug 3 OEMS T/A AF CASE 2	Aug 4 OEMS T/A AF CASE 3
6	Aug 5 FTX 2010OEMS AF CASE 3	Aug 6 FTX 2010OEMS AF CASE 3	Aug 7 FTX 2010OEMS AF CASE 3	Aug 8 FTX 2010OEMS AF CASE 3	Aug 9 FTX 2010OEMS AF CASE 3	Aug 10 FTX 2010OEMS AF CASE 3	Aug 11 AF CASE 4
7	Aug 12 FTX 2010OEMS AF CASE 4	Aug 13 FTX 2010OEMS AF CASE 4	Aug 14 FTX 2010OEMS AF CASE 4	Aug 15 FTX 2010OEMS AF CASE 4	Aug 16 FTX 2010OEMS AF CASE 4	Aug 17 FTX 2010OEMS AF CASE 4	Aug 18 FTX 2010OEMS AF CASE 4
8	Aug 19	Aug 20	Aug 21	Aug 22	Aug 23	Aug 24	Aug 25

Exhibit 11

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT USU, MEM DATED 2013/09/26

9. STATEMENT (Continued)

A. There were two points in the curriculum when students might do the OEMS course: 1) the senior electives in operational medicine (I described this above) and 2) during the MMFS summer experience. The larger of the two was MMFS. Prior to curriculum reform we had military medical field studies (MMFS) which included a summer experience after the first full year of medical school which aimed to provide students an opportunity to experience their parent service in an unevaluated non-clinical clerkship. OEMS was a component of the MMFS summer experience--normally taught by Dr Hagnann on the USU campus (I believe about 15 students normally volunteered for this). The responsibility for MMFS has been a moving target.

When I arrived to the USU in 2008 LtCol (b)(6), (b)(7)(C) ran the MMFS experience. It was later transferred to Mr (b)(6), (b)(7)(C). I think Mr (b)(6), (b)(7)(C) may have had it one year? and maybe someone else another? Later it was broken up and I believe the plan was that Col (b)(6), (b)(7)(C) would do the USAF experiences (although LtCol (b)(6), (b)(7)(C) had some role in this), COL (b)(6), (b)(7)(C) had the Army experiences, and I believe (b)(6), (b)(7)(C) had the Navy experiences. I wasn't directly involved in this, as my plate was full with other courses, so I can't be entirely sure how it worked. This program was, from what I saw, an extraordinary administrative burden, and it wasn't working that well. The process was changing every year, and it was all the department could do to pull it off. The task was to place students in individual experiences, but there was no direct oversight of any curriculum. OEMS would have been somewhat unique in that it was a formal course rather than a "clerkship."

Just prior to implementing the new curriculum, the Department recommended to the Curr Reform office to abandon this experience (based on the admin burden and inconsistency in quality--roughly only about 15% of students anecdotally would report positive experiences) in favor of capturing this contact time for more meaningful educational experiences. But when we were forced to continue this program (now as the "Operational Experience" that was part of the MMP thread) the department decided to simplify the menu options and turn more to formal courses that could be better monitored (AMPI01, Ultrasound, OEMS were examples) while simplifying the administrative task. I really don't remember WHO was responsible for it at that time, but OEMS was viewed as a vetted external course, and the department's role was to match students with experiences, and cut the orders if necessary to get them there. We had no direct involvement with the labs or classroom activities to my knowledge.

Q What is the current process of curriculum reform?

One important component of the new military medicine curriculum included a new Field Training Exercise which was tentatively dubbed "FTX 201" and was proposed to focus on small team leadership. Early in 2012, this exercise had not been written yet, but was due to execute for the first time in October of that year. The working concept had been roughly to integrate MSH medical students somehow into the existing MSI/MSIV field exercises (FTX 101 and Operation Bushmaster) in a capacity that allowed us to focus on leadership tasks. In the early spring (if I remember the timeline correctly..perhaps late in 2011??), the department met on an offsite to discuss a number of strategic objectives for the dept and to address the approach to FTX 201. Having the summer "Operational Experience" now established as a requirement, Col (b)(6), (b)(7)(C) proposed a major revision of the MEM curriculum plan which called for swapping 2 weeks of leave block from that summer experience into the fall with the existing block that had been reserved for FTX 201. This would address the logistics and resourcing concerns for that exercise and allow OEMS to become "FTX 201" which would be now, for the first time, required attendance by all MS IIs. Col (b)(6), (b)(7)(C) had been assigned to Hulbert AF in the past and his teams took the DMI's OEMS course which had been highly successful for that community. He felt very strongly that OEMS was a life changing course and should be part of the USU curriculum. He was quite passionate about this program and made it his agenda to bring it into the curriculum as a requirement for all USU students.

After a fair amount of discussion at that off-site in early 2012, a vote was taken and the department agreed to accept Col (b)(6), (b)(7)(C) proposal and he subsequently coordinate with the Curr Reform office to make it happen. They agreed and OEMS was scheduled to be run for the first time in summer of 2012.

I personally disagreed with the decision, expressed my rationale, but was in the minority. As I felt I had been heard, and the group disagreed, I accepted the decision and moved on from there. Again, I had other responsibilities and so was not asked to take any particular role with OEMS.

Q How much responsibility does MEM give to students to coordinate their courses?

A. A lot, the Faculty will build the list and then the students will be placed into them by lottery.

Q Are you aware of students building, coordinating courses for themselves and other students?

A. No I wasn't aware of that. Certainly, some students would take advantage of relationships they may have had in prior service experience to develop a MMFS clerkship or senior elective.

Q Do you know (b)(6), (b)(7)(C)

A. Yes

Q Do you know he made all the arrangements to take a number, 9 I believe, of students to Ft Bragg for their summer experience?

A. No, I'm not aware of that.

(b)(6), (b)(7)(C)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 6 PAGES

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT USU, MEM DATED 2013/09/26

9. STATEMENT (Continued)

A. There were two points in the curriculum when students might do the OEMS course: 1) the senior electives in operational medicine (I described this above) and 2) during the MMFS summer experience. The larger of the two was MMFS. Prior to curriculum reform we had military medical field studies (MMFS) which included a summer experience after the first full year of medical school which aimed to provide students an opportunity to experience their parent service in an unevaluated non-clinical clerkship. OEMS was a component of the MMFS summer experience--normally taught by Dr Hagmann on the USU campus (I believe about 15 students normally volunteered for this). The responsibility for MMFS has been a moving target. When I arrived to the USU in 2008 LtCol (b)(6), (b)(7)(C) ran the MMFS experience. It was later transferred to Mr (b)(6), (b)(7)(C). I think Mr (b)(6), (b)(7)(C) may have had it one year? and maybe someone else another? Later it was broken up and I believe the plan was that Col (b)(6), (b)(7)(C) would do the USAF experiences (although LtCol (b)(6), (b)(7)(C) had some role in this), COL (b)(6), (b)(7)(C) had the Army experiences, and I believe LCDR (b)(6), (b)(7)(C) had the Navy experiences. I wasn't directly involved in this, as my plate was full with other courses, so I can't be entirely sure how it worked. This program was, from what I saw, an extraordinary administrative burden, and it wasn't working that well. The process was changing every year, and it was all the department could do to pull it off. The task was to place students in individual experiences, but there was no direct oversight of any curriculum. OEMS would have been somewhat unique in that it was a formal course rather than a "clerkship."

Just prior to implementing the new curriculum, the Department recommended to the Curr Reform office to abandon this experience (based on the admin burden and inconsistency in quality--roughly only about 15% of students anecdotally would report positive experiences) in favor of capturing this contact time for more meaningful educational experiences. But when we were forced to continue this program (now as the "Operational Experience" that was part of the MMP thread) the department decided to simplify the menu options and turn more to formal courses that could be better monitored (AMP101, Ultrasound, OEMS were examples) while simplifying the administrative task. I really don't remember WHO was responsible for it at that time, but OEMS was viewed as a vetted external course, and the department's role was to match students with experiences, and cut the orders if necessary to get them there. We had no direct involvement with the labs or classroom activities to my knowledge.

Q What is the current process of curriculum reform?

One important component of the new military medicine curriculum included a new Field Training Exercise which was tentatively dubbed "FTX 201" and was proposed to focus on small team leadership. Early in 2012, this exercise had not been written yet, but was due to execute for the first time in October of that year. The working concept had been roughly to integrate MSII medical students somehow into the existing MSI/MSIV field exercises (FTX 101 and Operation Bushmaster) in a capacity that allowed us to focus on leadership tasks. In the early spring (if I remember the timeline correctly...perhaps late in 2011??), the department met on an offsite to discuss a number of strategic objectives for the dept and to address the approach to FTX 201. Having the summer "Operational Experience" now established as a requirement, Col (b)(6), (b)(7)(C) proposed a major revision of the MEM curriculum plan which called for swapping 2 weeks of leave block from that summer experience into the fall with the existing block that had been reserved for FTX 201. This would address the logistics and resourcing concerns for that exercise and allow OEMS to become "FTX 201" which would be now, for the first time, required attendance by all MS IIs. Col (b)(6), (b)(7)(C) had been assigned to Hulbert AF in the past and his teams took the DMP's OEMS course which had been highly successful for that community. He felt very strongly that OEMS was a life changing course and should be part of the USU curriculum. He was quite passionate about this program and made it his agenda to bring it into the curriculum as a requirement for all USU students.

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Q Do you know he made all the arrangements to take a number, 9 I believe, of students to Ft Bragg for their summer experience?

A. No, I'm not aware of that.

INITIALS OF PERSON MAKING STATEMENT

(b)(6), (b)(7)(C)

PAGE 2 OF 6 PAGES

STATEMENT OF



TAKEN AT USU, MEM

DATED 2013/09/26

9. STATEMENT (Continued)

Q Did you ever take OEM at the university

A. No. I've never sat in on any portion of the course on or off campus other than when I was asked to chaperone Dr Hagmann the day we discovered the news about what happened this summer.

Q. What were your concerns about the OEMS course for which you objected to it?

This course did have a very good reputation. I remember my classmates talking about when they took it as an MMFS option when I was a freshman at USU (in 1993). But it also had a reputation of being very aggressive. I believed there was a significant risk in taking what was formerly an elective, for select few VOLUNTEER individuals, and making it a requirement for the whole of a class of 180ish medical students. It was an aggressive course-- animal lab, procedures, etc... this could pose big problems from a media/PR perspective by forcing someone who did not agree with animal use for trauma training, or one of the procedures, particularly in the context of the high media presence in the NCR and the ongoing tenuous political vulnerabilities of the USU. I also didn't think it was a good idea to require anyone to take what was considered an aggressive procedure oriented course. Just a different dynamic with high performing motivated volunteers than with tenuous, timid, or unmotivated students. (You get a full spectrum in a normal USU class).

That aside, the course had excellent feedback, but I felt that this move severely unbalanced the curriculum by shortchanging the leadership component. We already had a fairly good pre-hospital/TCCC course in the Combat Medical Skills sub course, and this seemed too much emphasis on this skill set at this point in the curriculum and at the price of amplifying a critical gap in the curriculum. I was also uncomfortable with this idea of "gifting"...

Q Can you explain the "gifting" part of this course?

A. As I said before, I've signed off on students going to the offsite OEMS, but I felt it was ok because it had been so well established and there were never any indications of problems. It was part of the USU "norm." Dr Hagmann had, after all, created it while on active duty at USU, and to my knowledge it had been run on and off campus every year since before I matriculated here as a student in 1992. But it didn't sit right with me that he had build his [very lucrative] company, DMI, on a program which he built while on active duty and correctly belongs to the gov't and to the USU. Porting it to DMI and placing copyright on it, while legal, just doesn't seem right. But in a way it seemed that he was doing the "right" thing by "gifting" it back to our students as a way of perhaps repaying USU? But it still violates the JER. I was always uncomfortable with this, but I never stopped to think about the value of this training, or that I needed to say/do anything. It had been discussed at the highest levels (I believe) and again...I'll reiterate...it seemed like a normal part of the USU culture which had been internally vetted/accepted so I didn't question it beyond that.

But also...I just didn't "like" Dr Hagmann. No particular reason. I just think he is a polarizing individual. But very charismatic. You either seem to hate him or love him. I personally had a negative encounter with him during Op Kerkesner when I was a student. Nothing inappropriate, but he was just wrong...and I didn't like his feedback method. I was young, but he pissed me off that day. No grudges...but I never found a reason to like him. However, I always respected him for his work in TCCC and tactical medicine training and education. I certainly never would have characterized him as unprofessional, I just really didn't like the whole "DMI -built while on active duty" idea.

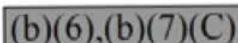
Q How did the students travel during the 4th year electives? Permissive orders?

A. My signature block would be on their USU form as an authorized academic experience at no cost to USU. My feeling is that the university has always been loose when it comes to travel. We've always had fewer funds and we've found ways to not pay per diem. 4th year students have only 1.5-2.5 rotations that are funded. Emergency Med is one of them (if outside of local area) and then 2 weeks funded to do interviews. The culture is that students have the latitude and are encouraged to identify/create and attend experiences that they are able to improvise. They normally travel on permissive orders as I understand it. I certainly did when I was a student, and it doesn't seem any different now.

Q How did MS1's get to go to the offsite OEMS course?

A The plan was to use them as teaching assistants in the newly designed FTX 201, taught at USU. There was a selection process for some MS1s to attend the "advanced procedure" course and then serve as Teaching Assistants(TA's) which would give these students credit for their summer "Operational Experience" (an MMP requirement as I mentioned earlier). Dr. Hagmann would then incorporate these students into the "BIG" course at USU. Hagmann covered the expenses for these rotations in Virginia, North Carolina. I think he sometimes also had students attend his high altitude course? And I think there was one in the UK which he routinely did. I'm not sure which ones our students attended in 2012/13 outside of the one in VA which is the attention of this investigation when our students reported his misconduct.

Q Other concerns?



INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 6 PAGES

STATEMENT OF (b)(6) (b)(7)(C)TAKEN AT USU, MEMDATED 2013/09/26

9. STATEMENT (Continued)

A I did have some significant concerns about the animal lab. This happened last summer (2012). An animal lab was needed and there was discussion of having it at Hagemann's camp (in VA?). The decision was made that it would not be part of the "formal" curriculum but to allow DMI to offer it to our students on his facilities as an optional event. In order to facilitate the logistics, the decision was made to relocate it to a military location in the NCR that (b)(6) had been able to coordinate. As I had said earlier, I was very uncomfortable with doing this lab as a requirement or anything that could be perceived by the students as a requirement. Though I was not in the discussions or decision tree, I knew that the lab itself had not yet been communicated up the chain, and the very nature of animal training was entirely too volatile, especially for USU given its history with animal use activists, to take the risk of public exposure. We would all be held responsible, and it could potentially damage the University. Recent high vis events in Coast Guard and other groups seemed to be replaying themselves in my own mind here at USU in the MEM dept. This CERTAINLY could not be done without top cover, anyway. I think (b)(6) was also getting increasingly concerned for probably the same reasons though he had not said anything directly to me (I was out of my lane anyway--OEMS was not mine). One day (I don't remember what prompted it) I (b)(6) (b)(7)(C) to discuss the lab. I told him that it had the potential to blow up and if it did, he...and all of US...would be responsible. He didn't say much, but immediately following that conversation he and Col (b)(6) had a meeting with Dean (b)(6) to inform him about the lab. A series of conversations occurred (which I was not part of). The end result was that the animal lab was approved to be run by DMI on someone's private land with DMI as the instructors. To my knowledge, all of the MSII's were offered the opportunity to attend and most did. I had gone on leave that summer (once again this was summer of 2012--the first full up required OEMS course for the entire MSII class at USU) shortly after that conversation with (b)(6) (b)(7)(C) and when I returned, I asked about how it went both of Col (b)(6), several of the faculty, and several students, and all universally said "it went well." Students seemed to have appreciated the training, and I heard nothing negative about the lab. This was a huge relief for me, because I still had this fear of one disgruntled student blowing up a story with the media.

Let me be clear though...despite these misgivings, I personally think this type of training is VERY good. Though I have not participated or observed it directly, I fundamentally believe that this type of training does save lives and is probably good to do...but again...too much risk and the justification for this group of students just didn't meet my bar.

The other thing that does NOT sit right with me was that the plan as agreed on in that offsite in early 2012 was that we would invite Dr Hagemann to run the course ONCE for the MSII's with the intent that we would spin our own faculty up, build our own program, and re-claim the course as our own, building a full course curriculum that was appropriate for our students and our environment. This in fact was a big part of the reason why I accepted the decision in the first place and addressed my previously stated concerns about the element of questionable "gifting." We re-capture the program and make it our own, perhaps under a different name. This can't be bad.

But, then May or June of 2013 comes around and there is no written course, no notes, and no one knows anything about how to run the course. In a full year's time, there is no training plan. So instead of USU reclaiming the course as planned, DMI has to do it again on short notice. Truthfully, this should not have been that difficult. In fact, I had just recently reviewed a copy of the syllabus I had captured through a back door (Hagemann was somewhat protective of these documents) as part of my learning objectives/mem curriculum project and did not understand why this was considered so "hard to do." In fact when the course was turned off by the legal office at the last minute, I offered to build a training schedule for what I believed should be a week-long program which focused on TCCC, patient assessment, and basic trauma skills (e.g. IV access). There was in my mind, no excuse for us not having our OWN program in 2013.

But I think it comes back to Dr Hagemann's personality. Dr. Hagemann is a charismatic person who has influence. Much of the course is HIM (rather than content). He has what seems like an almost magical Spell-Like effect on people which leads them to believe they can't recreate his product.

(b)(6) and I did not support this course. It was too aggressive. We, the university were supposed to be reclaiming it and now we were endorsing DMI.

Q What happened when the course got turned off this summer?

One day COL (b)(6) was in the hall and looked dejected because the DMI course was not going to happen because the lawyers had turned it off. Apparently one of our lawyers in the gym overheard a student talking about his anticipation of the upcoming course and would he learn during the course. I guess he was describing when the lawyer develops concerns about the JER and him inappropriately "gifting" the course to the University. They had later come down hard on a decision to disallow the course, and they had just informed (b)(6) that he couldn't do it. He was confiding this story to me in my office as we discussed what we might be able to do to salvage the students' summer experience. The main course was supposed to happen approximately a week later as I recall it. I told him that "this is your program not Hagemann's"

(b)(6), (b)(7)(C)

INITIALS OF PERSON MAKING STATEMENT

PAGE 4 OF 6 PAGES

STATEMENT OF (b)(6) (b)(7)(C) TAKEN AT USU, MEM DATED 2013/09/26

9. STATEMENT (Continued)

I don't want to be hard on (b)(6) (b)(7)(C) because in many ways he was doing what he felt was right. He really was very passionate about this program as he had seen its benefit in the AFSOC community and he believed it would make our students better combat physicians. But he seemed unable to believe he/we could run a good program on our own without Hagmann. I didn't understand that.

Q Were you aware that Alcohol was given to students at the DMI OEMS course?

A. No I wasn't, no one knew that I am aware of

Q Did you know that Ketamine was used similarly?

A No, we were all surprised. (b)(6) (b)(7)(C) may have known. I did know that pain management was part of the course and that they discussed ketamine (it was in the objectives), but I did not know they were actually administering the drug to each other.

Q Who knew that Foley catheters were used?

A I did not, but others may have?

Q Were misconduct, illegal acts, malpractice or dereliction of standards occurring during this course?

A. If what the students have said is true, then absolutely yes.

Q were students placed in harm's way at the OEMS course?

A. If what they have said is true then, yes...Don't mean to split hairs, but to be precise-- not in the OEMS course....but rather the "advanced procedures course" that was offsite in VA. Emotional damage, sexual abuses, potential for infectious disease, over aggressive medical procedures. I don't think any of these things ever happened at the actual OEMS course on campus at USU which was in my somewhat naive estimation much more temperate.

Q Do you have anything else you would like to add?

A—I think its important to recognize that OEMS was a well-respected program throughout the DoD and internationally. To our understanding this was a course that was vetted by authorities in the service medical departments and was routinely attended by servicemen and women during pre-deployment training. It was believed to save lives, and Dr Hagmann was similarly well respected for his contributions to TCCC and combat casualty care. He had been running this course for a LONG time with only the highest praise ever reported by students who had completed the course. I do not believe that anyone in the MEM department had any reason to suspect any type of misconduct on the part of Dr Hagmann or his staff.

I also think it is important to note that while (b)(6) (b)(7)(C) failed to effect the recapture of the course as a USU product, I believe he was genuinely passionate about improving the quality of education for the USU student and increasing the relevancy of the USU graduate on the battlefield and in the medical departments. While i didn't agree with the move on the curriculum, and was disappointed in the reliance on DMI, there must be latitude given for different approaches to building programs. He was really quite successful in influencing the curriculum toward the stated goals.

I also would like to commend (b)(6) (b)(7)(C) for how they handled the situation when it was brought forward by the students. Moreover, there were students in this story who I personally consider heroes. I don't know/remember all the names but that female student who spoke up during the "cognitive lab" this summer when there was undue coercion by dr hagmann of a fellow student under the influence of ketamine and alcohol to allow him to place a foley catheter in that public classroom deserves public commendation for her bravery. From all accounts I was privy too, a true "fight club" mentality had been fostered on that ranch, and for her to step up and confront the intimidating figure of Dr Hagman in that environment to protect her fellow student who was mentally incapacitated due to what was already inappropriate use of alcohol and ketamine changed the momentum of this story, and MAY have been a contributing factor in enabling the HPSP student to come forward with his story about the iPad taping episode in the middle of the night. The USU students who brought the story forward and fostered enough respect and trust that the HPSP student was willing to come forward should also be commended for moral courage. (I do apologize for not remembering any of these names...hopefully other testimony corroborates).

(b)(6),(b)(7)(C)

INITIALS OF PERSON MAKING STATEMENT

PAGE 5 OF 6 PAGES

STATEMENT OF (b)(6)TAKEN AT USU, MEMDATED 2013/09/26

9. STATEMENT (Continued)

When the story came forward, (b)(6) sought council with his friends and peers (of which I was one) and quickly and promptly put into action protective measures. (b)(6), (b)(7)(C) (off campus that day) immediately and gracefully handled the situation with impressive judgment and insight.

This was a VERY messy situation. There were a lot of errors on a lot of peoples parts at that course in Va, but I am hopeful that this sequence of events will have the net result of preventing what I believe would have escalated over the course of the next couple of years into catastrophic events.

NOTHING FOLLOWS

AFFIDAVIT

I, (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 6. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED ALL PAGES CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT (b)(6), (b)(7)(C) THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to

administer oaths, this 4 day of October, 2013(b)(6), (b)(7)(C)

ORGANIZATION OR ADDRESS

Uniformed Services University(b)(6), (b)(7)(C)(C) of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

(b)(6), (b)(7)(C)

INITIALS OF PERSON

PAGE 6 OF 6 PAGES

(b)(6),(b)(7)(C)

From: (b)(6),(b)(7)(C)
Sent: Friday, November 01, 2013 5:28 PM
To: (b)(6),(b)(7)(C)
Subject: Re: OEMS on Campus

I do not remember precisely who, but I believe one of the MEM NCO's was normally assigned to assist administratively with managing the students and interfacing with the university (e.g. MDL for supplies and teaching spaces etc) as needed. This was certainly the case for the last two years (with the new "big" courses) but I wouldn't be sure that this was how it was done in the earlier years when it was an MMFS clerkship option.

I believe for both 2013 and 2012 course (b)(6),(b)(7)(C) was the one assigned to assist and coordinate. She may be in a better position to answer this question.

(b)(6),(b)(7)(C)

x

<http://www.catch-this.net>

On Fri, Nov 1, 2013 at 12:42 PM

(b)(6),(b)(7)(C)

wrote:

(b)(6),(b)(7)(C)

Your affidavit states that DMI run OEMS was conducted on campus. Your statement; *OEMS was a component of the MMFS summer experience--normally taught by Dr Hagmann on the USU campus (I believe about 15 students normally volunteered for this)* indicates this. Can you tell me who coordinated the use of the rooms in order to do this? Your response to this message will be added to your sworn statement. Thank you

R/

(b)

(b)(6),(b)(7)(C)

COL, MC

Deputy Director MMO

AFRRI

Exhibit 12

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN)

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Uniformed Services University	2. DATE (YYYYMMDD) 2013/09/24	3. TIME 0822	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)	6. SSN (b)(6), (b)(7)(C)	7. GRADE/STATUS (b)(6), (b)(7)(C)	
8. ORGANIZATION OR ADDRESS Uniformed Services University Bethesda MD			

9. I, (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.

On or about 0822 EST on the 24th of September I contacted (b)(6), (b)(7)(C) telephonically for the purposes of responding to his request for a statement regarding the investigation into matters concerning the administration and operation of the Operational Emergency Medicine course conducted by DMI and its principal Dr John Hagmann. (b)(6), (b)(7)(C) answered and identified himself as the duly appointed investigating officer. He informed me that this would be question and answer format and that he would later type this report for my review. Questions (Q) were asked by (b)(6), (b)(7)(C) and my responses were answered (A). He stated that for the purpose of this investigation I would be considered the Complainant as I had suspended the OEM course as soon as I became aware of allegations of improper conduct. I concurred with this.

Q When did you become Chair of MEM?

A One June 2013, technically, but with a right seat ride with CAPT (b)(6), (b)(7)(C) I did not officially open my office until July.

Q During the transition were you made aware of any concerns regarding the OEM course?

A Yes, In July 2013 there was a meeting between (b)(6), (b)(7)(C) and myself regarding travel funding issues. The meeting concerned students in the current and previous year before not being on Orders during official travel and that they were on an accountability roster. (b)(6), (b)(7)(C) was looking into it and as far as I was concerned OEMS was done and it wasn't going to happen. There were a number of meetings at higher levels, including the dean and president, and the decision to allow it to continue was made.

Q Whose authority makes the final decision for courses or curriculum within MEM?

A The Dean, I would never start or stop a course without the Dean of the Medicals school knowledge

Q Do you feel that (b)(6), (b)(7)(C) felt the same way?

A Yes

Q What courses are required in MEM?

A. We have Introduction to Military Medical Practice and Advanced Military Medical Practice, as well as a ^{emergency} military medicine clerkship. We also have a required Summer Operational experience that is composed of some required courses (for the Air Force they have a flight course) and electives for others.

Q. When did OEMS become a required course for all students?

A. OEMS just recently transitioned from elective to a required course; (b)(6), (b)(7)(C) felt that it should be as it was strongly value added at AFSOC and other communities so the process for getting students to be TA's was begun.

Q Did you know that the MEM website states that OEM is required for all?

A No, we are reviewing the entire website. We are in our 3rd year of curriculum reform and MEM requirements are woven into the "thin black line". The electives and travel requirements are a problem that has to be looked at. (b)(6), (b)(7)(C) was asking for help and trying to get rid of the burden of administering all of the orders, and TDY due to not enough resources in MEM

Q By resources do you mean just manpower or knowledge

A. Primarily manpower, if you don't know how the answer to something you just walk down the hall and ask.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF <u>1</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT USU DATED 2013/09/24

9. STATEMENT (Continued)

Q What is your relationship with (b)(6), (b)(7)(C)?
 A. He is my Associate Chair for Education. He has spent a lot of previous time with AFSOC. He has a previous relationship with DMI as a contractor to his former AFSOC missions. Tom has been here three years.

Q What are his responsibilities?
 A. He has oversight of MEM Curricula.

Q Would Col (b)(6), (b)(7)(C) Vett a course?
 A. I don't know if he specifically vets each course; I know he had considerable previous exposure to Dr. Hagmann's courses at AFSOC.

Q Would (b)(6), (b)(7)(C) support the chair; would he nest his vision with yours or the deans?
 A. I think (b)(6), (b)(7)(C) would support the chair; I don't think things were completely clear with the previous Chair. (b)(6), (b)(7)(C) had considerable trust in the direction (b)(6), (b)(7)(C) wanted to pursue for the curriculum.

Q Do you think he now has a clear view of what his role is?
 A. I think things are currently clear. He felt the curriculum was his to lead and he was in charge and that he was ultimately accountable to Capt. (b)(6), (b)(7)(C) oversight, however, may have been limited.

Q Dr Hagmann offered the OEMS course free of charge; did Col (b)(6), (b)(7)(C) support illegal gifts?
 A. In a sense yes he supported it but I don't know the context, what had been done in the past, for how long. I do not believe he willingly supported the course knowing it was illegal...he may not have known, which may not be an adequate excuse. I believe his intent was always the best education for the students.

Q To the best of your knowledge did Col (b)(6), (b)(7)(C) Vett these decisions about travel?
 A. I don't know, "Is he criminal, or just sloppy. I don't know but it appears that travel regulations were not clearly followed and potentially violated. Again, I think his intent was solid; the method, however, is clearly questionable.

Q Did Col (b)(6), (b)(7)(C) have a duty to know the content of OEMS?
 A Yes

Q Did he support illegal travel
 A. Yes, per the regulations that I am aware of he was party to irregular travel...who he discussed with and vetted with, however, I do not know.

Q Did he knowingly allow students to be subjected to dangerous anesthetics and alcohol?
 A. I believe that he knew about the ketamine, and it is advocated in TC3 now for patients. I don't think he knew about the Alcohol.

Q Who else knew about the Alcohol?
 A. No-one

Q Who else knew about the Ketamine?
 A. I don't know, maybe (b)(6), (b)(7)(C)

Q who knew that Foley catheters were being inserted into students by students
 A. No-one.

Q Did Col (b)(6), (b)(7)(C) have a duty to know that these procedures were going on in OEM?
 A. Yes; he has a duty to know the course of instruction; he, however, could not be asked to know how far off the curriculum Dr. Hagmann might go.

Q Did he knowingly support an environment of secrecy IOT continue a course that would not otherwise be allowed?
 A. Not that I know of

Q Are you aware that student testimony is that faculty and students
 A. My understanding is that those faculty are DMI faculty and not USU faculty.

Q Were you aware that Dr Hagmann does not have a Faculty appointment?
 A Not until we were well into this

Q Is Faculty Appointment required?
 A No, we have a number of courses, like the AF flight course that are taught by non faculty

Q How then do you evaluate the outcomes of those courses?

INITIALS OF PERSON MAKING STATEMENT

(b)(6), (b)(7)(C)

PAGE 2 OF 4 PAGES

STATEMENT OF (b)(6) (b)(7)(C) TAKEN AT USU DATED 2013/09/24

B. STATEMENT (Continued)

A I don't know of a vetting process. The students write reports which are collected, but at this time I do not know formal process of elective evaluation.

Q. During FM rotations at Dewitt a clerkship coordinator would gather evaluations and submit them to USU. Is there a process similar for MEM?

A (b)(6) (b)(7)(C) does that for the required MEM courses because there will be grades. There are no formal evaluations for electives, to my knowledge.

Q Were government employees or equipment used improperly by DMI?

A. I don't know but they were in our facility. When Hagmann came to execute OEMS on day 1 or 2 in late July (b)(6) (b)(7)(C) called me and told me of the student complaints. (b)(6) (b)(7)(C) explained the irregularities. There was a meeting between myself, an attorney, (b)(6) (b)(7)(C) and Hagmann and it was explained to Hagmann that the course was being suspended pending an investigation and he was to be escorted off the property. Hagmann asked what students he could take with him.
(cont)

Q What Students?

A. Students from other agencies, foreign, and special operators.

Q were they paying DMI?

A I don't know but they were using our facility and being taught by DMI

Q Did (b)(6) (b)(7)(C) have a duty to know this?

A Yes and we interviewed each student that was involved in the outside courses.

Q Did you take a statement from a student by the name of (b)(6) (b)(7)(C)

A. I don't know, I would have to review my notes.

Q Do you have anything that you would like to add?

A I think you should talk to (b)(6) (b)(7)(C) he will be key. He had control of the curriculum before (b)(6) (b)(7)(C) When (b)(6) (b)(7)(C) came the Curriculum changed distinctly. (b)(6) (b)(7)(C) can help. (b)(6) (b)(7)(C) is Critical. He is the first consequence of this, the new Dean told him yesterday that he would not be hired into MEM as a civilian following retirement. (b)(6) (b)(7)(C) is devastated by all of this. He feels terrible.

Q Do you he is at risk for suicide?

A No, he does feel his job is potentially at risk

Q. When was the last time you spoke to him.

A. I spoke to him last night and last week. (b)(6) (b)(7)(C) was crying out for help with regard to the travel. This is a burden like no other department has and we have no resources to do it. As an O-6 we have a responsibility, you can't just send them on an accountability roster. I have one other thing, and as the investigating officer you should be aware that I was called to Dr Rice's office 2 days after the end of the OEM course to inform me that (b)(6) (b)(7)(C)

(b)(6) (b)(7)(C)

(b)(6) (b)(7)(C)

End of statement.

Nothing Follows.

INITIALS OF PERSON MAKING STATEMENT

(b)(6) (b)(7)(C)

PAGE 3 OF 4 PAGES

STATEMENT OF

(b)(6), (b)(7)(C)TAKEN AT USUDATED 2013/09/249. STATEMENT *(Continued)*

NOTHING FOLLOWS

AFFIDAVIT

I, (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 4. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT (b)(6), (b)(7)(C) WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR (b)(6), (b)(7)(C)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to

(b)(6), (b)(7)(C)

ORGANIZATION OR ADDRESS

UNIFORMED SERVICES UNIVERSITY

ORGANIZATION OR ADDRESS

(b)(6), (b)(7)(C)*(Typed Name of Person Administering Oath)*

INVESTIGATOR

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 4 OF 4 PAGES

Exhibit 13



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
ARMED FORCES RADIOBIOLOGY RESEARCH INSTITUTE
8901 WISCONSIN AVENUE, BUILDING 42
BETHESDA, MARYLAND 20889-5603



AFRRI-MMO

30 September 2013

MEMORANDUM FOR RECORD

SUBJECT: TELEPHONE INTERVIEW WITH CAPT (b)(6)(b)(7)(C)
USN (ret)

1. Reference: Appointment as Investigating officer dated 13 September 2013
2. Purpose: To provide information to the President of the University regarding the administration and operation of the Operational Emergency Medicine Skills (OEMS) course operated by Dr. John Hagmann and Deployment Medicine International.
3. Format: This MFR will be typed in a question and answer format. It will be reviewed for accuracy and truthfulness by (b)(6)(b)(7)(C). It was provided without coercion and is true and factual.
4. On this date at approximately 0900 I contacted (b)(6)(b)(7)(C) at his home telephonically. I introduced myself as the duly appointed investigating officer charged with looking into the administration and operation of the Operational Emergency Medicine Skills course.

Q Sir, what in your opinion, is the relationship between the University and Dr. John Hagmann?

A. I started as Chair of the Department of MEM in 2005 and at that time OEMS was something some 1st year students did as part of the summer operational experience—are you a USU Grad?

(b)(6)(b)(7)(C)—Yes, Sir

So maybe this went on when you were here. At the time I arrived, if a student didn't have prior service experience they were required to do a service specific summer experience that was funded by USU. If the student had prior service experience they were sort of left to fend for themselves and there was no funding. In 2005, selected prior service students, typically those who had been medics or special forces or things like that, were allowed to attend LTC Hagmann's OEMS courses. He was usually putting on the course for other individuals, usually DoD groups, and our students sat in the courses. In my recollection, about 4-5 students a year did this.

Q Is this the course run by Deployment Medicine International?

A Yes

Q How was that funded?

A Those USU students who were allowed to go to his courses were highly motivated, prior service students and as mentioned we did not get money to pay

for prior service students. So as I recall, we could sometimes selectively fund some prior service students to do things if we had extra funds, sometimes the students paid part of the costs on their own, such as air fare. We didn't ask them to pay, these students were typically highly motivated to attend. But mainly, Dr. Hagmann waived tuition for USU students, and sometimes quarters were provided by him as well. Per diem (food) would be paid by the students. Sometimes LTC Hagmann covered just about all of it—air fare, lodging, and tuition.

Q. Did you ever think that this was illegal? To accept gifts of this dollar value?

Not at that time. I would point out that to the best of my knowledge students traveled on permissive orders or not infrequently went on leave to do this. We made no secret of what we were doing. At that time, I had presented at conferences and had the conference fees waived and sometimes lodging provided and I never did ethics paperwork. I thought that as long as I did not claim these things it was fine. I did not realize at that time that these things were gifts to the federal government and ethics paperwork had to be filled out. Now in retrospect I do see that. I would also add that it was a colossal issue in MEM to find something to do with the entire class of students over the summer, and with funding limited to only those students without prior service it was particularly hard to deal with the prior service students. At that time, I thought the arrangement with Dr. Hagman was a "Win-Win" for USU and the students and I just did not perceive it as a gift or a potentially illegal gift to the government. I believed Dr. Hagmann was doing this out of his passion for the University and the course he taught. We were at war and he was very passionate about USU grads and their knowing OEMS. The students were highly motivated. The students were getting the education—but they weren't getting money or any benefits. I considered whether Hagman or DMI could be gaining some influence through the University by doing this but that seemed farfetched. From an ethical standpoint, it seemed "kosher." At that time, I did not see this as a gift and furthermore did not understand what you could or could not do on permissive TDY or leave with respect to accepting gifts to the Federal Government. Please note also that I was never a travel official in any of this. I presumed that if there were issues with the travel it would be picked up by those actually handling the travel documents. And I thought we did have MOUs permitting all of this.

Q. Did you feel that USU had a special relationship with Dr. Hagmann?

A. Yes, absolutely. I saw him as a grad and former faculty in the department and in many ways as one of our family.

Q. Was this feeling pervasive throughout the University?

A. Yes I believe it was.

Q. In the summer of 2013 more irregularities in travel funding occurred such as using a faculty members frequent flyer miles to fund student transportation. Were you aware of this?

A. No, I have no knowledge of that.

Q. Is this different than the other "gifts" that were allowed?

A. I don't know...who gave miles to who?

Q. USU Faculty to a student

A I don't know... this is a new one to me... I would have to hear all the circumstances... Its unusual and I'm not sure if this is illegal or not. I would have to talk to the lawyers... I've never heard of doing this.

Q Had you ever heard of extending a student's rotation of OEMS for the purpose of teaching foreign nationals during a DMI sponsored OEMS course?

A. This is the first I've heard of that. I would have to know a lot more about it. I'd have to really know the circumstances--to know exactly what they were doing and why they needed to stay on. It could be a good thing for the student. Like a teaching internship kind of experience if done appropriately, but if we would be providing monetary support to this then we would have to understand the relationship and assure it is legal.

Q What is the formal relationship between the University and DMI?

A To my knowledge there has never been any contracts. We have never paid anything to Dr. Hagman or DMI. It was my understanding that we had various Memoranda of Understanding over the years. I never saw this rotation as a business proposition, as if we were sending students to a private business that we would have to pay or that we would get undue benefit for ourselves or our students.

Q. Had you ever seen formal course content?

A. I had seen syllabi in the past in the first few years but I have never attended the course personally. We did have Emergency Medicine physicians in the department who had taken it.

Q Did the syllabus mention the use of ketamine or alcohol.

A. Not the ones I discussed or saw, and I just can't imagine their use in students.

Q Were you aware that other faculty were aware, specifically about the use of ketamine?

A. No I wasn't aware.

Q When did you become aware of this practice

A After I had stepped down as Chair in 2013.

Q How did you find out?

A. I wasn't involved directly in the discussions with the Dean and others after the situation "blew up." I was told of some of what happened by MEM faculty.

Q Did you know that Foley catheters were being inserted into the students by students?

A. No I didn't

Q Whose responsibility is it to know what is being done at a course accepted by our university as meeting requirements for a specific curriculum?

A. In MEM, our approach was to have a course director, who reported to the Vice-Chair for Education, and ultimately to me. We had periodic offsites of all the faculty to review, discuss and coordinate the curriculum and we had faculty meetings. Thus, our curriculum was ultimately approved by me but I typically approved things at a more strategic level. The course directors and the Vice-Chair had autonomy to manage the specifics of the curriculum. The ECC, and then later the curricular reform committee, had processes to review our curriculum but not in detail.

I need also to explain where OEMS fit and the evolution of the course over time. It is very important to note that this all started as an extra experience that was not really part of our curriculum—it was a gray area. It was a special summer experience that was not graded or evaluated, sort of like attending a conference. We did not feel this was our course and it was not considered our curriculum. Note that some students would go to OEMS as a fourth year elective. In those cases, the usual elective paperwork was done. Also it is of note that OEMS was originally a USU course that Hagmann largely developed while he was still active duty here at USU for USU students. In 2006-7 (don't remember exactly) one of our EM Docs (b)(6)(b)(7)(C) who knew Hagmann, wanted to bring the course back to USU. He ran the course in the summer after the field exercises for a couple of years for 15-20 selected prior service first year students (again, these were more experienced "high speed" students who sought it out) In my mind—and this was important—when we first brought this back to USU, we did this as our course, run by an MEM faculty member (b)(7)(C) with the assistance of Dr. Hagman. Again, though, this was not a graded part of our curriculum but still a special summer experience. There were a lot of discussions then on how to do this at USU so that it would be appropriate for our medical students because by that time the course had evolved to be more for delta force medics etc. Key principles were no pressure on students to do anything they did not want to do and a very limited number of procedures.

Q I'm sorry Sir, I if I could, Is there an air of secrecy about the content of this course that existed and was furthered by faculty and students.

A. No, not really secrecy—I often sat in on lectures and walked through the labs—but it was definitely seen as an elite experience and viewed as a special unique opportunity. There was a real esprit de corps about it. The students loved it. Also, I am not sure secrecy is the right word but Hagman liked to modify the course as he went along to accommodate changes in speakers, questions from the students, or perhaps his whims. So while not secret, there was a degree of unpredictability about the day to day schedule of the course.

Q. Are you aware of the AMA's policy on students practicing procedures on each other?

A. No, I am not

Q Do you know if the University has a policy on this subject?

A. No I do not.

Q Had you heard of the initiative to do a hypotension demonstration where students would have blood removed then monitored for hypotension and then their blood auto transfused back?

A. No, I heard only after the whole thing blew up.

Q Whose initiative was this?

A. I'm speculating that it was Hagmann, I was really shocked that we went along with this.

Q Who are "We"?

A. The faculty involved in the course. Let me continue with the evolution of the course at USU. As I mentioned, prior to curriculum reform, a handful of students each year went off to DMI courses as a summer experience or a

fourth year elective and for a couple of years (b)(6),(b)(7)(C) put on an OEMS course at USU with the help of Dr. Hagman. Then curriculum reform came about. I initially proposed that we cancel the whole summer experience and we give the summer period over to the SOM. I had long had questions about the value of the summer experience (many students viewed it as a waste of time). I thought this was the weakest part of our educational program, and we always had trouble executing it. In the new curriculum, the pre-clerkship period was shorter, and, very importantly, we had always struggled to pull off a good summer experience for many students. On an annual basis as Chair I tried to get the student travel office to take over responsibility for summer experience travel and to get the Brigade to help us find rotations but this never worked and we always ended up doing it all ourselves with a somewhat makeshift staff while also trying to do the field exercises. But for a variety of reasons it was determined that we needed to keep doing it in the new curriculum and furthermore we were given additional time in the summer to use. (b)(6),(b)(7)(C) had recently come to USU and he was a real fan of OEMS, and he was experienced with it from his days with special forces. He proposed that we expand OEMS to the entire first year class. We had many discussions amongst the faculty on this and ultimately I approved the approach that we would indeed do this. The idea was that over time—2-3 years-- we would use the course as Dr. Hagmann did it as the basis of a course but take it over most or all of the teaching ourselves in MEM. We felt the course needed to more tailored to our students and our curriculum. It needed to fall between Combat Medical Skills and ATLS, and it needed to be more at the typical first year medical student level. Also, OEMS was sort of the "John Hagmann show"...he was colorful, passionate, and had great stories. But we felt it should be more professional and less based on the personality of one person. (b)(6),(b)(7)(C) had extensive discussions with Dr. Hagman about what the content of the course would be when we expanded it to the entire class and I understood he tried to lay the groundwork for us eventually taking it over. I participated in some of these discussions but (b)(6),(b)(7)(C) was the course director and I left it to him to work out the details.

Q. Would Dr Hagmann try to stop this?

A. I wasn't sure—I thought it would be a blow to his ego but on the other hand, he was spending a considerable amount of resources, at no cost to us, to do this and I thought he might be happy not to have to do this. It certainly would have been a cost saving in the long run for him if we took it over, but then he wouldn't be the guru of OEMS to our students, which he clearly enjoyed being.

Q Was it your understanding that (b)(6),(b)(7)(C) was a driver to bring DMI back to USU?

A. I never thought DMI came onto campus to do their course. If Hagmann came onto USU this was our course. In my mind, he was not coming to us as DMI, a private company trying to profit somehow, but as John Hagman, former USU faculty with material he had largely developed when faculty at USU. But yes (b)(6),(b)(7)(C) was the main proponent to expand the course to the entire class.

Q How did you reconcile foreign nationals and others being taught on USU property by DMI?

A. Hindsight is 20/20. At the time, I thought if John Hagmann is taking all of his time at considerable personal expense (again, he never asked us to pay for anything) and we had extra space, it was fine to let a few others sit in. This wasn't hurting the university. I also thought these visitors brought some extra experience and perspective to our students. They were typically experienced foreign medics and docs. I had no idea Dr. Hagman was charging these visitors. It just never occurred to me. I know now. I was naïve about this.

Q. Was COL (b)(6) aware of this or Lt Col (b)(6)?

A. Lt Col (b)(6) wasn't involved in all of this; (b)(6), (b) will have to speak for himself—I don't know what he knew about the visitors.

Q In 2012 (b)(6) sent out a message defining illegal gifts, travel regulations etc. Do you recall that message?

A. Yes, he sent around a number of such messages as I recall. I would add that over the last ten years I've taken DoD ethics training many times, as a CO and Chair. And I paid attention to it! I took this very seriously but I just had a blind spot with regard to Hagman and just did not see what he was doing as gifts to the federal government. I'm not arguing the point but I just did not see it that way and no one in my view was gaining improper or inappropriate benefits so it just didn't register.

Q. Would these breaches have occurred if it was someone other than John Hagmann?

A. No, I don't think so. This wasn't someone like (b)(6) trying to sell us something. It happens all the time that we are contacted by private companies trying to sell DoD one thing or the other and I am very careful about this. Companies often want to show their product at the field exercises for example. But I just didn't put Hagman in that category. I think it is probably in large part because of his history with USU, and because he never wanted anything from us. He seemed genuinely motivated to teach OEMS to USU students. I also felt like we were dealing with him, not his company. Maybe this separation can't be made. Now I see this perhaps wasn't so clean and creates issues under the law.

Q. Do you think John Hagmann intentionally used undue influence for his benefit? It's been going on for many years, how can that be?

A. I always viewed John Hagmann as kind of a colorful rogue. He's very talented and was passionate about OEMS and TC3. He definitely really liked to be the star in front of the students—a bit of a prima donna. And he clearly was somewhat of an iconoclast and cowboy, or at least liked to present that image—he came across as being on a righteous mission and was impatient with government rules and bureaucracy. However, when you talked with him he was actually very knowledgeable about the rules because he regularly taught this course all over DoD. He made me a little nervous but I thought that the students learned a lot from him and again it didn't seem like anyone—him or us—was getting improper benefits of any kind. I thought in time we would own the course ourselves but it would take us a couple of years of dealing with him to get there. But I never felt like he was trying to take

advantage of us for the benefit of himself or DMI with respect to getting money or business influence.

Q Do you have anything else you would like to add?

A. First, looking back on all of it I profoundly regret what happened to some of our students this past summer who attended the away OEMS course. I hope they aren't traumatized for life and feel absolutely terrible about what I heard happened to them, although I don't know all the details. We had no way of knowing Hagmann had some sort of weird sexual proclivity. To my knowledge no student that ever attended one of his courses had a negative thing to say. So I don't think we could have known or predicted that part of all of this. The travel irregularities now seem clear with 20/20 hindsight, particularly now that travel in general has received so much more scrutiny over the last year or so. I wish I had seen it more clearly then. But as I said, no one in my view received any improper benefits and actually nothing that was done with respect to travel was illegal I don't think—I mean all the travel and receiving the gifts could have been done legitimately with the proper paperwork. I also regret some of the procedures that were done in the course here at USU. I made presumptions about the curriculum, but now wish I had scrutinized the course content much more closely when we expanded the course. Thank you for doing this. It is important to determine what happened and how to do better.

NOTHING FOLLOWS
(b)(6),(b)(7)(C)

1 OCT 2013

(b)(6),(b)(7)(C)

20131022

(b)(6),(b)(7)

From: (b)(6) (b)(7)
Sent: Sunday, October 06, 2013 10:12 AM
To: (b)(6),(b)(7)
Subject: Addendum regarding travel

COL (b)(6),
(b)(7)

In reflecting on our interview and my statement, I just wanted to be sure some things I was trying to get across are clear regarding travel. In my view, it wasn't until travel became so restricted and many of the USU faculty and staff began to more aggressively seek alternative funding that the nuances of what you can and can't do on permissive TDY and on leave, etc. became clear to us in MEM and I believe more widely in the University. Even once guidance began to come out from (b)(6) (b)(7) it was still confusing and even moreso for students doing the summer experience or fourth year rotations. In the spring of this year, questions were raised about summer experience OEMS travel and we went to great lengths to do it right. We had a series of meetings and interactions with legal counsel at USU to get it right. I believed all the correct MOUs and other paperwork were in place to do it legally. At that time, though, we agreed that what had gone before would have to be reviewed and "fixed" if necessary. It was not-- and still is not-- clear to me how many mistakes were made in student travel before this past summer. Because this was all summer experience, and not part of our graded curriculum, record keeping has not been complete. I strongly suspect there were indeed instances in the past when our students had tuition waived by Dr. Hagman or received what we now consider to be gifts to the federal government, but how many times this occurred I am not sure. I can say, though, again these rules were confusing (and perhaps subject to some interpretation) and not well understood by very many people at USU before 2013, and that to my knowledge there was never any intent to break rules or violate laws. Rather, we were doing the best we could to be sure as many students as possible had a good experience, and as I mentioned, given our limited resources, the summer experience has always been a bit of a mad scramble.

Please let me know if you have any further questions.

V/r

(b)(6),(b)(7)
(C)

(b)(6),(b)(7)

From: (b)(6),(b)(7)(C)
Sent: Monday, October 07, 2013 1:52 PM
To: (b)(6),(b)(7)(C)
Subject: Re: Addendum regarding travel

(b)(6)

Another complex piece of this complex issue. This is my perspective and recollection: When we moved to expand the OEMS course to the entire first year class, the question of live tissue training came up. The proponents of having this be part of the course felt that using pigs to practice some of the skills learned during the course was critical in order to provide realistic training and to serve as a sort of capstone for the course. However, as I am sure you are well aware, the use of animals in undergraduate medical education, and in DoD overall for medical training, has come under increasing scrutiny and so I and others did indeed have concerns. Our concerns were political (would USU end up in the Washington Post), practical (it requires an elaborate and lengthy approval process to use live animals for education at USU), and educational (is it really true that the live tissue training is effective). So, there wasn't one single meeting but really a number of meetings (probably ten or more) over a couple of months. We had many discussions within the department, primarily involving myself, (b)(6),(b)(7)(C) and to some extent other faculty members. Outside the department, these discussions primarily involved (b)(6),(b)(7)(C) and I talking with (b)(6),(b)(7)(C) and (b)(6),(b)(7)(C). (b)(6),(b)(7)(C) sometimes this was all together but sometimes separately. I do not recall (b)(6),(b)(7)(C) in any of these meetings. After many discussions, my recollection is that we came up with a way to do this whereby live tissue training using pigs would not be part of our USU OEMS course. Rather, it would be offered by Dr. Hagman. Any student who had taken our OEMS course could volunteer to participate in the live tissue training but it was 100% voluntary and optional and not encouraged or pushed by us. It would be done on the weekend or on leave and we had discussions on how to handle the travel and gift to the federal government issues and were doing the paperwork to do this all properly. This training would take place at a private site to be arranged by Dr. Hagman. (I don't know where exactly--somewhere in northern Virginia I believe). Furthermore, to make it even more complicated, we would use this opportunity to compare practicing certain procedures on the pigs to practicing on a new type of simulator ("cut suits") to see if there was any difference in learning. To be honest, we were hoping to demonstrate "non-inferiority" of the simulators so we could get away from the whole pig issue. Our long term vision was to invest in simulators and not have to deal with all the live tissue issues and we were hoping to end up with some data that would support this. (b)(6) had procured USAF funding to do such a study and spent an enormous amount of time on study design and in seeking IRB approval for this (with my help) and we eventually came up with an institutionally and IRB approved process to do the study. We had to address recruitment of student subjects, informed consent process, etc., etc. (b)(6) was still working with the USU Anatomic Use Committee (the committee that controls the use of cadavers) to obtain their approval to use cadavers later on in the evaluation part of the study. I don't think this ever was finalized when everything got called off. So, to summarize, my recollection is that we came up with an approach in consultation with the lawyers, the IRB, and others, whereby our students could volunteer to attend an offsite DMI sponsored animal lab and we were going to take the opportunity to evaluate the effectiveness of using the pigs versus simulators.

Hope this makes sense! Please let me know if you have any additional questions.

V/r

(b)(6)

On Mon, Oct 7, 2013 at 10:39 AM, (b)(6),(b)(7)(C) wrote:

Sir,

I've had testimony that last summer as you and others became concerned about the requirement for an Animal Lab (Run by DMI) a meeting was held to discuss this. As I understand it, yourself, (b)(6),(b)(7)(C) had a meeting to talk about the animal lab. A decision was made to have this lab on someone's private property. Can you tell me the details of that meeting including who was present?

r/

From: (b)(6),(b)(7)(C)

Sent: Sunday, October 06, 2013 10:12 AM

To: (b)(6),(b)(7)(C)

Subject: Addendum regarding travel

(b)(6),(b)(7)(C)

In reflecting on our interview and my statement, I just wanted to be sure some things I was trying to get across are clear regarding travel. In my view, it wasn't until travel became so restricted and many of the USU faculty and staff began to more aggressively seek alternative funding that the nuances of what you can and can't do on permissive TDY and on leave, etc. became clear to us in MEM and I believe more widely in the University. Even once guidance began to come out from (b)(6),(b)(7)(C) it was still confusing and even more so for students doing the summer experience or fourth year rotations. In the spring of this year, questions were raised about summer experience OEMS travel and we went to great lengths to do it right. We had a series of meetings and interactions with legal counsel at USU to get it right. I believed all the correct MOUs and other paperwork were in place to do it legally. At that time, though, we agreed that what had gone before would have to be reviewed and "fixed" if necessary. It was not-- and still is not-- clear to me how many mistakes were made in student travel before this past summer. Because this was all summer experience, and not part of our graded curriculum, record keeping has not been complete. I strongly suspect there were indeed instances in the past when our students had tuition waived by Dr. Hagmann or received what we now consider to be gifts to the federal government, but how many times this occurred I am not sure. I can say, though, again these rules were confusing (and perhaps subject to some interpretation) and not well understood by very many people at USU before 2013, and that to my knowledge there was never any intent to break rules or violate laws. Rather,

Exhibit 14

SWORN STATEMENT

For use of this form, see AR 190-46; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Uniformed Services University	2. DATE (YYYYMMDD) 2013/10/11	3. TIME 0900	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(7) (b)(7)	6. SSN (b)(6)	7. GRADE/STATUS (b)(6)	
8. ORGANIZATION OR ADDRESS Uniformed Services University			

9. I, (b)(7) (b)(7), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or about 0900 hrs. on October 11th 2013 I had an appointment with (b)(6) (b)(7) at AFRR. He introduced himself as the Investigation officer duly appointed by the Dr. Rice to investigate the administration and operation of the Operational Emergency Medicine course. COL (b)(7) stated that he would take notes in a question and answer format and then transcribe these notes into this form for my review and at a later time he would come back to sign with me as my sworn statement. He stated this investigation was to meet, in general, the requirements of AR15-6, the Navy JAGMAN, and the AF Command Directed Inquiries. COL (b)(7) stated that his intent in interviewing me was to attempt to answer questions regarding the travel process for students leaving Military Emergency Medicine.

Q. Chief, what is your title and principal duties and responsibilities?

A. I am the Director of the Military Personnel office supporting military faculty and staff.

Q. Do your duties include TDY?

A. Every person has a section DTS Manager and for those funded requirements they are the subject matter experts. I provide SME for "permissive status" because that requires an O-5 or above commander as the approval authority and I or my staff route those requests through the BDE Commanders office.

Q. Are you aware of travel irregularities related to the OEMS course out of MEM?

A. No

Q. Has anyone from MEM consulted you on problems with travel?

A. No

Q. What category of travel does not need to go into DTS?

A. Anything that is non funded. The purpose of DTS is to disburse funds for authorized travel.

Q. Then how are Permissive TDY orders, at no cost to the government generated?

A. I print a 1610 and have them fill out the individual data, standard disclaimer at the bottom, and route it to the command.

Q. What is a 1610?

A. Request and authorization for TDY travel of DOD personnel. DD1610

Q. When did you send out an email explaining this and would you send it to me

A. Sept 19th and yes. Finance had sent an earlier email to everyone stating all travel goes into DTS and I said that's not correct. I don't think they understand that the approval for permissive is the command not a finance administrator.

Q. Do you know Mr. (b)(7) or Mr. (b)(7)

A. I don't know Mr. (b)(7) but I spoke to Mr. (b)(7) once, from USU Finance, he told me from their end permissive TDY doesn't go into DTS

Q. Does (b)(7) work for you?

A. No, she's one of the (b)(7) for the students.

Q. 10 student went to gig harbor in the spring of this year would chief (b)(7) be the approval?

10. EXHIBIT	11. (b)(6), (b)(7) KING STATEMENT	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b)(7) AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF (b)(6), (b)(7)(C)TAKEN AT USUDATED 2013/10/11

9. STATEMENT (Continued)

A. No they would still need a 1610

Q. Does the commandant or the assistants have signature authority?

A. No they are not commanders

Q. What is the right way to send a student for a required course if we cannot fund it

A. it must be permissive TDY with a 1610 and comments stating no cost to the government

NOTHING FOLLOWS

AFFIDAVIT

I, (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

ORGANIZATION OR ADDRESS

Uniformed Services University

Bethesda MD

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17 day of October, 2013

at (b)(6), (b)(7)(C)

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6), (b)(7)(C)

PAGE 2 OF 2 PAGES

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations (JTR), Chapter 3) (Read Privacy Act Statement on back before completing form.)						1. DATE OF REQUEST (YYYYMMDD)	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial)			3. SOCIAL SECURITY NUMBER		4. POSITION TITLE AND GRADE/RATING		
5. LOCATION OF PERMANENT DUTY STATION (PDS) 4301 Jones Bridge Rd. Bethesda, MD 20814				6. ORGANIZATIONAL ELEMENT Uniformed Services University		7. DUTY PHONE NUMBER (Include Area Code)	
8. TYPE OF AUTHORIZATION Permissive		9. TDY PURPOSE (See JTR, Appendix H) Conference		10a. APPROX. NO. OF TDY DAYS (Including travel time)		b. PROCEED DATE (YYYYMMDD)	
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED							
12. TRANSPORTATION MODE							
a. COMMERCIAL RAIL AIR BUS SHIP				b. GOVERNMENT AIR VEHICLE SHIP		c. LOCAL TRANSPORTATION CAR RENTAL TAXI OTHER	
PRIVATELY OWNED CONVEYANCE (Check one) <input type="checkbox"/> RATE PER MILE: _____ <input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR				AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)			
13. a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR				b. OTHER RATE OF PER DIEM (Specify)			
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
a. PER DIEM \$		b. TRAVEL \$		c. OTHER \$		d. TOTAL \$ 0.00	
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.) I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. I understand that I have the right to cancel it any time and return to my regular place of duty".							
17. TRAVEL-REQUESTING OFFICIAL (Title and signature) Requesting Officer				18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature) Your Supervisor			
AUTHORIZATION							
19. ACCOUNTING CITATION Permissive - NO COST							
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature) (b)(6), (b)(7)(C)						21. DATE ISSUED (YYYYMMDD)	
						22. TRAVEL AUTHORIZATION NUMBER NA	

Exhibit 15

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Uniformed Services University	2. DATE (YYYYMMDD) 2013/10/13	3. TIME 0930	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS (b)(6), (b)(7)(C)	
8. ORGANIZATION OR ADDRESS Uniformed Services University			

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or about 0930 hrs. on October 11th 2013 I had an appointment with (b)(6),(b)(7)(C). He introduced himself as the investigation officer duly appointed by the Dr. Rice to investigate the administration and operation of the Operational Emergency Medicine course. COL (b)(6),(b)(7)(C) stated that he would take notes in a question and answer format and then transcribe these notes into this form for my review and at a later time he would come back to sign with me as my sworn statement. He stated this investigation was to meet, in general, the requirements of AR15-6, the Navy JAGMAN, and the AF Command Directed Inquiries. COL (b)(6),(b)(7)(C) stated that his intent in interviewing me was to attempt to answer questions regarding the travel process for students leaving Military Emergency Medicine.

Q. Chief what is your duty title?

A. I am (b)(6),(b)(7)(C).

Q. Can you tell me about how the 10 students that COL (b)(6),(b)(7)(C) asked for you to carry in a permissive TDY like status last spring?

A. I do remember the email but I don't remember what I did with it but I do remember telling him that our office can't put MS1's into DTS because we don't have visibility of them in the system, that his department has visibility in DTS for all MS1's. If I remember correctly I told him we support putting them in a permissive status. I probably discussed it with CDR (b)(6),(b)(7)(C) as well.

Q. What is your understanding of the official duty status for these students?

A. Generally they are in DTS in a permissive status if funding is coming from an outside source and that's their official status, that's how we follow them. Sometimes they are on pass as well.

Q. But travel to Gig Harbor WA would be a TDY, Permissive or otherwise?

A. Absolutely.

Q. How do you put them on orders?

A. For the student's in a clerkship status (MS2/3/4's) I put them in DTS or they do it themselves. The menu dropdown allows me to select permissive or otherwise and then comments are placed in the comments field about no cost to government. For the 1st years the signature authority is LTC (b)(6),(b)(7)(C) and for the rest of the students it is Mrs (b)(6),(b)(7)(C) or the company commanders.

Q. Do you have appointing or delegating orders?

A. I don't know.

NOTHING FOLLOWS

10. EXHIBIT	11. INITIALS (b)(6),(b)(7)(C)	STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT USU DATED 2013/10/11

9. STATEMENT (Continued)

Nothing Follows

AFFIDAVIT

I, (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(6), (b)(7)(C)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10 day of OCT, 2013

(b)(6), (b)(7)(C)

ORGANIZATION OR ADDRESS

Uniformed Services University

Bethesda Md

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

(b)(6), (b)(7)(C)

ENDING STATEMENT

PAGE 2 OF 2 PAGES

Exhibit 16

(b)(6),(b)(7)(C)

(7)(C)

From: (b)(6),(b)(7)(C)
Sent: Wednesday, April 03, 2013 11:56 AM
To: (b)(6),(b)(7)(C)
Subject: Letter for accountability for students doing OEMS procedures course for Spring Break

Chief,

We have 10 students who will be spending their Spring Break with Dr. Hagmann and Deployment Medicine International, P.O. Box 1264, Gig Harbor, WA 98335, phone 1-(b)(6),(b)(7)(C). They will be out of the local area with DMI but will be doing training that contributes to their summer experience requirement and enables us to use them as Teaching Assistants for the FTX 201:OEMS course this summer. I support their being on status that is equivalent to permissive TDY. As per the MOU DMI has with the univeristy, the students are treated "like DMI employees" and Dr. Hagmann is paying for their costs. The list of those doing the training follows.

(b)(6),(b)(7)(C) - Army

(b)(6),(b)(7)(C) - Army

(b)(6),(b)(7)(C) - Army

(b)(6),(b)(7)(C) - Army

(b)(6),(b)(7)(C) - Army

(b)(6),(b)(7)(C) - Navy

(b)(6),(b)(7)(C) - USAF

(b)(6),(b)(7)(C) - Army

(b)(6),(b)(7)(C) - Army

(b)(6),(b)(7)(C) - USAF

Thanks and let me know if you need anything more. (b)(6),(b)(7)(C)