



## UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

## ARMED FORCES RADIOBIOLOGY RESEARCH INSTITUTE 8901 WISCONSIN AVENUE, BUILDING 42 BETHESDA, MARYLAND 20889-5603



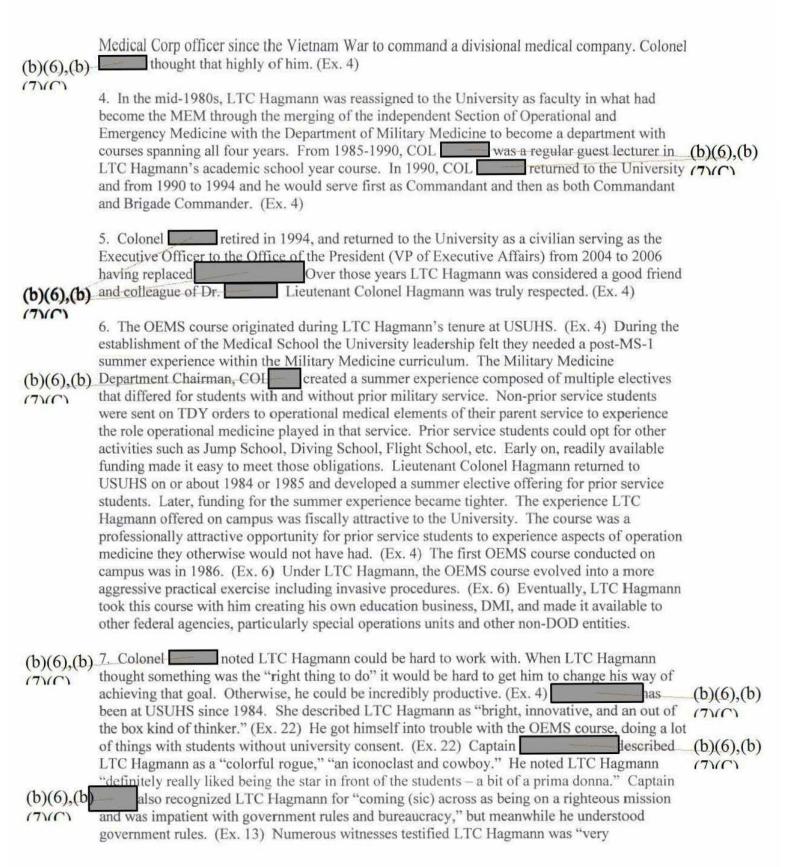
USU-AFR 16 December 2013

MEMORANDUM FOR DR. Charles Rice, President, Uniformed Services University of the Health Sciences, Bethesda, Maryland

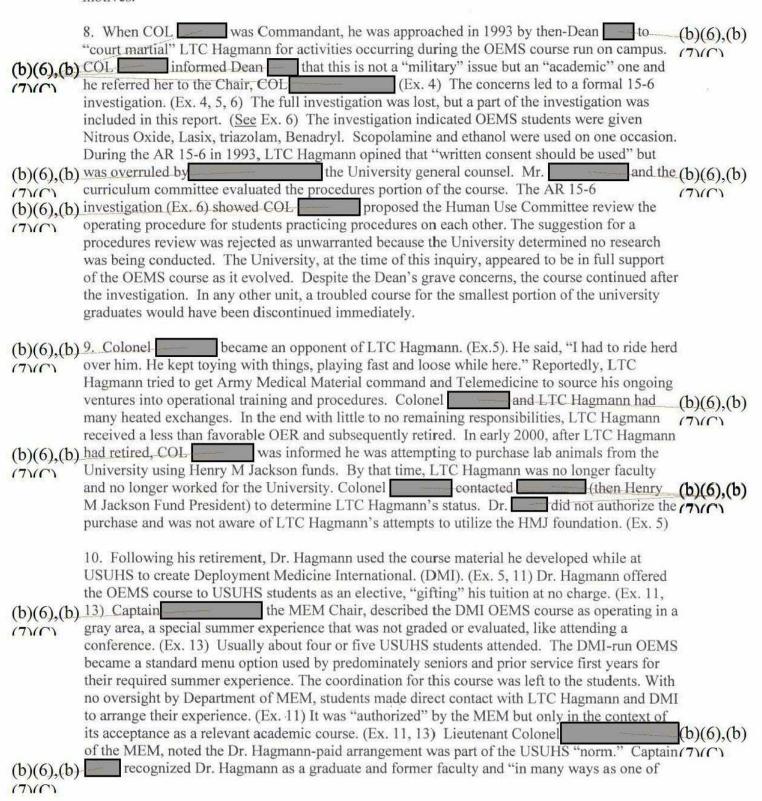
Subject: Report of Investigation of Operational and Emergency Medical Skills (OEMS) Course

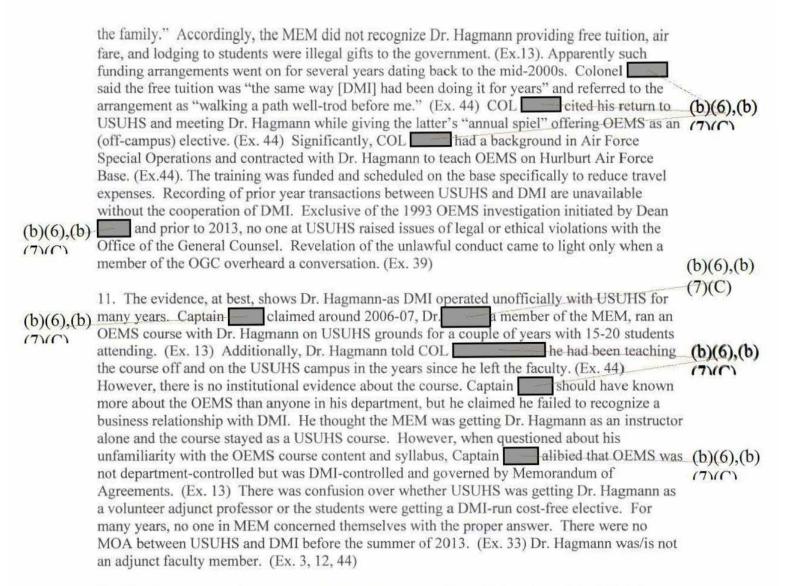
1. On 13 September 2013 I received orders to conduct an informal investigation of the facts and circumstances surrounding the Operational and Emergency Medical Skills (OEMS) course taught by Deployment Medicine International (DMI) by its CEO and lead instructor Dr. John Hagmann. The investigation concerned the University's relationship with Dr. Hagmann, the involvement of the Department of Military Emergency Medicine ("MEM"), and allegations that Dr. Hagmann committed serious misconduct. **Findings**: A long-term informal and formal relationship existed between Dr. Hagmann and USUHS. The University's failure of oversight and control allowed Dr. Hagmann and the MEM to violate government ethics and travel regulations. Particularly, the University violated 13 U.S.C. § 1353 by accepting travel funds from DMI for what should have been official travel when USUHS students attended DMI courses. Dr. Hagmann brought DMI clients on the USUHS campus to use government classrooms free of charge. While teaching in off-campus locations, Dr. Hagmann committed serious misconduct and harmed USUHS students.

(b)(6),(b)	2. Former USUHS commandant Colonel (ret.)	xplained the University has a
(7)(C)	deep history and relationship with Lieutenant Colonel (retired) J	
	4 Dr. statement) LTC Hagmann graduated in 1980 with	n the USUHS Charter class.
	These individuals became known as the "Charter Martyr's" and	
	individuals. He was known well to the University and the MEM	
	the Section of Operational Emergency Medicine at USU was a s	
	reporting directly to the Dean. Colonel was then the de	
	to develop a fourth year course that satisfied a specific need to e	ducate MS-4 USU students in
(b)(6),(b)	operational medicine. Colonel developed the course tit	led Operational and Emergency
(7)(C)	Medicine. Lieutenant Colonel Hagmann was a student in his 4th	h year in that course.
	3. Upon his graduation from USUHS, LTC Hagmann went to Ft	Lewis for his internship
	followed by a residency in Emergency Medicine. At the time of	
(b)(6),(b)	- 트레트트로 맞게 하다 그리면 바로 하는데 이번 하다 보면 하면 이번 경에 되어 있다. 이번 이번 경에 가장 보다 보다 있다. 그리고 그리고 있다는 그 사이에서 없어요요. 그리고 있다.	
(7)(C)	Hagmann's second year of residency COL was sent to l	
A 740 B	Department of Emergency Medicine and LTC Hagmann was a r	
	Following LTC Hagmann's graduation, as part of a Surgeon-Ge	neral directed special project,
(b)(6),(b)	COL hand-picked him to be assigned to the 9th Infantry	Division (test bed) as the first
(7)(C)		



charismatic." They believe this caused people to go along with him without questioning his motives.





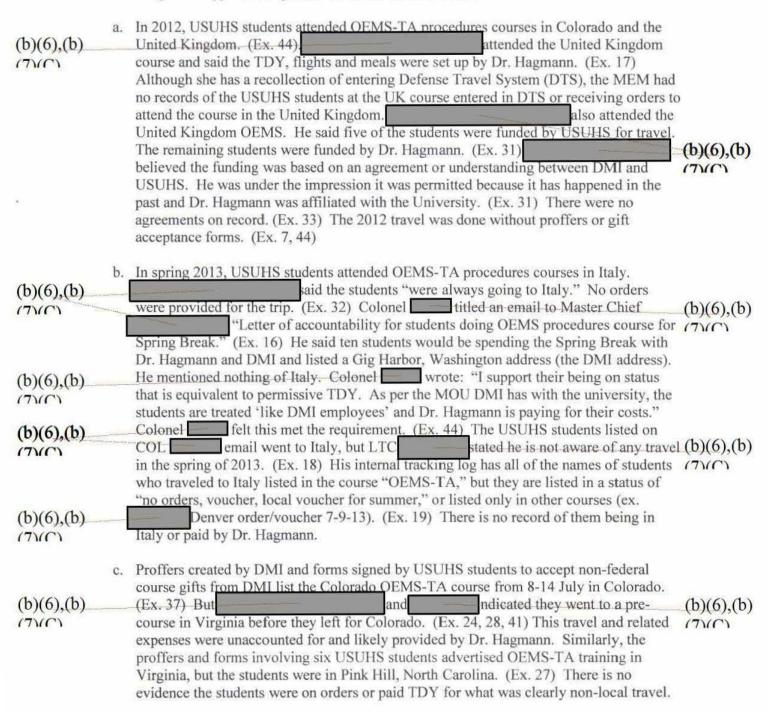
- 12. The Department of MEM had a more formal relationship with DMI in 2012 and 2013. Faced with educating the entire class when the summer experience became too difficult, the MEM decided to make the OEMS available to the entire second-year (MS-II) class. (Ex. 11, 12, 13, 44) In 2012, the MEM ran an OEMS course on the University grounds with Dr. Hagmann. (Ex. 11, 44). In 2012, there was no memorandum of agreement between USUHS and DMI. (Ex. 33, 44) The MEM was supposed to take over the OEMS course entirely in 2013 and phase out Dr. Hagmann. (Ex. 11, 13) The OEMS course was offered in two parts in 2012 and 2013. A mandatory "advanced course" of OEMS would be available to an entire class of MSII students. (Ex. 44, 11) Before the class-wide course, students could volunteer to attend OEMS-TA "procedures" course off-site with Dr. Hagmann. (Ex. 7, 11, 12, 44) The USUHS students took this course tuition-free and took travel benefits from Dr. Hagmann.
- 13. From July 8th until July 14th of 2013 a formal Memorandum of Agreement (MOA) was in effect between the University and DMI. (Ex. 34) Despite the University's attempt to legitimize

the relationship with the MOA, the agreement is invalid for three primary reasons. The students began travel before the agreement was signed. (Ex. 34, 37, 24, 39) The document was signed 7 July and students traveled on 6 July (Ex. 34, 24, 39). The proffers and ethics paperwork were signed for a Virginia course and the students were in North Carolina (Ex. 36, 27). The proffer supporting the course in Virginia extended through 21 July 2013, well past the time the MOA was in effect. (Ex. 34) The proffer and ethics paperwork for Colorado had dates from 7 July-14 July and students actually travelled to Virginia before Colorado (Ex. 37, 25, 28, 41). There is no evidence to support a formal relationship existed at any point other than the six days in July of 2013. (Ex. 33, 39, 43 See email where Dr. Hagmann asked COL to provide a nonexistent (b)(6),(b) contract between DMI and USUHS to create similar contracts with other DoD entities).

- 14. The following laws and regulations apply in this investigation:
- a. Department of Defense Regulation 5500.7-R, the Joint Ethics Regulation (JER) governs USUHS. Under the JER, official travel by DoD employees shall be funded by the Federal Government. DoD 5500.7-R, para. 4-100a. An agency or employee may not accept payment for expenses from non-Federal sources for travel, subsistence, and related expenses with respect to attendance of the employee (or the spouse of such employee) at any meeting or similar function relating to the official duties of the employee. 31 USC § 1353(b).
- b. Department of Defense employees, including military officers, are prohibited from receiving pay or allowances or supplements of pay or benefits from any source other than the United States for the performance of official service or duties unless specifically authorized by law. 18 U.S.C. 209 (Reference (c)).
- c. Employees are subject to restrictions on the gifts that they may accept from sources outside the Government. Unless an exception applies, executive branch employees may not accept gifts that are given because of their official positions or that come from "prohibited sources." A "gift" is defined to mean anything of monetary value, and specifically includes transportation, local travel, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance, or reimbursement after the expense has been incurred. A "prohibited source" is a person (or an organization made up of such persons) who is doing business or seeking to do business with a government agency. See 5 CFR 2635.
- d. An employee has a duty to protect and conserve Government property and shall not use such property, or allow its use, for other than authorized purposes. 5 CFR 2635.704.
- 15. Dr. Hagmann and the MEM subverted the preceding laws and regulations in order to provide the OEMS course to USUHS students. Students accepted free tuition, travel, lodgings, meals (b)(6),(b) and other benefits. Dr. Hagmann was a prohibited source doing business or seeking business (7)(C) with a government agency USUHS and various federal, DoD agencies. Faculty were aware of the practice but did nothing to stop it. They did not confer with the Office of the General Counsel. Captain said, "At the time, I thought the arrangement with Dr. Hagmann was a "Win-Win' for USU and the students and I just did not perceive it as a gift or potentially illegal (b)(6),(b)gift to the government." (Ex. 13) COL knew DMI was "gifting" the course to students at no charge "the same way they had been doing for years." (Ex. 44) As he signed off on students taking the OEMS elective, LTC recognized Dr. Hagmann had wrongfully stolen the

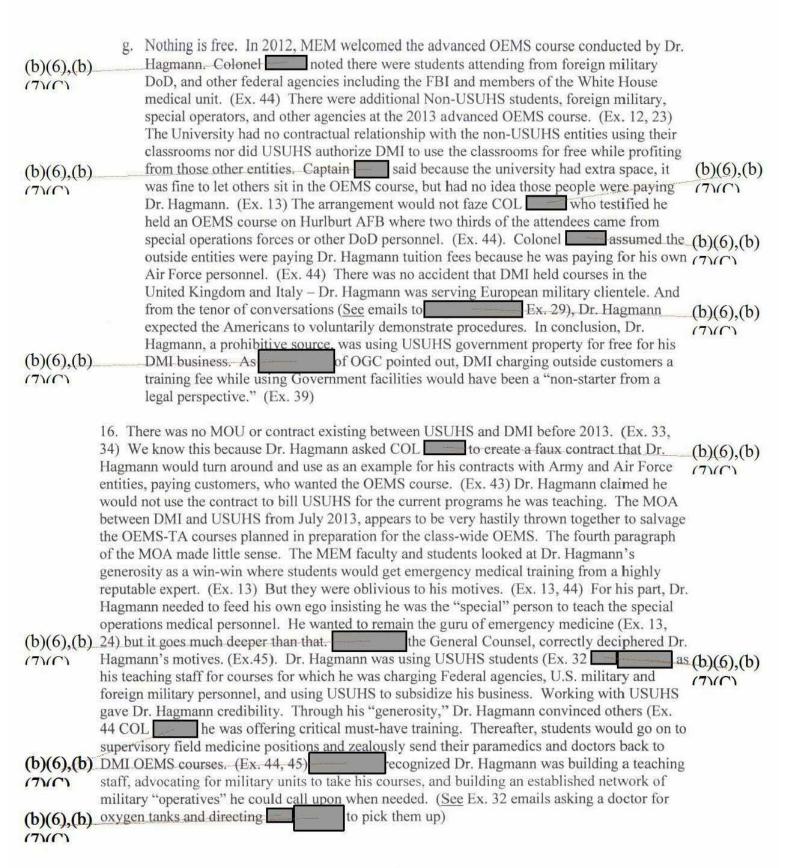
(b)(6),(b) (7)(C) established course from USUHS and the "gifting" violated the JER. However, he noted the OEMS course was "well established and there were never any indications of problems. It was part of the USU 'norm." (Ex. 11)

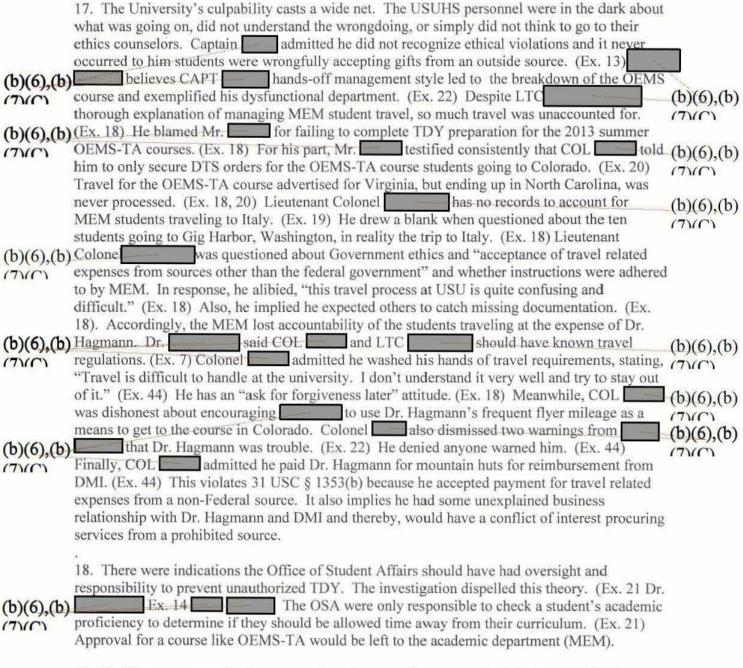
16. Investigation supports the specific violations set out below:



The University completely lost track of these personnel. All their expenses were "gifted" by Dr. Hagmann.

(b)(6),(b)	d.	When he was unable to use DTS to travel to Colorado for an OEMS-TA course in July 2013 was told by Dr. Hagmann, with the specific approval of COL	
(T)(C)		pre-course travel in Virginia. When questioned about traveling on the frequent	<b>(b)(6),(b)</b>
(b)(6),(b) (7)(C)		the frequent flyer miles came from Dr. Hagmann because he was in the email chain with	(b)(6),(b)
(b)(6),(b)		Dr. Hagmann and (Ex. 40) This travel arrangement occurred after COL	
TVC	The state of	was illegal. Nevertheless, COL convinced accepting a ticket for the flight to Colorado funded by someone's frequent flyer mileage to take the flight to Colorado was permissive. (Ex. 40)	(b)(6),(b) (7)(C)
	e.	Dr. Hagmann entirely paid for the travel and expenses of a student under the Health Practitioner Scholarship Program (HPSP) to the OEMS-TA course in Virginia-Colorado. (Ex. 28).	(b)(6),(b)
	f.	Dr. Hagmann used USUHS students as labor in violation of government ethics. He tasked the students with sorting, packing, and transporting medical equipment. (Ex. 24,	
(b)(6),(b) (7)(C)		28, 31, 32). Explained in Virginia USUHS students "were there essentially as his staff to help run the house, make breakfast, lunch, and dinner, clean, and help with the classes." (ex. 27) Dr. Hagmann violated Government ethics by using to do his DMI cadre work. (Ex. 32) A military officer (i.e. a salaried government employee) may not be paid to work for a private employer without authority.	
(b)(6),(b) (7)(C)	And Andrews Control	claimed after the Colorado OEMS-TA course he was going to be helping some DMI employees put on a first responder course with live tissue training for some 11Bs in 3rd Ranger Battalion. (Ex. 32) He assumed COL and COL knew about it. He filled out no leave paperwork and assumed he was on TDY. There is	(b)(6),(b)
Sec. 10. 10. 10. 10.		no MEM record of any of this. The University lost track of a student who was working for free with a prohibited source. Dr. Hagmann wanted to pick up and	(b)(6),(b)
(b)(6),(b) (7)(C)		deliver oxygen canisters (Ex. 32) was very willing to do this, without question, explaining, "It's the culture, operators get things done." There is a likelihood the oxygen would have disappeared from a hospital inventory but that is moot. The incident demonstrated Dr. Hagmann's pool of operatives across the military	(7)(C) (b)(6),(b)
(b)(6),(b)	Marian de Marian	medical community. In emails sent after the OEMS summer course was cancelled (Ex.	(7)(C)
(T)(C)	THE RESIDENCE PARTY.	29), Dr. Hagmann was recruiting for future courses as an instructor, and implied he wanted as a kind of examination model for his procedures course in Italy. (Ex. 29) Dr. Hagmann was not shy about directing students to help him	
(b)(6),(b)	**************************************	run his course, as free labor. He wanted in the Colorado course for his	(b)(6),(b)
(7)(C)		mountaineering experience. (Ex. 29)	(7)(C)





- 19. Dr. Hagmann committed numerous invasive procedures on students in the OEMS-TA courses without informed consent as outlined by the AMA's policy. (Ex. 17, 23-28, 32) Violations include:
  - a. The illegal and unethical use of controlled substances namely Ketamine, Versed, and Morphine on medical students without informed consent, Institutional Review Board (IRB) approval of human use in investigational studies, or medical documentation. There were no prescriptions or documentation of treatments when administering these drugs

- (i.e. no medical necessity). Additionally, large quantities of alcohol were imbibed with these medications against standard of care. (Ex. 17, 24, 27, 28, 32)
- b. Multiple boundary violations between instructors and students and between physicians and patients once that relationship was established including: improper sexual questioning of a student. (Ex. 28), performing a genitourinary exam and rectal exam on a student/patient (Ex. 25, 28), and allowing and encouraging students to perform rectal exams and Foley catheters on him (Ex. 25, 26, 27, 28). Students, patients and instructors residing in the same quarters. (Ex. 27, 28), and coercion of students to perform invasive procedures. (Ex. 17, 25, 26, 27, 28)
- c. Practicing medicine without a license in the state of Colorado where he dispensed Diamox for the treatment of acute mountain sickness and other medications. (Ex. 24, 41) Supervising or injecting medicines into students without clinical indication. (Ex. 17, 24, 27, 28, 31, 41) Practicing medicine without a license in North Carolina and the United Kingdom where he supervised or injected controlled substances into students without clinical indication. (Ex. 27, 31) Failing to document medical care for those patients in Colorado and North Carolina. Failing to provide appropriate medical care to students vomiting from the effects of Alcohol, Ketamine, and Morphine. (Ex. 27)
- d. Practicing medicine while under the influence of alcohol. (Ex. 28) (b)(6),(b) testified the alcohol consumption was excessive, as part of the follow on "cognition lab" (7)(C) (yet no comparison results were done). (Ex. 24) Students had acute Mountain Sickness from their rapid ascent to over 11k feet. Dr. Hagmann dispensed Diamox to the students (Ex. 32). This constituted a doctor- patient relationship between him and the students. He did not have a Colorado medical license.
- e. While in the VA location, performing a rectal exam, without clinical indication, documentation, or consent and following this exam offering to have one performed by this student/patient on him. (Ex. 25). When Dr. Hagmann took over demonstrating insertion of a Foley Catheter on his participation in the exercise was a (b)(6),(b) boundary violation. A different course of action would have been to stop the procedure (7)((1) entirely and allow for a medical follow-up at a later date in an environment more conducive to evaluation. Later, Dr. Hagmann suggested he would privately examine to "sort out the reason for the obstruction." (Ex. 25, 26). Without a chaperone, Dr. Hagmann performed a very thorough genitourinary exam including a rectal exam on He was in the supine position for this exam. felt embarrassed and (b)(6),(b)uncomfortable due to the time length. (Ex. 24, 25, 26). The incident "freaked him out." (7)(C) (Ex. 32) Following the exam Dr. Hagmann invited to perform an exam on (b)(6),(b)him to vindicate the intrusiveness of the exam. (Ex. 25, 26). In this instance there is a (7)(C) clear physician-patient relationship and a requirement for documentation of the clinical visit. There was no documentation. This was another boundary violation. There is also the implication of a sexual assault. Under UCMJ, Article 120, a sexual assault may result from a fraudulent representation that a sexual act (touching genitalia or the anus) serves a professional purpose. We may never know Dr. Hagmann's motives and the interaction

(b)(6),(b)

(b)(6),(b)

(b)(6),(b)

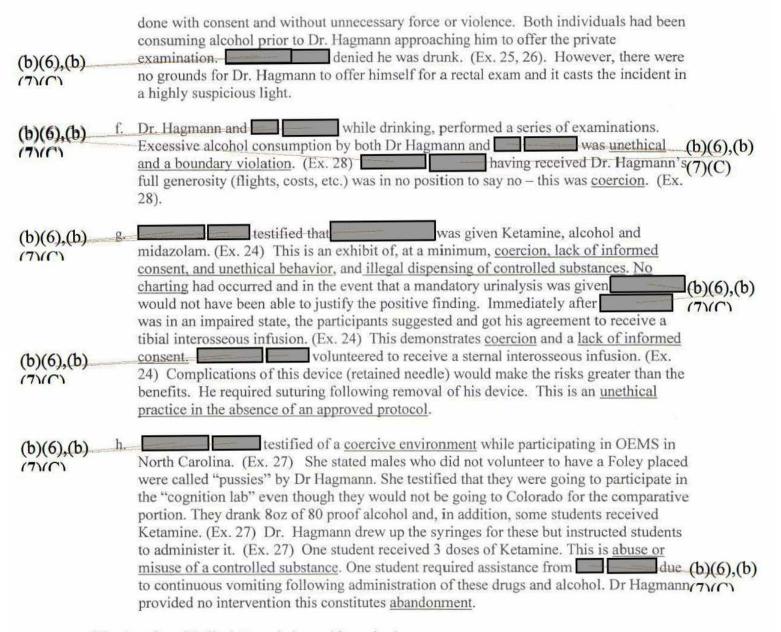
(b)(6),(b)

(7)(C)

(7)(C)

(7)(C)

between Dr. Hagmann and appeared to be professional. The examination was



## 20. American Medical Association guidance is clear:

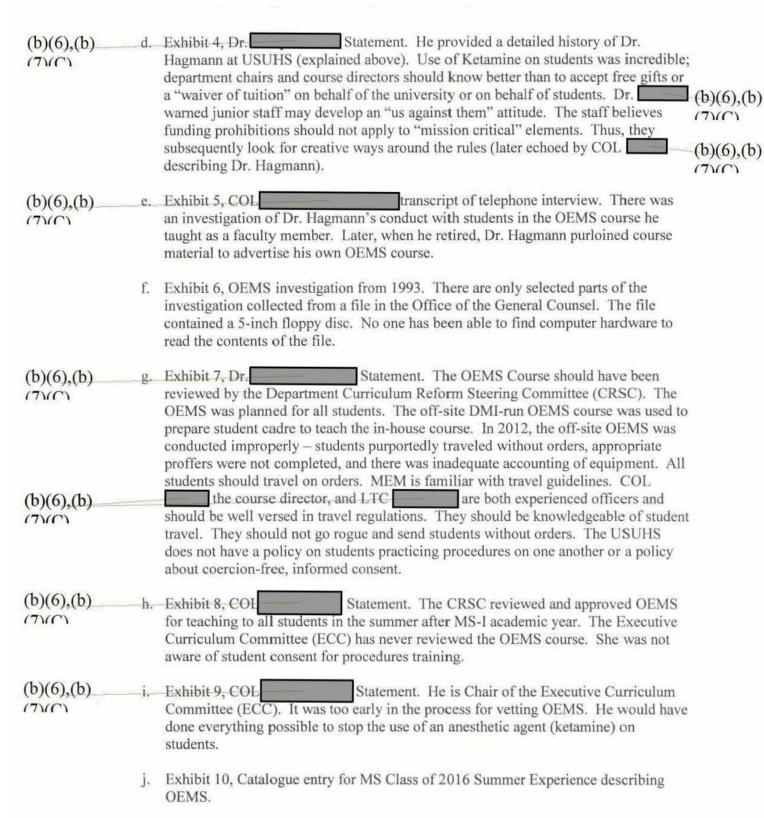
"Several elements are required for informed consent to be valid. Traditionally, these elements have been identified as disclosure, understanding, voluntariness, and consent. Although medical students may have few problems with understanding, both the disclosure element and the voluntariness element raise concerns. Unlike patients who are concerned about an ailment and wish to have their condition diagnosed and treated, students who assume the role of patients during clinical skills courses are generally expecting that no significant finding will be made. For this reason, they may not even consider the procedures in terms of risks or benefits. Standards for ensuring the explicit and uncoerced informed consent increase as the invasiveness and intimacy of the procedure increases. Simply emphasizing the potential clinical risks and

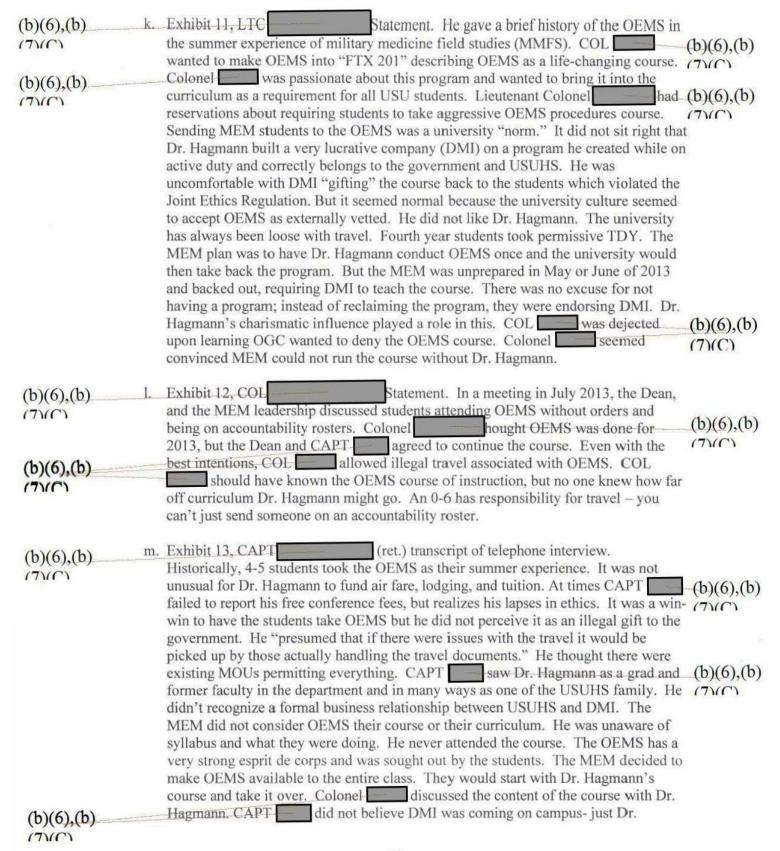
allowing students to consent to participate in the role of patients in the context of basic clinical skills training may not be sufficient. Voluntariness in medical decision-making refers to an absence of manipulation or other coercive influences on one's decision regarding medical care. Influences exist along a continuum, from persuasion to coercion, and coercive influence may stem from individuals, or from situational factors."

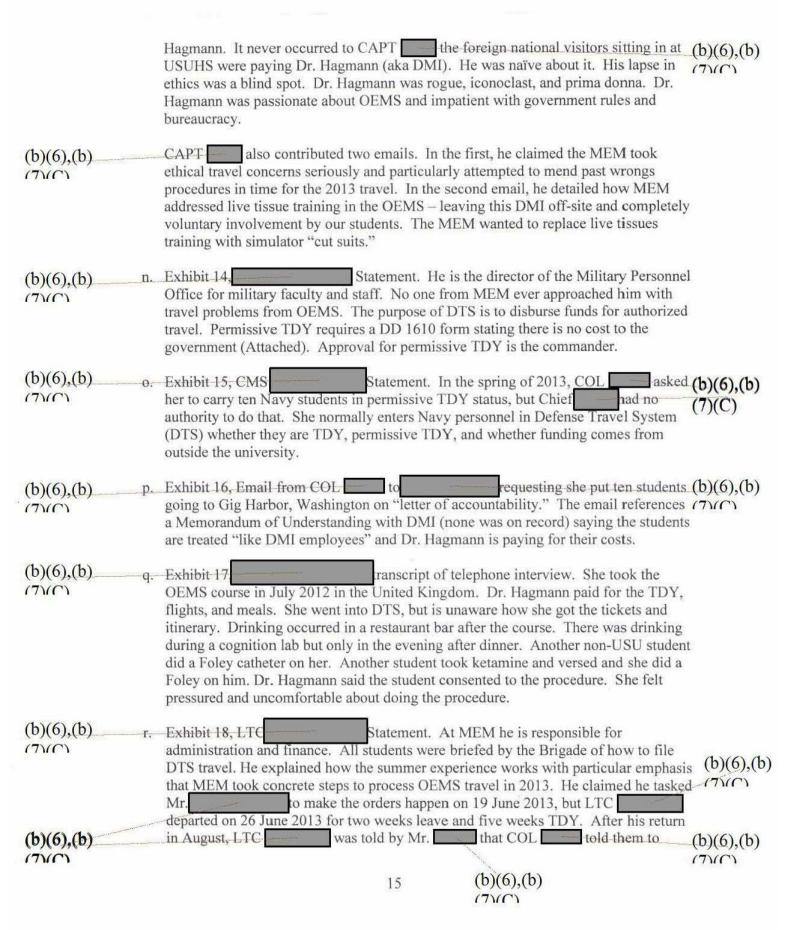
"In the context of learning basic clinical skills, medical students must be asked specifically to consent to procedures being performed by fellow students. The stringency of standards for ensuring the explicit and non-coerced informed consent increases as the invasiveness and intimacy of the procedure increase."

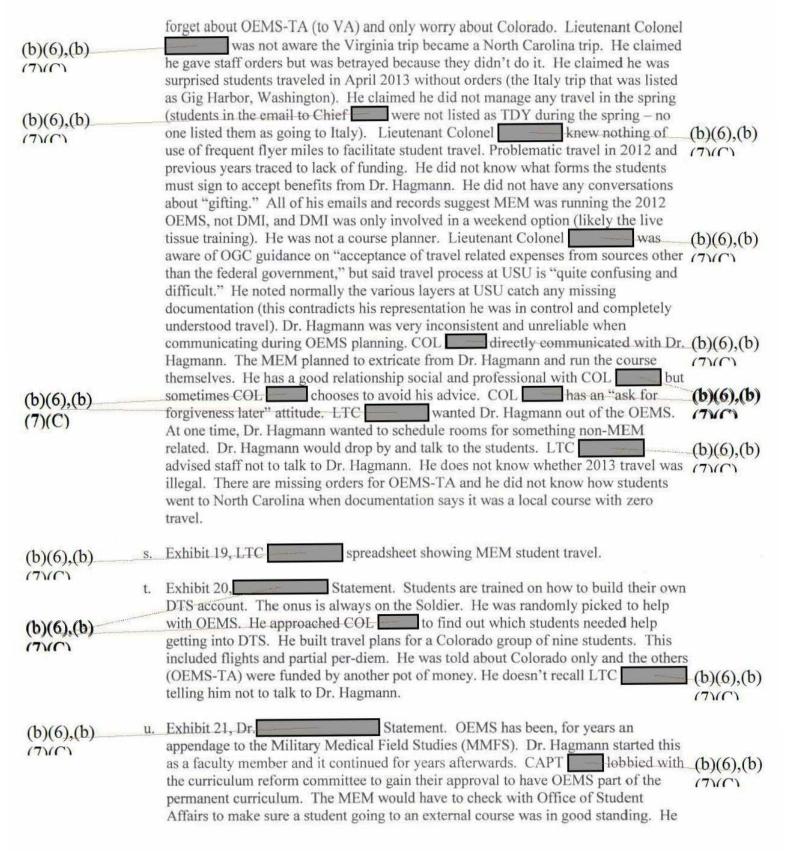
21. Procedures suggested or performed in the OEMS courses such as interosseous access, central

(b)(6),(b) (7)(C)	artery cath informed USUHS s	ment, cognitive lab, Foley catheterization, blood gas analysis, and specifically femoral neterization, and any other procedure deemed "advanced" would require explicit consent. Dr. Hagmann did not follow any of these medical ethical norms. As a result, tudents were harmed or placed in harm's way. Lieutenants (b)(6),(b) among others, all suffered some degree of physical or (7)(C) gical harm or the risk of serious harm.	
(b)(6),(b) (7)(C)	22. It is disconcerting to learn COL COL and MA. observed Ketamine (b)(6), injections to volunteers and "shock labs" (the removal and replacement of blood in students) in the 2012 USUHS OEMS course. (Ex. 23, 44) Medical doctors and educators should have prevented this kind of demonstration, or should have asked serious questions over the purpose and safety.		
	23. Questions remain regarding how Dr. Hagmann obtained the controlled substances Ketamine, Versed, and Morphine. Furthermore, did he transport these controlled substances illegally when performing similar demonstrations in Italy in the spring of 2013 and the United Kingdom in 2012? How did he transport controlled substances across state lines? We may find additional charges of fraud and theft of government property.		
	24. The fe	ollowing Exhibits are attached:	
	a.	Exhibit 1, Appointment Letter and related Memorandum for Record.	
(b)(6),(b) (7)(C)	-b.	Exhibit 2, COI Memorandum for Record. COI submitted a (b)(6),(b) thorough timeline of events surrounding cancellation of the course and steps taken to (7)(C) ensure students go through occupational health when questionable standards of care were following in the OEMS course.	
	c.	Exhibit 3, Talking Points prepared by Dr  He compiled information (b)(6),(b) listed on the DMI website (much of this has since been taken down). There was little (7)(C) USUHS-recorded information available about Dr. Hagmann and DMI. Dr.  b)(6),(b) also compiled a timeline detailing steps taken in cancelling the OEMS course. (7)(C)	

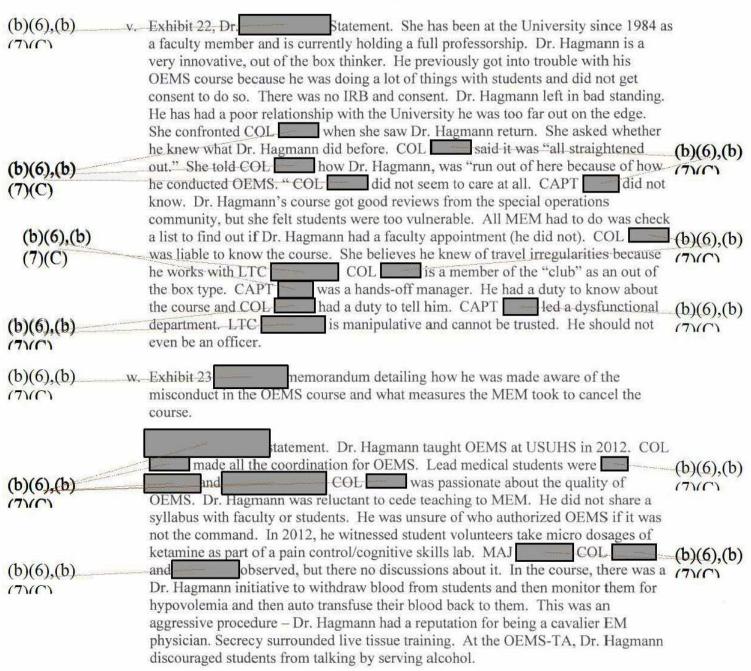


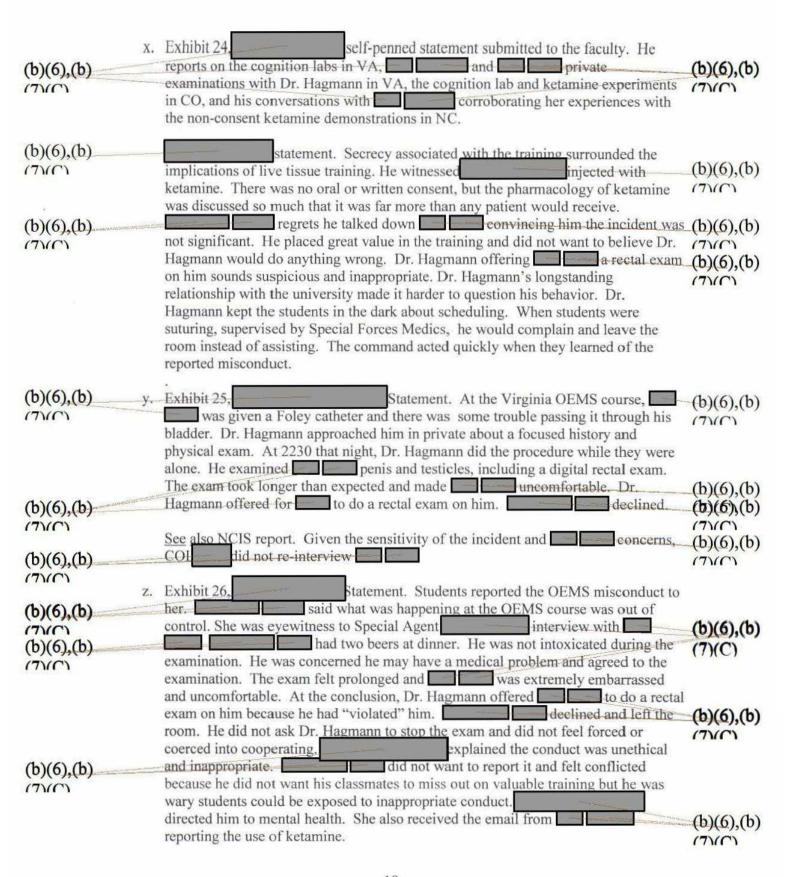


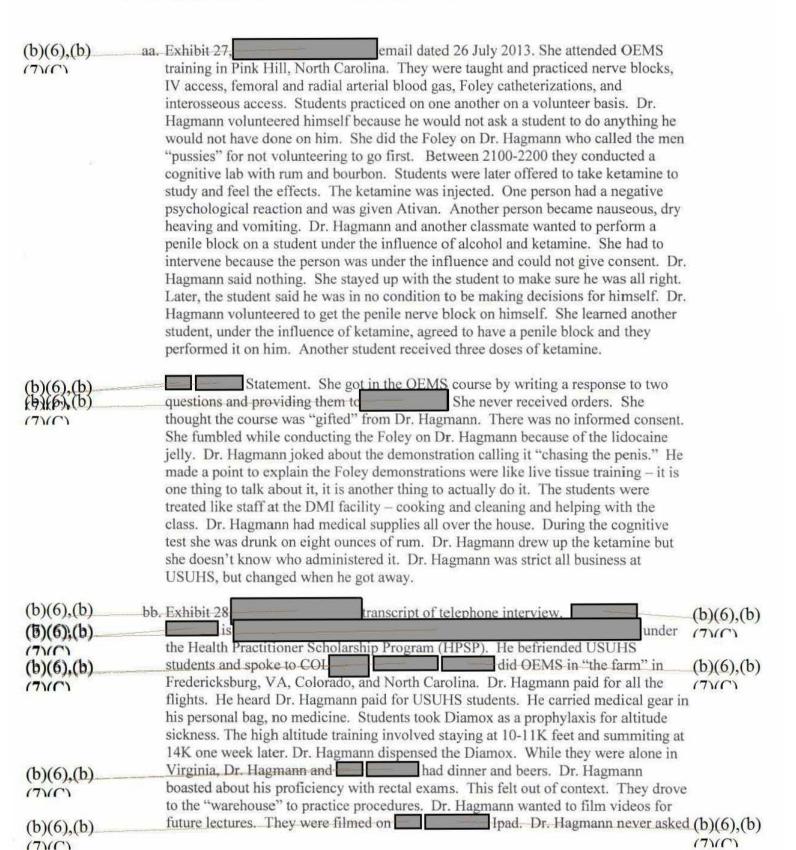


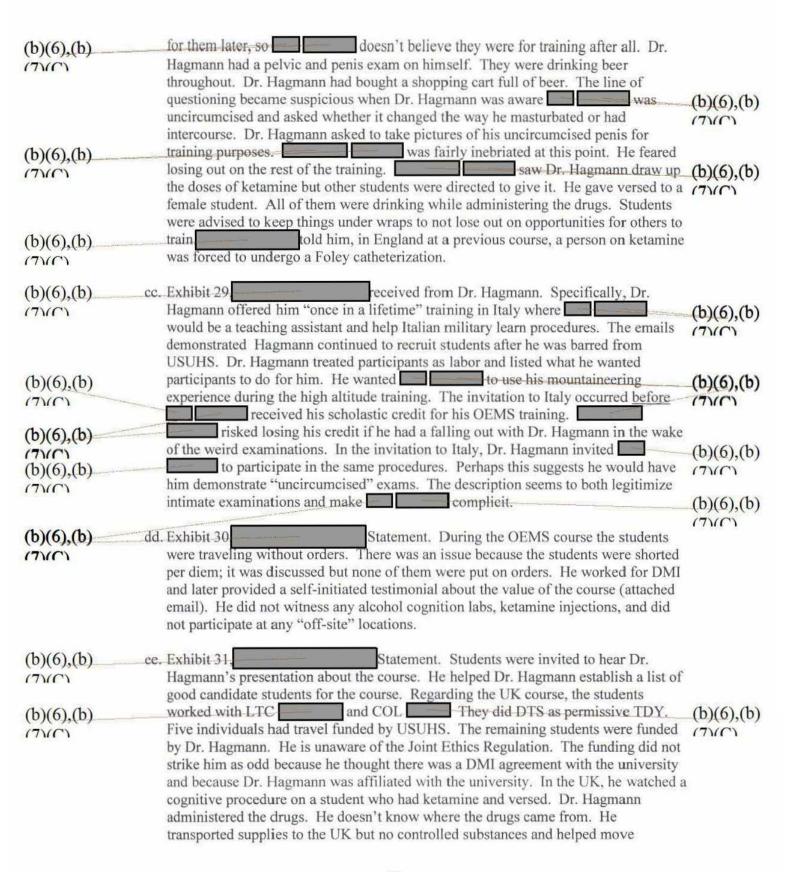


knew of Dr. Hagmann as a once-faculty members but did not know of his previous investigation or illegal "gifting." He was unaware Dr. Hagmann was a CEO of a private company. Shown email about students extending a TDY to teach foreign nationals, he said student affairs would only be looking at time scheduling, not an ultimate permission from the department involved. We need to hire USUHS employed medical professionals at our teaching facilities to monitor clinical education of the students. Accountability should remain with the command.

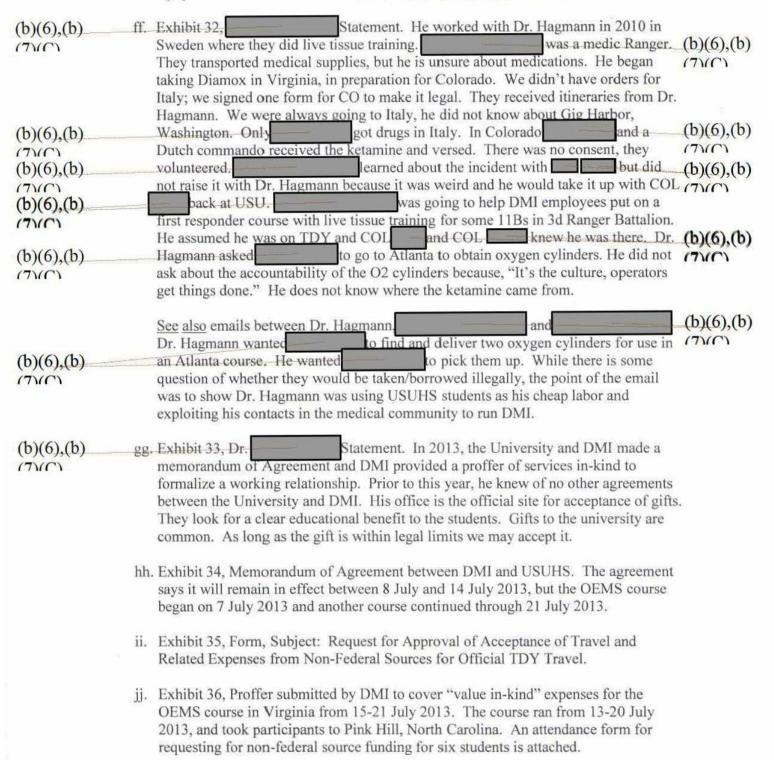


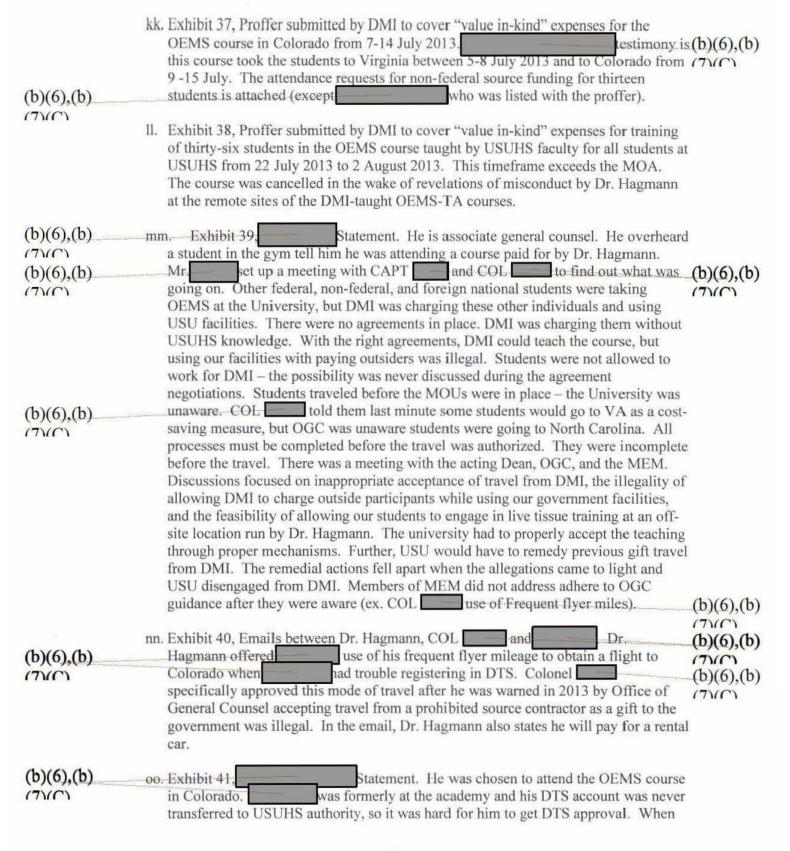


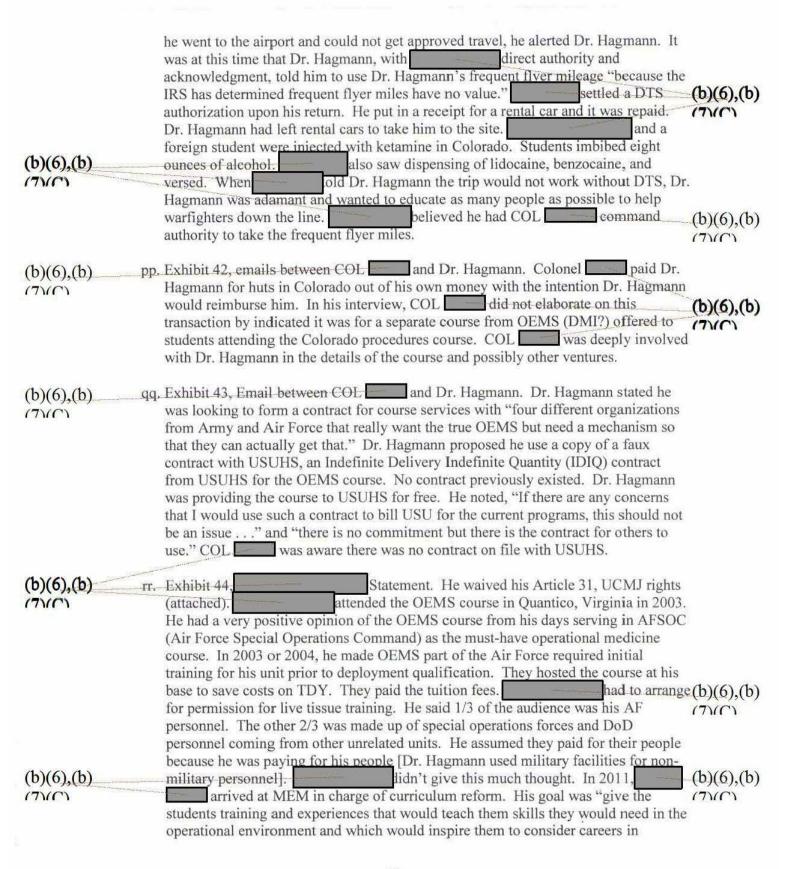


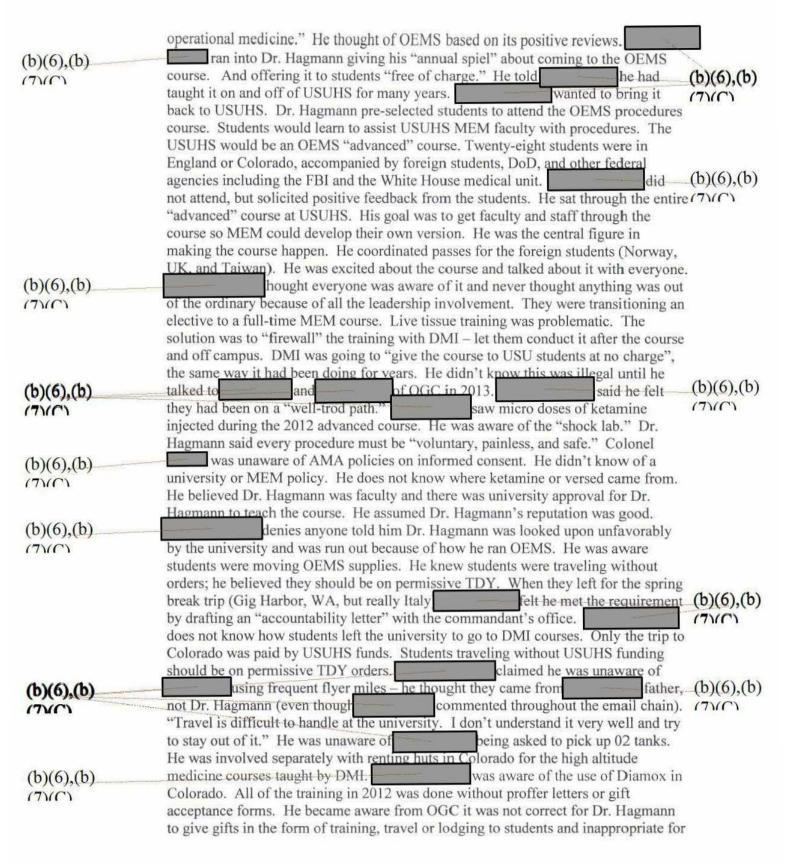


equipment from Partlow VA, for the OEMS course at USUHS. The MEM provided equipment later used inside and outside USU for live tissue training.









(b)(6),(b)	helped MEM save the 2013 OEMS course with proffers from Dr. Hagmann and individual students' acceptance of the travel funding. He never saw alcohol used.  Penile blocks would not be a common problem to be addressed in the course. He knew Foley catheters were used in England and Colorado.  general description of the OEMS Course for the 2013 proffers. Interosseous  (7)(C)  procedures were sanctioned.
7)(C)	his mindset, his lack of awareness of travel procedures, and his guilt for the misconduct that occurred in a course where he was the advocate. One of Dr. Hagmann's messages was "We are different and we are special. We are far forward, out on a limb, by ourselves with no help, we have to be the best." That gets translated to "It's us against the world, they don't understand the constraints we operate under, and we are not bound by the rules." Dr. Hagmann is very effective in giving this message. His experience gets translated into "the greatest thing on earth." Secrecy pervades the smaller groups.
(b)(6),(b) (7)(C)	Acting General Counsel, USUHS. Mr. recognized Dr. Hagmann's motives of using USUHS facilities and USUHS students as his teaching staff for DMI courses for which he was charging Federal agencies, as well as U.S. military and foreign military personnel. Dr. Hagmann was using USUH to subsidize his business. He taught the courses with an eye towards grooming his students (and faculty like to send their paramedics and doctors back to DMI OEMS courses. Dr. Hagmann was building a teaching staff, advocates to push for military units to take his courses, and an established network of military "operatives" he could call upon when needed. (See emails asking a doctor
(b)(6),(b) (7)(C)	for oxygen tanks and directing to pick them up)

## 25. Recommendations:

- a. Permanently replace OEMS with the combat medical skills course and tactical combat casualty care course. The Department of MEM, in conjunction with the curriculum reform committee, should promulgate FTX 201 as a solution to the requirement for unique military education
- b. Prevent future improper travel and loss of accountability of student officers engaged in summer experience and travel for electives within the MEM. Authorization and accountability for student travel should be returned to the Brigade Command or his delegated authority, not the academic departments. The USUHS command, through the Commandant's office should maintain a tracking mechanism. Officers requiring travel, either funded or permissive, must be adequately trained in the travel requirements with all members adhering to use of the Defense Travel System (DTS). Unfunded, permissive TDY should be authorized and recorded with a DA 1610 form. All students, faculty, and staff should undergo a refresher training course on travel requirements. This training should occur at the beginning of the officer's tour of service. Appoint appropriate subject matter experts in travel put them to use. The University's travel policy should be

updated reflecting these changes and a reference to this report should be included to preserve institutional knowledge.

c. Annual mandatory government ethics training is already in place. Nevertheless, all students, faculty, and staff should undergo a refresher course on the Joint Ethics Regulation put on by the Office of the General Counsel (OGC).

(b)(6),(b)

- Relieve Colonel and LTC Do not renew their faculty appointments and maintain a permanent record of this action in the office of the Dean School of Medicine. A lack of visibility was a cause of Dr. Hagmann returning to USUHS and faculty presuming he was adjunct faculty. Lieutenant Colonel (b)(6),(b)claimed he was in charge of MEM travel procedures, but he presided over a broken (7)(C) system and failed to appreciate his ethical duties. As the senior officer with specific responsibility in this area he should be removed due to a lack of confidence in his judgment and ability to lead in this area. Colonel honestly attempted to provide (b)(6),(b)USUHS students with important emergency medicine training. He was less than honest (7)(C) about his relationship with Dr. Hagmann and was blind to his ethical duties as an officer. He candidly admitted he abdicated his responsibilities to understand government travel and how it works. This is unacceptable. His attitude is symptomatic of why the University finds itself in this predicament with DMI.
- e. Regularly validate and review faculty status to prevent someone like Dr. Hagmann from serving as a de facto adjunct faculty member. Moreover, ensure the academic validity of syllabus and course schedules, and protect the utmost safety of its students. Validation of courses of instruction should begin with review of faculty status for those instructors that have principal responsibility over USUHS students. A minimum of one instructor, with valid faculty status, will be charged with overall responsibility of the course content ensuring academic validity and safety of USUHS students.
- f. The educational experience, safety, and accountability of USUHS students while on distant rotations would be enhanced by assignment of USUHS staff to select teaching medical treatment facilities.
- g. Prevent the risk of harm to students. Adopt the recommendations of the American Medical Associations (AMA) guidelines for medical students practicing procedures on each other. Procedures to be practiced by students should be reviewed by a committee comprised of the OGC, Office of Student Affairs, Bioethics Department, Institutional Review Board, and Department of Behavioral Health. All students should be thoroughly familiar with this policy. Senior leadership who observed Ketamine demonstrations in USUHS classrooms, but took no action should be reprimanded or removed.
- h. Continue to provide students with behavioral health support. Document in medical record as "addendum" those improper medical procedures incurred if the student/ patient desires permanent recording of the same.

- Dr. Hagmann's conduct should be fully investigation by Defense Criminal Investigation Service and other state and federal entities. Further, his medical misconduct should be fully examined by the Medical Licensing Authorities of Virginia, North Carolina, and Colorado.
- j. Divorce USUHS from the appearance of a formal relationship with DMI. Remove all published courses, products, endorsements, remotely associated with DMI from University materials. Engage Department of Defense Public Affairs Office regarding DMI published affiliations with the Department of Defense. Endorse simulator-based training for the majority of clinical requirements.

