



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)(7)(C) 2. Former USUHS commandant Colonel (ret.) [REDACTED] explained the University has a deep history and relationship with Lieutenant Colonel (retired) John Hagmann, MC, USA. (Ex. 4 Dr. [REDACTED] statement) LTC Hagmann graduated in 1980 with the USUHS Charter class. These individuals became known as the "Charter Martyr's" and were a small group of select individuals. He was known well to the University and the MEM leadership. In the early 1980s the Section of Operational Emergency Medicine at USU was a stand-alone independent section reporting directly to the Dean. Colonel [REDACTED] was then the department Chair. He was charged to develop a fourth year course that satisfied a specific need to educate MS-4 USU students in operational medicine. Colonel [REDACTED] developed the course titled Operational and Emergency Medicine. Lieutenant Colonel Hagmann was a student in his 4th year in that course.

(b)(6),(b)(7)(C) 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 his graduation, he had married another charter class student. Colonel [REDACTED] knew both of them very well. In LTC Hagmann's second year of residency COL [REDACTED] was sent to Ft Lewis to be the Chair of the Department of Emergency Medicine and LTC Hagmann was a resident in that Department. Following LTC Hagmann's graduation, as part of a Surgeon-General directed special project, COL [REDACTED] hand-picked him to be assigned to the 9th Infantry Division (test bed) as the first

Medical Corp officer since the Vietnam War to command a divisional medical company. Colonel

(b)(6),(b) [REDACTED] thought that highly of him. (Ex. 4)

(7)(C)

4. In the mid-1980s, LTC Hagmann was reassigned to the University as faculty in what had become the MEM through the merging of the independent Section of Operational and Emergency Medicine with the Department of Military Medicine to become a department with courses spanning all four years. From 1985-1990, COL [REDACTED] was a regular guest lecturer in LTC Hagmann's academic school year course. In 1990, COL [REDACTED] returned to the University and from 1990 to 1994 and he would serve first as Commandant and then as both Commandant and Brigade Commander. (Ex. 4)

5. Colonel [REDACTED] retired in 1994, and returned to the University as a civilian serving as the Executive Officer to the Office of the President (VP of Executive Affairs) from 2004 to 2006 having replaced [REDACTED]. Over those years LTC Hagmann was considered a good friend and colleague of Dr. [REDACTED]. Lieutenant Colonel Hagmann was truly respected. (Ex. 4)

(b)(6),(b)

(7)(C)

6. The OEMS course originated during LTC Hagmann's tenure at USUHS. (Ex. 4) During the establishment of the Medical School the University leadership felt they needed a post-MS-1 summer experience within the Military Medicine curriculum. The Military Medicine Department Chairman, COL [REDACTED] created a summer experience composed of multiple electives that differed for students with and without prior military service. Non-prior service students were sent on TDY orders to operational medical elements of their parent service to experience the role operational medicine played in that service. Prior service students could opt for other activities such as Jump School, Diving School, Flight School, etc. Early on, readily available funding made it easy to meet those obligations. Lieutenant Colonel Hagmann returned to USUHS on or about 1984 or 1985 and developed a summer elective offering for prior service students. Later, funding for the summer experience became tighter. The experience LTC Hagmann offered on campus was fiscally attractive to the University. The course was a professionally attractive opportunity for prior service students to experience aspects of operation medicine they otherwise would not have had. (Ex. 4) The first OEMS course conducted on campus was in 1986. (Ex. 6) Under LTC Hagmann, the OEMS course evolved into a more aggressive practical exercise including invasive procedures. (Ex. 6) Eventually, LTC Hagmann took this course with him creating his own education business, DMI, and made it available to other federal agencies, particularly special operations units and other non-DOD entities.

(b)(6),(b)

(7)(C)

7. Colonel [REDACTED] noted LTC Hagmann could be hard to work with. When LTC Hagmann thought something was the "right thing to do" it would be hard to get him to change his way of achieving that goal. Otherwise, he could be incredibly productive. (Ex. 4) [REDACTED] has been at USUHS since 1984. She described LTC Hagmann as "bright, innovative, and an out of the box kind of thinker." (Ex. 22) He got himself into trouble with the OEMS course, doing a lot of things with students without university consent. (Ex. 22) Captain [REDACTED] described LTC Hagmann as a "colorful rogue," "an iconoclast and cowboy." He noted LTC Hagmann "definitely really liked being the star in front of the students – a bit of a prima donna." Captain [REDACTED] also recognized LTC Hagmann for "coming (sic) across as being on a righteous mission and was impatient with government rules and bureaucracy," but meanwhile he understood government rules. (Ex. 13) Numerous witnesses testified LTC Hagmann was "very

(b)(6),(b)

(7)(C)

(b)(6),(b)

(7)(C)

(b)(6),(b)

(7)(C)

(b)(6),(b)

(7)(C)

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

8. When COL [REDACTED] was Commandant, he was approached in 1993 by then-Dean [REDACTED] to "court martial" LTC Hagmann for activities occurring during the OEMS course run on campus. (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) COL [REDACTED] informed Dean [REDACTED] that this is not a "military" issue but an "academic" one and he referred her to the Chair, COL [REDACTED] (Ex. 4) The concerns led to a formal 15-6 investigation. (Ex. 4, 5, 6) The full investigation was lost, but a part of the investigation was included in this report. (See Ex. 6) The investigation indicated OEMS students were given Nitrous Oxide, Lasix, triazolam, Benadryl. Scopolamine and ethanol were used on one occasion. During the AR 15-6 in 1993, LTC Hagmann opined that "written consent should be used" but (b)(6),(b)(7)(C) was overruled by [REDACTED] the University general counsel. Mr. [REDACTED] and the (b)(6),(b)(7)(C) curriculum committee evaluated the procedures portion of the course. The AR 15-6 (b)(6),(b)(7)(C) investigation (Ex. 6) showed COL [REDACTED] proposed the Human Use Committee review the operating procedure for students practicing procedures on each other. The suggestion for a procedures review was rejected as unwarranted because the University determined no research was being conducted. The University, at the time of this inquiry, appeared to be in full support of the OEMS course as it evolved. Despite the Dean's grave concerns, the course continued after the investigation. In any other unit, a troubled course for the smallest portion of the university graduates would have been discontinued immediately.

(b)(6),(b)(7)(C) 9. Colonel [REDACTED] became an opponent of LTC Hagmann. (Ex.5). He said, "I had to ride herd over him. He kept toying with things, playing fast and loose while here." Reportedly, LTC Hagmann tried to get Army Medical Material command and Telemedicine to source his ongoing ventures into operational training and procedures. Colonel [REDACTED] and LTC Hagmann had (b)(6),(b)(7)(C) many heated exchanges. In the end with little to no remaining responsibilities, LTC Hagmann received a less than favorable OER and subsequently retired. In early 2000, after LTC Hagmann (b)(6),(b)(7)(C) had retired, COL [REDACTED] was informed he was attempting to purchase lab animals from the University using Henry M Jackson funds. By that time, LTC Hagmann was no longer faculty and no longer worked for the University. Colonel [REDACTED] contacted [REDACTED] (then Henry (b)(6),(b)(7)(C) M Jackson Fund President) to determine LTC Hagmann's status. Dr. [REDACTED] did not authorize the purchase and was not aware of LTC Hagmann's attempts to utilize the HMJ foundation. (Ex. 5)

10. Following his retirement, Dr. Hagmann used the course material he developed while at USUHS to create Deployment Medicine International. (DMI). (Ex. 5, 11) Dr. Hagmann offered the OEMS course to USUHS students as an elective, "gifting" his tuition at no charge. (Ex. 11, (b)(6),(b)(7)(C) 13) Captain [REDACTED] the MEM Chair, described the DMI OEMS course as operating in a gray area, a special summer experience that was not graded or evaluated, like attending a conference. (Ex. 13) Usually about four or five USUHS students attended. The DMI-run OEMS became a standard menu option used by predominately seniors and prior service first years for their required summer experience. The coordination for this course was left to the students. With no oversight by Department of MEM, students made direct contact with LTC Hagmann and DMI to arrange their experience. (Ex. 11) It was "authorized" by the MEM but only in the context of its acceptance as a relevant academic course. (Ex. 11, 13) Lieutenant Colonel [REDACTED] (b)(6),(b)(7)(C) of the MEM, noted the Dr. Hagmann-paid arrangement was part of the USUHS "norm." Captain (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) [REDACTED] recognized Dr. Hagmann as a graduate and former faculty and "in many ways as one of (b)(6),(b)(7)(C)

the family.” Accordingly, the MEM did not recognize Dr. Hagmann providing free tuition, air fare, and lodging to students were illegal gifts to the government. (Ex.13). Apparently such funding arrangements went on for several years dating back to the mid-2000s. Colonel [REDACTED] said the free tuition was “the same way [DMI] had been doing it for years” and referred to the arrangement as “walking a path well-trod before me.” (Ex. 44) COL [REDACTED] cited his return to (b)(6),(b)(7)(C) USUHS and meeting Dr. Hagmann while giving the latter’s “annual spiel” offering OEMS as an (b)(6),(b)(7)(C) (off-campus) elective. (Ex. 44) Significantly, COL [REDACTED] had a background in Air Force Special Operations and contracted with Dr. Hagmann to teach OEMS on Hurlburt Air Force Base. (Ex.44). The training was funded and scheduled on the base specifically to reduce travel expenses. Recording of prior year transactions between USUHS and DMI are unavailable without the cooperation of DMI. Exclusive of the 1993 OEMS investigation initiated by Dean (b)(6),(b)(7)(C) [REDACTED] and prior to 2013, no one at USUHS raised issues of legal or ethical violations with the Office of the General Counsel. Revelation of the unlawful conduct came to light only when a member of the OGC overheard a conversation. (Ex. 39)

11. The evidence, at best, shows Dr. Hagmann-as DMI operated unofficially with USUHS for (b)(6),(b)(7)(C) many years. Captain [REDACTED] claimed around 2006-07, Dr. [REDACTED] a member of the MEM, ran an OEMS course with Dr. Hagmann on USUHS grounds for a couple of years with 15-20 students attending. (Ex. 13) Additionally, Dr. Hagmann told COL [REDACTED] he had been teaching (b)(6),(b)(7)(C) the course off and on the USUHS campus in the years since he left the faculty. (Ex. 44) However, there is no institutional evidence about the course. Captain [REDACTED] should have known more about the OEMS than anyone in his department, but he claimed he failed to recognize a business relationship with DMI. He thought the MEM was getting Dr. Hagmann as an instructor alone and the course stayed as a USUHS course. However, when questioned about his unfamiliarity with the OEMS course content and syllabus, Captain [REDACTED] alibied that OEMS was (b)(6),(b)(7)(C) not department-controlled but was DMI-controlled and governed by Memorandum of Agreements. (Ex. 13) There was confusion over whether USUHS was getting Dr. Hagmann as a volunteer adjunct professor or the students were getting a DMI-run cost-free elective. For many years, no one in MEM concerned themselves with the proper answer. There were no MOA between USUHS and DMI before the summer of 2013. (Ex. 33) Dr. Hagmann was/is not an adjunct faculty member. (Ex. 3, 12, 44)

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 [REDACTED] to provide a nonexistent contract between DMI and USUHS to create similar contracts with other DoD entities). (b)(6),(b)(7)(C)

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 and other benefits. Dr. Hagmann was a prohibited source doing business or seeking business 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 [REDACTED] 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 gift to the government." (Ex. 13) COL [REDACTED] 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 [REDACTED] 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:

- (b)(6),(b)(7)(C) a. In 2012, USUHS students attended OEMS-TA procedures courses in Colorado and the United Kingdom. (Ex. 44) [redacted] attended the United Kingdom course and said the TDY, flights and meals were set up by Dr. Hagmann. (Ex. 17) Although she has a recollection of entering Defense Travel System (DTS), the MEM had no records of the USUHS students at the UK course entered in DTS or receiving orders to attend the course in the United Kingdom. [redacted] also attended the United Kingdom OEMS. He said five of the students were funded by USUHS for travel. The remaining students were funded by Dr. Hagmann. (Ex. 31) [redacted] (b)(6),(b)(7)(C) believed the funding was based on an agreement or understanding between DMI and USUHS. He was under the impression it was permitted because it has happened in the past and Dr. Hagmann was affiliated with the University. (Ex. 31) There were no agreements on record. (Ex. 33) The 2012 travel was done without proffers or gift acceptance forms. (Ex. 7, 44)
- (b)(6),(b)(7)(C) b. In spring 2013, USUHS students attended OEMS-TA procedures courses in Italy. [redacted] said the students "were always going to Italy." No orders were provided for the trip. (Ex. 32) Colonel [redacted] titled an email to Master Chief [redacted] (b)(6),(b)(7)(C) "Letter of accountability for students doing OEMS procedures course for Spring Break." (Ex. 16) He said ten students would be spending the Spring Break with Dr. Hagmann and DMI and listed a Gig Harbor, Washington address (the DMI address). (b)(6),(b)(7)(C) He mentioned nothing of Italy. Colonel [redacted] wrote: "I support their being on status that is equivalent to permissive TDY. As per the MOU DMI has with the university, the students are treated 'like DMI employees' and Dr. Hagmann is paying for their costs." (b)(6),(b)(7)(C) Colonel [redacted] felt this met the requirement. (Ex. 44) The USUHS students listed on COL [redacted] email went to Italy, but LTC [redacted] (b)(6),(b)(7)(C) stated he is not aware of any travel in the spring of 2013. (Ex. 18) His internal tracking log has all of the names of students who traveled to Italy listed in the course "OEMS-TA," but they are listed in a status of "no orders, voucher, local voucher for summer," or listed only in other courses (ex. (b)(6),(b)(7)(C) Denver order/voucher 7-9-13). (Ex. 19) There is no record of them being in Italy or paid by Dr. Hagmann.
- (b)(6),(b)(7)(C) c. Proffers created by DMI and forms signed by USUHS students to accept non-federal course gifts from DMI list the Colorado OEMS-TA course from 8-14 July in Colorado. (Ex. 37) But [redacted] and [redacted] (b)(6),(b)(7)(C) indicated they went to a pre-course in Virginia before they left for Colorado. (Ex. 24, 28, 41) This travel and related expenses were unaccounted for and likely provided by Dr. Hagmann. Similarly, the proffers and forms involving six USUHS students advertised OEMS-TA training in Virginia, but the students were in Pink Hill, North Carolina. (Ex. 27) There is no evidence the students were on orders or paid TDY for what was clearly non-local travel.

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

- (b)(6),(b)(7)(C) d. When he was unable to use DTS to travel to Colorado for an OEMS-TA course in July 2013 [REDACTED] was told by Dr. Hagmann, with the specific approval of COL [REDACTED] to accept Dr. Hagmann's frequent flyer mileage for a ticket to Colorado. (Ex. 40, 41) He was accepting travel payment from a prohibited source. Dr. Hagmann told [REDACTED] (b)(6),(b)(7)(C) he would pay for his rental car. (Ex. 40). There is no accounting for [REDACTED] (b)(6),(b)(7)(C) pre-course travel in Virginia. When questioned about [REDACTED] traveling on the frequent flyer miles, COL [REDACTED] stated "I was told he had taken care of it using frequent flyer miles from someone else, maybe his father." (Ex. 44) Colonel [REDACTED] absolutely knew (b)(6),(b)(7)(C) the frequent flyer miles came from Dr. Hagmann because he was in the email chain with (b)(6),(b)(7)(C) Dr. Hagmann and [REDACTED] (Ex. 40). This travel arrangement occurred after COL [REDACTED] (b)(6),(b)(7)(C) talked with [REDACTED] and [REDACTED] in the OGC and knew accepting free travel was illegal. Nevertheless, COL [REDACTED] convinced [REDACTED] accepting a ticket for the (b)(6),(b)(7)(C) flight to Colorado funded by someone's frequent flyer mileage to take the flight to Colorado was permissive. (Ex. 40)
- e. Dr. Hagmann entirely paid for the travel and expenses of [REDACTED] a student (b)(6),(b)(7)(C) under the Health Practitioner Scholarship Program (HPSP) to the OEMS-TA course in Virginia-Colorado. (Ex. 28).
- (b)(6),(b)(7)(C) 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, 28, 31, 32). [REDACTED] 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 [REDACTED] 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) [REDACTED] 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 [REDACTED] and COL [REDACTED] (b)(6),(b)(7)(C) knew about it. He filled out no leave paperwork and assumed he was on TDY. There is 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 [REDACTED] to pick-up and (b)(6),(b)(7)(C) deliver oxygen canisters (Ex. 32) [REDACTED] was very willing to do this, without question, explaining, "It's the culture, operators get things done." There is a likelihood (b)(6),(b)(7)(C) the oxygen would have disappeared from a hospital inventory but that is moot. The [REDACTED] (b)(6),(b)(7)(C) incident demonstrated Dr. Hagmann's pool of operatives across the military medical community. In emails sent after the OEMS summer course was cancelled (Ex. (b)(6),(b)(7)(C) 29), Dr. Hagmann was recruiting [REDACTED] for future courses as an instructor, and implied he wanted [REDACTED] 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)(7)(C) run his course, as free labor. He wanted [REDACTED] in the Colorado course for his (b)(6),(b)(7)(C) mountaineering experience. (Ex. 29)

g. Nothing is free. In 2012, MEM welcomed the advanced OEMS course conducted by Dr. Hagmann. Colonel [REDACTED] noted there were students attending from foreign military DoD, and other federal agencies including the FBI and members of the White House medical unit. (Ex. 44) There were additional Non-USUHS students, foreign military, special operators, and other agencies at the 2013 advanced OEMS course. (Ex. 12, 23) The University had no contractual relationship with the non-USUHS entities using their classrooms nor did USUHS authorize DMI to use the classrooms for free while profiting from those other entities. Captain [REDACTED] said because the university had extra space, it was fine to let others sit in the OEMS course, but had no idea those people were paying Dr. Hagmann. (Ex. 13) The arrangement would not faze COL [REDACTED] who testified he held an OEMS course on Hurlburt AFB where two thirds of the attendees came from special operations forces or other DoD personnel. (Ex. 44). Colonel [REDACTED] assumed the outside entities were paying Dr. Hagmann tuition fees because he was paying for his own Air Force personnel. (Ex. 44) There was no accident that DMI held courses in the United Kingdom and Italy – Dr. Hagmann was serving European military clientele. And from the tenor of conversations (See emails to [REDACTED] Ex. 29), Dr. Hagmann expected the Americans to voluntarily demonstrate procedures. In conclusion, Dr. Hagmann, a prohibitive source, was using USUHS government property for free for his DMI business. As [REDACTED] of OGC pointed out, DMI charging outside customers a training fee while using Government facilities would have been a “non-starter from a legal perspective.” (Ex. 39)

16. There was no MOU or contract existing between USUHS and DMI before 2013. (Ex. 33, 34) We know this because Dr. Hagmann asked COL [REDACTED] to create a faux contract that Dr. Hagmann would turn around and use as an example for his contracts with Army and Air Force entities, paying customers, who wanted the OEMS course. (Ex. 43) Dr. Hagmann claimed he would not use the contract to bill USUHS for the current programs he was teaching. The MOA between DMI and USUHS from July 2013, appears to be very hastily thrown together to salvage the OEMS-TA courses planned in preparation for the class-wide OEMS. The fourth paragraph of the MOA made little sense. The MEM faculty and students looked at Dr. Hagmann’s generosity as a win-win where students would get emergency medical training from a highly reputable expert. (Ex. 13) But they were oblivious to his motives. (Ex. 13, 44) For his part, Dr. Hagmann needed to feed his own ego insisting he was the “special” person to teach the special operations medical personnel. He wanted to remain the guru of emergency medicine (Ex. 13, 24) but it goes much deeper than that. [REDACTED] the General Counsel, correctly deciphered Dr. Hagmann’s motives. (Ex. 45). Dr. Hagmann was using USUHS students (Ex. 32 [REDACTED] as his teaching staff for courses for which he was charging Federal agencies, U.S. military and foreign military personnel, and using USUHS to subsidize his business. Working with USUHS gave Dr. Hagmann credibility. Through his “generosity,” Dr. Hagmann convinced others (Ex. 44 COL [REDACTED] he was offering critical must-have training. Thereafter, students would go on to supervisory field medicine positions and zealously send their paramedics and doctors back to DMI OEMS courses. (Ex. 44, 45) [REDACTED] recognized Dr. Hagmann was building a teaching staff, advocating for military units to take his courses, and building an established network of military “operatives” he could call upon when needed. (See Ex. 32 emails asking a doctor for oxygen tanks and directing [REDACTED] to pick them up)

17. The University's culpability casts a wide net. The USUHS personnel were in the dark about what was going on, did not understand the wrongdoing, or simply did not think to go to their ethics counselors. Captain [REDACTED] admitted he did not recognize ethical violations and it never occurred to him students were wrongfully accepting gifts from an outside source. (Ex. 13) [REDACTED]

(b)(6),(b)(7)(C) [REDACTED] believes CAPT [REDACTED] hands-off management style led to the breakdown of the OEMS course and exemplified his dysfunctional department. (Ex. 22) Despite LTC [REDACTED] thorough explanation of managing MEM student travel, so much travel was unaccounted for. (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) (Ex. 18) He blamed Mr. [REDACTED] for failing to complete TDY preparation for the 2013 summer OEMS-TA courses. (Ex. 18) For his part, Mr. [REDACTED] testified consistently that COL [REDACTED] told him to only secure DTS orders for the OEMS-TA course students going to Colorado. (Ex. 20) Travel for the OEMS-TA course advertised for Virginia, but ending up in North Carolina, was never processed. (Ex. 18, 20) Lieutenant Colonel [REDACTED] has no records to account for (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) MEM students traveling to Italy. (Ex. 19) He drew a blank when questioned about the ten students going to Gig Harbor, Washington, in reality the trip to Italy. (Ex. 18) Lieutenant

(b)(6),(b)(7)(C) Colonel [REDACTED] was questioned about Government ethics and "acceptance of travel related expenses from sources other than the federal government" and whether instructions were adhered to by MEM. In response, he alibied, "this travel process at USU is quite confusing and difficult." (Ex. 18) Also, he implied he expected others to catch missing documentation. (Ex. 18). Accordingly, the MEM lost accountability of the students traveling at the expense of Dr.

(b)(6),(b)(7)(C) Hagmann. Dr. [REDACTED] said COL [REDACTED] and LTC [REDACTED] should have known travel regulations. (Ex. 7) Colonel [REDACTED] admitted he washed his hands of travel requirements, stating, "Travel is difficult to handle at the university. I don't understand it very well and try to stay out of it." (Ex. 44) He has an "ask for forgiveness later" attitude. (Ex. 18) Meanwhile, COL [REDACTED] (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) was dishonest about encouraging [REDACTED] to use Dr. Hagmann's frequent flyer mileage as a means to get to the course in Colorado. Colonel [REDACTED] also dismissed two warnings from [REDACTED] (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) that Dr. Hagmann was trouble. (Ex. 22) He denied anyone warned him. (Ex. 44) Finally, COL [REDACTED] admitted he paid Dr. Hagmann for mountain huts for reimbursement from DMI. (Ex. 44) This violates 31 USC § 1353(b) because he accepted payment for travel related expenses from a non-Federal source. It also implies he had some unexplained business relationship with Dr. Hagmann and DMI and thereby, would have a conflict of interest procuring services from a prohibited source.

18. There were indications the Office of Student Affairs should have had oversight and responsibility to prevent unauthorized TDY. The investigation dispelled this theory. (Ex. 21 Dr.

(b)(6),(b)(7)(C) [REDACTED] Ex. 14 [REDACTED] [REDACTED] The OSA were only responsible to check a student's academic proficiency to determine if they should be allowed time away from their curriculum. (Ex. 21) Approval for a course like OEMS-TA would be left to the academic department (MEM).

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) [REDACTED] testified the alcohol consumption was excessive, as part of the follow on "cognition lab" (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. (b)(6),(b)(7)(C)
- 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 [REDACTED] his participation in the exercise was a boundary violation. A different course of action would have been to stop the procedure 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 [REDACTED] 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 [REDACTED]. He was in the supine position for this exam. [REDACTED] felt embarrassed and uncomfortable due to the time length. (Ex. 24, 25, 26). The incident "freaked him out." (Ex. 32) Following the exam Dr. Hagmann invited [REDACTED] to perform an exam on him to vindicate the intrusiveness of the exam. (Ex. 25, 26). In this instance there is a 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 between Dr. Hagmann and [REDACTED] appeared to be professional. The examination was (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) (b)(6),(b)(7)(C)

done with consent and without unnecessary force or violence. Both individuals had been consuming alcohol prior to Dr. Hagmann approaching him to offer the private examination. [REDACTED] denied he was drunk. (Ex. 25, 26). However, there were no grounds for Dr. Hagmann to offer himself for a rectal exam and it casts the incident in a highly suspicious light.

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

f. Dr. Hagmann and [REDACTED] while drinking, performed a series of examinations. Excessive alcohol consumption by both Dr Hagmann and [REDACTED] was unethical and a boundary violation. (Ex. 28) [REDACTED] having received Dr. Hagmann's full generosity (flights, costs, etc.) was in no position to say no – this was coercion. (Ex. 28).

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

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

g. [REDACTED] testified that [REDACTED] was given Ketamine, alcohol and midazolam. (Ex. 24) This is an exhibit of, at a minimum, coercion, lack of informed consent, and unethical behavior, and illegal dispensing of controlled substances. No charting had occurred and in the event that a mandatory urinalysis was given [REDACTED] would not have been able to justify the positive finding. Immediately after [REDACTED] was in an impaired state, the participants suggested and got his agreement to receive a tibial interosseous infusion. (Ex. 24) This demonstrates coercion and a lack of informed consent. [REDACTED] volunteered to receive a sternal interosseous infusion. (Ex. 24) Complications of this device (retained needle) would make the risks greater than the benefits. He required suturing following removal of his device. This is an unethical practice in the absence of an approved protocol.

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

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

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

h. [REDACTED] testified of a coercive environment while participating in OEMS in North Carolina. (Ex. 27) She stated males who did not volunteer to have a Foley placed were called "pussies" by Dr Hagmann. She testified that they were going to participate in the "cognition lab" even though they would not be going to Colorado for the comparative portion. They drank 8oz of 80 proof alcohol and, in addition, some students received Ketamine. (Ex. 27) Dr. Hagmann drew up the syringes for these but instructed students to administer it. (Ex. 27) One student received 3 doses of Ketamine. This is abuse or misuse of a controlled substance. One student required assistance from [REDACTED] due to continuous vomiting following administration of these drugs and alcohol. Dr Hagmann provided no intervention this constitutes abandonment.

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

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

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 line placement, cognitive lab, Foley catheterization, blood gas analysis, and specifically femoral artery catheterization, and any other procedure deemed "advanced" would require explicit informed consent. Dr. Hagmann did not follow any of these medical ethical norms. As a result, USUHS students were harmed or placed in harm's way. Lieutenants [REDACTED] [REDACTED] (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) [REDACTED] among others, all suffered some degree of physical or psychological harm or the risk of serious harm.

(b)(6),(b)(7)(C) 22. It is disconcerting to learn COL [REDACTED] COL [REDACTED] and MA [REDACTED] observed Ketamine 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. (b)(6),(b)(7)(C)

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 following Exhibits are attached:

a. Exhibit 1, Appointment Letter and related Memorandum for Record.

(b)(6),(b)(7)(C) b. Exhibit 2, COI [REDACTED] Memorandum for Record. COI [REDACTED] submitted a thorough timeline of events surrounding cancellation of the course and steps taken to ensure students go through occupational health when questionable standards of care were following in the OEMS course. (b)(6),(b)(7)(C)

c. Exhibit 3, Talking Points prepared by Dr [REDACTED] He compiled information listed on the DMI website (much of this has since been taken down). There was little USUHS-recorded information available about Dr. Hagmann and DMI. Dr. [REDACTED] also compiled a timeline detailing steps taken in cancelling the OEMS course. (b)(6),(b)(7)(C)

- (b)(6),(b)(7)(C) d. Exhibit 4, Dr. [REDACTED] Statement. He provided a detailed history of Dr. Hagmann at USUHS (explained above). Use of Ketamine on students was incredible; department chairs and course directors should know better than to accept free gifts or a "waiver of tuition" on behalf of the university or on behalf of students. Dr. [REDACTED] (b)(6),(b)(7)(C) warned junior staff may develop an "us against them" attitude. The staff believes (b)(6),(b)(7)(C) funding prohibitions should not apply to "mission critical" elements. Thus, they subsequently look for creative ways around the rules (later echoed by COL [REDACTED] (b)(6),(b)(7)(C) describing Dr. Hagmann).
- (b)(6),(b)(7)(C) e. Exhibit 5, COL [REDACTED] transcript of telephone interview. There was an investigation of Dr. Hagmann's conduct with students in the OEMS course he taught as a faculty member. Later, when he retired, Dr. Hagmann purloined course material to advertise his own OEMS course.
- f. Exhibit 6, OEMS investigation from 1993. There are only selected parts of the investigation collected from a file in the Office of the General Counsel. The file contained a 5-inch floppy disc. No one has been able to find computer hardware to read the contents of the file.
- (b)(6),(b)(7)(C) g. Exhibit 7, Dr. [REDACTED] Statement. The OEMS Course should have been reviewed by the Department Curriculum Reform Steering Committee (CRSC). The OEMS was planned for all students. The off-site DMI-run OEMS course was used to prepare student cadre to teach the in-house course. In 2012, the off-site OEMS was conducted improperly – students purportedly traveled without orders, appropriate proffers were not completed, and there was inadequate accounting of equipment. All students should travel on orders. MEM is familiar with travel guidelines. COL (b)(6),(b)(7)(C) [REDACTED] the course director, and LTC [REDACTED] are both experienced officers and should be well versed in travel regulations. They should be knowledgeable of student travel. They should not go rogue and send students without orders. The USUHS does not have a policy on students practicing procedures on one another or a policy about coercion-free, informed consent.
- (b)(6),(b)(7)(C) h. Exhibit 8, COL [REDACTED] Statement. The CRSC reviewed and approved OEMS for teaching to all students in the summer after MS-I academic year. The Executive Curriculum Committee (ECC) has never reviewed the OEMS course. She was not aware of student consent for procedures training.
- (b)(6),(b)(7)(C) i. Exhibit 9, COL [REDACTED] Statement. He is Chair of the Executive Curriculum Committee (ECC). It was too early in the process for vetting OEMS. He would have done everything possible to stop the use of an anesthetic agent (ketamine) on students.
- j. Exhibit 10, Catalogue entry for MS Class of 2016 Summer Experience describing OEMS.

(b)(6),(b)(7)(C) k. Exhibit 11, LTC [REDACTED] Statement. He gave a brief history of the OEMS in the summer experience of military medicine field studies (MMFS). COL [REDACTED] (b)(6),(b)(7)(C) wanted to make OEMS into "FTX 201" describing OEMS as a life-changing course. (b)(6),(b)(7)(C) Colonel [REDACTED] was passionate about this program and wanted to bring it into the curriculum as a requirement for all USU students. Lieutenant Colonel [REDACTED] had (b)(6),(b)(7)(C) reservations about requiring students to take aggressive OEMS procedures course. Sending MEM students to the OEMS was a university "norm." It did not sit right that Dr. Hagmann built a very lucrative company (DMI) on a program he created while on active duty and correctly belongs to the government and USUHS. He was uncomfortable with DMI "gifting" the course back to the students which violated the Joint Ethics Regulation. But it seemed normal because the university culture seemed to accept OEMS as externally vetted. He did not like Dr. Hagmann. The university has always been loose with travel. Fourth year students took permissive TDY. The MEM plan was to have Dr. Hagmann conduct OEMS once and the university would then take back the program. But the MEM was unprepared in May or June of 2013 and backed out, requiring DMI to teach the course. There was no excuse for not having a program; instead of reclaiming the program, they were endorsing DMI. Dr. Hagmann's charismatic influence played a role in this. COL [REDACTED] was dejected (b)(6),(b)(7)(C) upon learning OGC wanted to deny the OEMS course. Colonel [REDACTED] seemed (b)(6),(b)(7)(C) convinced MEM could not run the course without Dr. Hagmann.

(b)(6),(b)(7)(C) l. Exhibit 12, COL [REDACTED] Statement. In a meeting in July 2013, the Dean, and the MEM leadership discussed students attending OEMS without orders and being on accountability rosters. Colonel [REDACTED] thought OEMS was done for (b)(6),(b)(7)(C) 2013, but the Dean and CAPT [REDACTED] agreed to continue the course. Even with the (b)(6),(b)(7)(C) best intentions, COL [REDACTED] allowed illegal travel associated with OEMS. COL [REDACTED] should have known the OEMS course of instruction, but no one knew how far off curriculum Dr. Hagmann might go. An O-6 has responsibility for travel – you can't just send someone on an accountability roster.

(b)(6),(b)(7)(C) m. Exhibit 13, CAPT [REDACTED] (ret.) transcript of telephone interview. Historically, 4-5 students took the OEMS as their summer experience. It was not unusual for Dr. Hagmann to fund air fare, lodging, and tuition. At times CAPT [REDACTED] (b)(6),(b)(7)(C) failed to report his free conference fees, but realizes his lapses in ethics. It was a win-win to have the students take OEMS but he did not perceive it as an illegal gift to the government. He "presumed that if there were issues with the travel it would be picked up by those actually handling the travel documents." He thought there were existing MOUs permitting everything. CAPT [REDACTED] saw Dr. Hagmann as a grad and (b)(6),(b)(7)(C) former faculty in the department and in many ways as one of the USUHS family. He didn't recognize a formal business relationship between USUHS and DMI. The MEM did not consider OEMS their course or their curriculum. He was unaware of syllabus and what they were doing. He never attended the course. The OEMS has a very strong esprit de corps and was sought out by the students. The MEM decided to make OEMS available to the entire class. They would start with Dr. Hagmann's course and take it over. Colonel [REDACTED] discussed the content of the course with Dr. Hagmann. CAPT [REDACTED] did not believe DMI was coming on campus- just Dr.

Hagmann. It never occurred to CAPT [REDACTED] the foreign national visitors sitting in at USUHS were paying Dr. Hagmann (aka DMI). He was naïve about it. His lapse in ethics was a blind spot. Dr. Hagmann was rogue, iconoclast, and prima donna. Dr. Hagmann was passionate about OEMS and impatient with government rules and bureaucracy. (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) CAPT [REDACTED] also contributed two emails. In the first, he claimed the MEM took ethical travel concerns seriously and particularly attempted to mend past wrongs procedures in time for the 2013 travel. In the second email, he detailed how MEM addressed live tissue training in the OEMS – leaving this DMI off-site and completely voluntary involvement by our students. The MEM wanted to replace live tissues training with simulator “cut suits.”

(b)(6),(b)(7)(C) n. Exhibit 14, [REDACTED] Statement. He is the director of the Military Personnel Office for military faculty and staff. No one from MEM ever approached him with travel problems from OEMS. The purpose of DTS is to disburse funds for authorized travel. Permissive TDY requires a DD 1610 form stating there is no cost to the government (Attached). Approval for permissive TDY is the commander.

(b)(6),(b)(7)(C) o. Exhibit 15, CMS [REDACTED] Statement. In the spring of 2013, COL [REDACTED] asked her to carry ten Navy students in permissive TDY status, but Chief [REDACTED] had no authority to do that. She normally enters Navy personnel in Defense Travel System (DTS) whether they are TDY, permissive TDY, and whether funding comes from outside the university. (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) p. Exhibit 16, Email from COL [REDACTED] to [REDACTED] requesting she put ten students going to Gig Harbor, Washington on “letter of accountability.” The email references a Memorandum of Understanding with DMI (none was on record) saying the students are treated “like DMI employees” and Dr. Hagmann is paying for their costs. (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) q. Exhibit 17, [REDACTED] transcript of telephone interview. She took the OEMS course in July 2012 in the United Kingdom. Dr. Hagmann paid for the TDY, flights, and meals. She went into DTS, but is unaware how she got the tickets and itinerary. Drinking occurred in a restaurant bar after the course. There was drinking during a cognition lab but only in the evening after dinner. Another non-USU student did a Foley catheter on her. Another student took ketamine and versed and she did a Foley on him. Dr. Hagmann said the student consented to the procedure. She felt pressured and uncomfortable about doing the procedure.

(b)(6),(b)(7)(C) r. Exhibit 18, LTC [REDACTED] Statement. At MEM he is responsible for administration and finance. All students were briefed by the Brigade of how to file DTS travel. He explained how the summer experience works with particular emphasis that MEM took concrete steps to process OEMS travel in 2013. He claimed he tasked Mr. [REDACTED] to make the orders happen on 19 June 2013, but LTC [REDACTED] departed on 26 June 2013 for two weeks leave and five weeks TDY. After his return in August, LTC [REDACTED] was told by Mr. [REDACTED] that COL [REDACTED] told them to (b)(6),(b)(7)(C)

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

forget about OEMS-TA (to VA) and only worry about Colorado. Lieutenant Colonel (b)(6),(b) (7)(C) was not aware the Virginia trip became a North Carolina trip. He claimed he gave staff orders but was betrayed because they didn't do it. He claimed he was surprised students traveled in April 2013 without orders (the Italy trip that was listed as Gig Harbor, Washington). He claimed he did not manage any travel in the spring (students in the email to Chief (b)(6),(b) (7)(C) were not listed as TDY during the spring – no one listed them as going to Italy). Lieutenant Colonel (b)(6),(b) (7)(C) knew nothing of use of frequent flyer miles to facilitate student travel. Problematic travel in 2012 and previous years traced to lack of funding. He did not know what forms the students must sign to accept benefits from Dr. Hagmann. He did not have any conversations about "gifting." All of his emails and records suggest MEM was running the 2012 OEMS, not DMI, and DMI was only involved in a weekend option (likely the live tissue training). He was not a course planner. Lieutenant Colonel (b)(6),(b) (7)(C) was aware of OGC guidance on "acceptance of travel related expenses from sources other than the federal government," but said travel process at USU is "quite confusing and difficult." He noted normally the various layers at USU catch any missing documentation (this contradicts his representation he was in control and completely understood travel). Dr. Hagmann was very inconsistent and unreliable when communicating during OEMS planning. COL (b)(6),(b) (7)(C) directly communicated with Dr. Hagmann. The MEM planned to extricate from Dr. Hagmann and run the course themselves. He has a good relationship social and professional with COL (b)(6),(b) (7)(C) but sometimes COL (b)(6),(b) (7)(C) chooses to avoid his advice. COL (b)(6),(b) (7)(C) has an "ask for forgiveness later" attitude. LTC (b)(6),(b) (7)(C) wanted Dr. Hagmann out of the OEMS. At one time, Dr. Hagmann wanted to schedule rooms for something non-MEM related. Dr. Hagmann would drop by and talk to the students. LTC (b)(6),(b) (7)(C) advised staff not to talk to Dr. Hagmann. He does not know whether 2013 travel was illegal. There are missing orders for OEMS-TA and he did not know how students went to North Carolina when documentation says it was a local course with zero travel.

(b)(6),(b) (7)(C) s. Exhibit 19, LTC (b)(6),(b) (7)(C) spreadsheet showing MEM student travel.

(b)(6),(b) (7)(C) t. Exhibit 20, (b)(6),(b) (7)(C) Statement. Students are trained on how to build their own DTS account. The onus is always on the Soldier. He was randomly picked to help with OEMS. He approached COL (b)(6),(b) (7)(C) to find out which students needed help getting into DTS. He built travel plans for a Colorado group of nine students. This included flights and partial per-diem. He was told about Colorado only and the others (OEMS-TA) were funded by another pot of money. He doesn't recall LTC (b)(6),(b) (7)(C) telling him not to talk to Dr. Hagmann.

(b)(6),(b) (7)(C) u. Exhibit 21, Dr. (b)(6),(b) (7)(C) Statement. OEMS has been, for years an appendage to the Military Medical Field Studies (MMFS). Dr. Hagmann started this as a faculty member and it continued for years afterwards. CAPT (b)(6),(b) (7)(C) lobbied with the curriculum reform committee to gain their approval to have OEMS part of the permanent curriculum. The MEM would have to check with Office of Student Affairs to make sure a student going to an external course was in good standing. He

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.

(b)(6),(b)(7)(C) v. Exhibit 22, Dr. [REDACTED] Statement. She has been at the University since 1984 as a faculty member and is currently holding a full professorship. Dr. Hagmann is a very innovative, out of the box thinker. He previously got into trouble with his OEMS course because he was doing a lot of things with students and did not get consent to do so. There was no IRB and consent. Dr. Hagmann left in bad standing. He has had a poor relationship with the University he was too far out on the edge. She confronted COL [REDACTED] when she saw Dr. Hagmann return. She asked whether he knew what Dr. Hagmann did before. COL [REDACTED] said it was "all straightened out." She told COL [REDACTED] how Dr. Hagmann, was "run out of here because of how he conducted OEMS." COL [REDACTED] did not seem to care at all. CAPT [REDACTED] did not know. Dr. Hagmann's course got good reviews from the special operations community, but she felt students were too vulnerable. All MEM had to do was check a list to find out if Dr. Hagmann had a faculty appointment (he did not). COL [REDACTED] was liable to know the course. She believes he knew of travel irregularities because he works with LTC [REDACTED] COL [REDACTED] is a member of the "club" as an out of the box type. CAPT [REDACTED] was a hands-off manager. He had a duty to know about the course and COL [REDACTED] had a duty to tell him. CAPT [REDACTED] led a dysfunctional department. LTC [REDACTED] is manipulative and cannot be trusted. He should not even be an officer.

(b)(6),(b)(7)(C) w. Exhibit 23 [REDACTED] memorandum detailing how he was made aware of the misconduct in the OEMS course and what measures the MEM took to cancel the course.

(b)(6),(b)(7)(C) [REDACTED] statement. Dr. Hagmann taught OEMS at USUHS in 2012. COL [REDACTED] made all the coordination for OEMS. Lead medical students were [REDACTED] and [REDACTED] COL [REDACTED] was passionate about the quality of OEMS. Dr. Hagmann was reluctant to cede teaching to MEM. He did not share a syllabus with faculty or students. He was unsure of who authorized OEMS if it was not the command. In 2012, he witnessed student volunteers take micro dosages of ketamine as part of a pain control/cognitive skills lab. MAJ [REDACTED] COL [REDACTED] and [REDACTED] observed, but there no discussions about it. In the course, there was a Dr. Hagmann initiative to withdraw blood from students and then monitor them for hypovolemia and then auto transfuse their blood back to them. This was an aggressive procedure – Dr. Hagmann had a reputation for being a cavalier EM physician. Secrecy surrounded live tissue training. At the OEMS-TA, Dr. Hagmann discouraged students from talking by serving alcohol.

- x. Exhibit 24, [REDACTED] self-penned statement submitted to the faculty. He reports on the cognition labs in VA, [REDACTED] and [REDACTED] private examinations with Dr. Hagmann in VA, the cognition lab and ketamine experiments in CO, and his conversations with [REDACTED] corroborating her experiences with the non-consent ketamine demonstrations in NC. (b)(6),(b)(7)(C)
- [REDACTED] statement. Secrecy associated with the training surrounded the implications of live tissue training. He witnessed [REDACTED] injected with ketamine. There was no oral or written consent, but the pharmacology of ketamine was discussed so much that it was far more than any patient would receive. (b)(6),(b)(7)(C)
- [REDACTED] regrets he talked down [REDACTED] convincing him the incident was not significant. He placed great value in the training and did not want to believe Dr. Hagmann would do anything wrong. Dr. Hagmann offering [REDACTED] a rectal exam on him sounds suspicious and inappropriate. Dr. Hagmann's longstanding relationship with the university made it harder to question his behavior. Dr. Hagmann kept the students in the dark about scheduling. When students were suturing, supervised by Special Forces Medics, he would complain and leave the room instead of assisting. The command acted quickly when they learned of the reported misconduct. (b)(6),(b)(7)(C)
- y. Exhibit 25, [REDACTED] Statement. At the Virginia OEMS course, [REDACTED] was given a Foley catheter and there was some trouble passing it through his bladder. Dr. Hagmann approached him in private about a focused history and physical exam. At 2230 that night, Dr. Hagmann did the procedure while they were alone. He examined [REDACTED] penis and testicles, including a digital rectal exam. The exam took longer than expected and made [REDACTED] uncomfortable. Dr. Hagmann offered for [REDACTED] to do a rectal exam on him. [REDACTED] declined. (b)(6),(b)(7)(C)
- See also NCIS report. Given the sensitivity of the incident and [REDACTED] concerns, COL [REDACTED] did not re-interview [REDACTED]. (b)(6),(b)(7)(C)
- z. Exhibit 26, [REDACTED] Statement. Students reported the OEMS misconduct to her. [REDACTED] said what was happening at the OEMS course was out of control. She was eyewitness to Special Agent [REDACTED] interview with [REDACTED]. [REDACTED] had two beers at dinner. He was not intoxicated during the examination. He was concerned he may have a medical problem and agreed to the examination. The exam felt prolonged and [REDACTED] was extremely embarrassed and uncomfortable. At the conclusion, Dr. Hagmann offered [REDACTED] to do a rectal exam on him because he had "violated" him. [REDACTED] declined and left the room. He did not ask Dr. Hagmann to stop the exam and did not feel forced or coerced into cooperating. [REDACTED] explained the conduct was unethical and inappropriate. [REDACTED] did not want to report it and felt conflicted because he did not want his classmates to miss out on valuable training but he was wary students could be exposed to inappropriate conduct. [REDACTED] directed him to mental health. She also received the email from [REDACTED] reporting the use of ketamine. (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) aa. Exhibit 27, [REDACTED] email dated 26 July 2013. She attended OEMS training in Pink Hill, North Carolina. They were taught and practiced nerve blocks, IV access, femoral and radial arterial blood gas, Foley catheterizations, and interosseous access. Students practiced on one another on a volunteer basis. Dr. Hagmann volunteered himself because he would not ask a student to do anything he would not have done on him. She did the Foley on Dr. Hagmann who called the men "pussies" for not volunteering to go first. Between 2100-2200 they conducted a cognitive lab with rum and bourbon. Students were later offered to take ketamine to study and feel the effects. The ketamine was injected. One person had a negative psychological reaction and was given Ativan. Another person became nauseous, dry heaving and vomiting. Dr. Hagmann and another classmate wanted to perform a penile block on a student under the influence of alcohol and ketamine. She had to intervene because the person was under the influence and could not give consent. Dr. Hagmann said nothing. She stayed up with the student to make sure he was all right. Later, the student said he was in no condition to be making decisions for himself. Dr. Hagmann volunteered to get the penile nerve block on himself. She learned another student, under the influence of ketamine, agreed to have a penile block and they performed it on him. Another student received three doses of ketamine.

(b)(6),(b)(7)(C) [REDACTED] Statement. She got in the OEMS course by writing a response to two questions and providing them to [REDACTED]. She never received orders. She thought the course was "gifted" from Dr. Hagmann. There was no informed consent. She fumbled while conducting the Foley on Dr. Hagmann because of the lidocaine jelly. Dr. Hagmann joked about the demonstration calling it "chasing the penis." He made a point to explain the Foley demonstrations were like live tissue training – it is one thing to talk about it, it is another thing to actually do it. The students were treated like staff at the DMI facility – cooking and cleaning and helping with the class. Dr. Hagmann had medical supplies all over the house. During the cognitive test she was drunk on eight ounces of rum. Dr. Hagmann drew up the ketamine but she doesn't know who administered it. Dr. Hagmann was strict all business at USUHS, but changed when he got away.

(b)(6),(b)(7)(C) bb. Exhibit 28 [REDACTED] transcript of telephone interview. [REDACTED] (b)(6),(b)(7)(C) [REDACTED] is [REDACTED] under (b)(6),(b)(7)(C) the Health Practitioner Scholarship Program (HPSP). He befriended USUHS (b)(6),(b)(7)(C) students and spoke to COL [REDACTED] [REDACTED] did OEMS in "the farm" in (b)(6),(b)(7)(C) Fredericksburg, VA, Colorado, and North Carolina. Dr. Hagmann paid for all the (b)(6),(b)(7)(C) flights. He heard Dr. Hagmann paid for USUHS students. He carried medical gear in his personal bag, no medicine. Students took Diamox as a prophylaxis for altitude sickness. The high altitude training involved staying at 10-11K feet and summiting at 14K one week later. Dr. Hagmann dispensed the Diamox. While they were alone in Virginia, Dr. Hagmann and [REDACTED] [REDACTED] had dinner and beers. Dr. Hagmann boasted about his proficiency with rectal exams. This felt out of context. They drove to the "warehouse" to practice procedures. Dr. Hagmann wanted to film videos for future lectures. They were filmed on [REDACTED] [REDACTED] Ipad. Dr. Hagmann never asked (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) for them later, so [REDACTED] [REDACTED] doesn't believe they were for training after all. Dr. Hagmann had a pelvic and penis exam on himself. They were drinking beer throughout. Dr. Hagmann had bought a shopping cart full of beer. The line of questioning became suspicious when Dr. Hagmann was aware [REDACTED] [REDACTED] was (b)(6),(b)(7)(C) uncircumcised and asked whether it changed the way he masturbated or had intercourse. Dr. Hagmann asked to take pictures of his uncircumcised penis for training purposes. [REDACTED] [REDACTED] was fairly inebriated at this point. He feared (b)(6),(b)(7)(C) losing out on the rest of the training. [REDACTED] [REDACTED] saw Dr. Hagmann draw up (b)(6),(b)(7)(C) the doses of ketamine but other students were directed to give it. He gave versed to a female student. All of them were drinking while administering the drugs. Students were advised to keep things under wraps to not lose out on opportunities for others to train. [REDACTED] told him, in England at a previous course, a person on ketamine was forced to undergo a Foley catheterization.

(b)(6),(b)(7)(C) cc. Exhibit 29 [REDACTED] received from Dr. Hagmann. Specifically, Dr. Hagmann offered him "once in a lifetime" training in Italy where [REDACTED] [REDACTED] (b)(6),(b)(7)(C) would be a teaching assistant and help Italian military learn procedures. The emails demonstrated Hagmann continued to recruit students after he was barred from USUHS. Dr. Hagmann treated participants as labor and listed what he wanted participants to do for him. He wanted [REDACTED] [REDACTED] to use his mountaineering (b)(6),(b)(7)(C) experience during the high altitude training. The invitation to Italy occurred before [REDACTED] [REDACTED] received his scholastic credit for his OEMS training. [REDACTED] (b)(6),(b)(7)(C) [REDACTED] risked losing his credit if he had a falling out with Dr. Hagmann in the wake of the weird examinations. In the invitation to Italy, Dr. Hagmann invited [REDACTED] (b)(6),(b)(7)(C) [REDACTED] to participate in the same procedures. Perhaps this suggests he would have him demonstrate "uncircumcised" exams. The description seems to both legitimize intimate examinations and make [REDACTED] [REDACTED] complicit. (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) dd. Exhibit 30 [REDACTED] Statement. During the OEMS course the students were traveling without orders. There was an issue because the students were shorted per diem; it was discussed but none of them were put on orders. He worked for DMI and later provided a self-initiated testimonial about the value of the course (attached email). He did not witness any alcohol cognition labs, ketamine injections, and did not participate at any "off-site" locations.

(b)(6),(b)(7)(C) ee. Exhibit 31 [REDACTED] Statement. Students were invited to hear Dr. Hagmann's presentation about the course. He helped Dr. Hagmann establish a list of good candidate students for the course. Regarding the UK course, the students worked with LTC [REDACTED] and COL [REDACTED]. They did DTS as permissive TDY. (b)(6),(b)(7)(C) Five individuals had travel funded by USUHS. The remaining students were funded by Dr. Hagmann. He is unaware of the Joint Ethics Regulation. The funding did not strike him as odd because he thought there was a DMI agreement with the university and because Dr. Hagmann was affiliated with the university. In the UK, he watched a cognitive procedure on a student who had ketamine and versed. Dr. Hagmann administered the drugs. He doesn't know where the drugs came from. He transported supplies to the UK but no controlled substances and helped move

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)(7)(C) ff. Exhibit 32, [REDACTED] Statement. He worked with Dr. Hagmann in 2010 in Sweden where they did live tissue training. [REDACTED] was a medic Ranger. (b)(6),(b)(7)(C) They transported medical supplies, but he is unsure about medications. He began taking Diamox in Virginia, in preparation for Colorado. We didn't have orders for Italy; we signed one form for CO to make it legal. They received itineraries from Dr. Hagmann. We were always going to Italy, he did not know about Gig Harbor, Washington. Only [REDACTED] got drugs in Italy. In Colorado [REDACTED] and a (b)(6),(b)(7)(C) Dutch commando received the ketamine and versed. There was no consent, they volunteered. [REDACTED] learned about the incident with [REDACTED] but did (b)(6),(b)(7)(C) not raise it with Dr. Hagmann because it was weird and he would take it up with COL [REDACTED] back at USU. [REDACTED] was going to help DMI employees put on a (b)(6),(b)(7)(C) first responder course with live tissue training for some 11Bs in 3d Ranger Battalion. He assumed he was on TDY and COL [REDACTED] and COL [REDACTED] knew he was there. Dr. (b)(6),(b)(7)(C) Hagmann asked [REDACTED] to go to Atlanta to obtain oxygen cylinders. He did not ask about the accountability of the O2 cylinders because, "It's the culture, operators get things done." He does not know where the ketamine came from.

(b)(6),(b)(7)(C) See also emails between Dr. Hagmann, [REDACTED] and [REDACTED] (b)(6),(b)(7)(C) Dr. Hagmann wanted [REDACTED] to find and deliver two oxygen cylinders for use in an Atlanta course. He wanted [REDACTED] to pick them up. While there is some (b)(6),(b)(7)(C) question of whether they would be taken/borrowed illegally, the point of the email was to show Dr. Hagmann was using USUHS students as his cheap labor and exploiting his contacts in the medical community to run DMI.

(b)(6),(b)(7)(C) gg. Exhibit 33, Dr. [REDACTED] Statement. In 2013, the University and DMI made a memorandum of Agreement and DMI provided a proffer of services in-kind to formalize a working relationship. Prior to this year, he knew of no other agreements between the University and DMI. His office is the official site for acceptance of gifts. They look for a clear educational benefit to the students. Gifts to the university are common. As long as the gift is within legal limits we may accept it.

hh. Exhibit 34, Memorandum of Agreement between DMI and USUHS. The agreement says it will remain in effect between 8 July and 14 July 2013, but the OEMS course began on 7 July 2013 and another course continued through 21 July 2013.

ii. Exhibit 35, Form, Subject: Request for Approval of Acceptance of Travel and Related Expenses from Non-Federal Sources for Official TDY Travel.

jj. Exhibit 36, Proffer submitted by DMI to cover "value in-kind" expenses for the OEMS course in Virginia from 15-21 July 2013. The course ran from 13-20 July 2013, and took participants to Pink Hill, North Carolina. An attendance form for requesting for non-federal source funding for six students is attached.

kk. Exhibit 37, Proffer submitted by DMI to cover "value in-kind" expenses for the OEMS course in Colorado from 7-14 July 2013. [REDACTED] testimony is (b)(6),(b)(7)(C) this course took the students to Virginia between 5-8 July 2013 and to Colorado from 9 -15 July. The attendance requests for non-federal source funding for thirteen students is attached (except [REDACTED] who was listed with the proffer).

ll. Exhibit 38, Proffer submitted by DMI to cover "value in-kind" expenses for training of thirty-six students in the OEMS course taught by USUHS faculty for all students at USUHS from 22 July 2013 to 2 August 2013. This timeframe exceeds the MOA. The course was cancelled in the wake of revelations of misconduct by Dr. Hagmann at the remote sites of the DMI-taught OEMS-TA courses.

mm. Exhibit 39, [REDACTED] Statement. He is associate general counsel. He overheard a student in the gym tell him he was attending a course paid for by Dr. Hagmann.

Mr. [REDACTED] set up a meeting with CAPT [REDACTED] and COL [REDACTED] to find out what was going on. Other federal, non-federal, and foreign national students were taking OEMS at the University, but DMI was charging these other individuals and using USU facilities. There were no agreements in place. DMI was charging them without USUHS knowledge. With the right agreements, DMI could teach the course, but using our facilities with paying outsiders was illegal. Students were not allowed to work for DMI – the possibility was never discussed during the agreement negotiations. Students traveled before the MOUs were in place – the University was unaware. COL [REDACTED] told them last minute some students would go to VA as a cost-saving measure, but OGC was unaware students were going to North Carolina. All processes must be completed before the travel was authorized. They were incomplete before the travel. There was a meeting with the acting Dean, OGC, and the MEM. Discussions focused on inappropriate acceptance of travel from DMI, the illegality of allowing DMI to charge outside participants while using our government facilities, and the feasibility of allowing our students to engage in live tissue training at an off-site location run by Dr. Hagmann. The university had to properly accept the teaching through proper mechanisms. Further, USU would have to remedy previous gift travel from DMI. The remedial actions fell apart when the allegations came to light and USU disengaged from DMI. Members of MEM did not address adhere to OGC guidance after they were aware (ex. COL [REDACTED] use of Frequent flyer miles).

nn. Exhibit 40, Emails between Dr. Hagmann, COL [REDACTED] and [REDACTED] Dr. Hagmann offered [REDACTED] use of his frequent flyer mileage to obtain a flight to Colorado when [REDACTED] had trouble registering in DTS. Colonel [REDACTED] specifically approved this mode of travel after he was warned in 2013 by Office of General Counsel accepting travel from a prohibited source contractor as a gift to the government was illegal. In the email, Dr. Hagmann also states he will pay for a rental car.

oo. Exhibit 41, [REDACTED] Statement. He was chosen to attend the OEMS course in Colorado. [REDACTED] was formerly at the academy and his DTS account was never transferred to USUHS authority, so it was hard for him to get DTS approval. When

he went to the airport and could not get approved travel, he alerted Dr. Hagmann. It was at this time that Dr. Hagmann, with [REDACTED] direct authority and acknowledgment, told him to use Dr. Hagmann's frequent flyer mileage "because the IRS has determined frequent flyer miles have no value." [REDACTED] settled a DTS authorization upon his return. He put in a receipt for a rental car and it was repaid. Dr. Hagmann had left rental cars to take him to the site. [REDACTED] and a foreign student were injected with ketamine in Colorado. Students imbibed eight ounces of alcohol. [REDACTED] also saw dispensing of lidocaine, benzocaine, and versed. When [REDACTED] told Dr. Hagmann the trip would not work without DTS, Dr. Hagmann was adamant and wanted to educate as many people as possible to help warfighters down the line. [REDACTED] believed he had COL [REDACTED] command authority to take the frequent flyer miles.

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

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

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

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

pp. Exhibit 42, emails between COL [REDACTED] and Dr. Hagmann. Colonel [REDACTED] paid Dr. Hagmann for huts in Colorado out of his own money with the intention Dr. Hagmann would reimburse him. In his interview, COL [REDACTED] did not elaborate on this transaction by indicated it was for a separate course from OEMS (DMI?) offered to students attending the Colorado procedures course. COL [REDACTED] was deeply involved with Dr. Hagmann in the details of the course and possibly other ventures.

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

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

qq. Exhibit 43, Email between COL [REDACTED] and Dr. Hagmann. Dr. Hagmann stated he was looking to form a contract for course services with "four different organizations from Army and Air Force that really want the true OEMS but need a mechanism so that they can actually get that." Dr. Hagmann proposed he use a copy of a faux contract with USUHS, an Indefinite Delivery Indefinite Quantity (IDIQ) contract from USUHS for the OEMS course. No contract previously existed. Dr. Hagmann was providing the course to USUHS for free. He noted, "If there are any concerns that I would use such a contract to bill USU for the current programs, this should not be an issue . . ." and "there is no commitment but there is the contract for others to use." COL [REDACTED] was aware there was no contract on file with USUHS.

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

rr. Exhibit 44. [REDACTED] Statement. He waived his Article 31, UCMJ rights (attached). [REDACTED] attended the OEMS course in Quantico, Virginia in 2003. He had a very positive opinion of the OEMS course from his days serving in AFSOC (Air Force Special Operations Command) as the must-have operational medicine course. In 2003 or 2004, he made OEMS part of the Air Force required initial training for his unit prior to deployment qualification. They hosted the course at his base to save costs on TDY. They paid the tuition fees. [REDACTED] had to arrange for permission for live tissue training. He said 1/3 of the audience was his AF personnel. The other 2/3 was made up of special operations forces and DoD personnel coming from other unrelated units. He assumed they paid for their people because he was paying for his people [Dr. Hagmann used military facilities for non-military personnel]. [REDACTED] didn't give this much thought. In 2011, [REDACTED] arrived at MEM in charge of curriculum reform. His goal was "give the students training and experiences that would teach them skills they would need in the operational environment and which would inspire them to consider careers in

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

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

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

operational medicine.” He thought of OEMS based on its positive reviews. [REDACTED]

(b)(6),(b)(7)(C) [REDACTED] ran into Dr. Hagmann giving his “annual spiel” about coming to the OEMS course. And offering it to students “free of charge.” He told [REDACTED] he had (b)(6),(b)(7)(C) taught it on and off of USUHS for many years. [REDACTED] wanted to bring it back to USUHS. Dr. Hagmann pre-selected students to attend the OEMS procedures course. Students would learn to assist USUHS MEM faculty with procedures. The USUHS would be an OEMS “advanced” course. Twenty-eight students were in England or Colorado, accompanied by foreign students, DoD, and other federal agencies including the FBI and the White House medical unit. [REDACTED] did (b)(6),(b)(7)(C) not attend, but solicited positive feedback from the students. He sat through the entire “advanced” course at USUHS. His goal was to get faculty and staff through the course so MEM could develop their own version. He was the central figure in making the course happen. He coordinated passes for the foreign students (Norway, UK, and Taiwan). He was excited about the course and talked about it with everyone.

(b)(6),(b)(7)(C) [REDACTED] thought everyone was aware of it and never thought anything was out of the ordinary because of all the leadership involvement. They were transitioning an elective to a full-time MEM course. Live tissue training was problematic. The solution was to “firewall” the training with DMI – let them conduct it after the course and off campus. DMI was going to “give the course to USU students at no charge”, the same way it had been doing for years. He didn’t know this was illegal until he talked to [REDACTED] and [REDACTED] of OGC in 2013. [REDACTED] said he felt (b)(6),(b)(7)(C) they had been on a “well-trod path.” [REDACTED] saw micro doses of ketamine injected during the 2012 advanced course. He was aware of the “shock lab.” Dr. Hagmann said every procedure must be “voluntary, painless, and safe.” Colonel [REDACTED] was unaware of AMA policies on informed consent. He didn’t know of a university or MEM policy. He does not know where ketamine or versed came from. He believed Dr. Hagmann was faculty and there was university approval for Dr. Hagmann to teach the course. He assumed Dr. Hagmann’s reputation was good.

(b)(6),(b)(7)(C) [REDACTED] denies anyone told him Dr. Hagmann was looked upon unfavorably by the university and was run out because of how he ran OEMS. He was aware students were moving OEMS supplies. He knew students were traveling without orders; he believed they should be on permissive TDY. When they left for the spring break trip (Gig Harbor, WA, but really Italy [REDACTED] felt he met the requirement (b)(6),(b)(7)(C) by drafting an “accountability letter” with the commandant’s office. [REDACTED] does not know how students left the university to go to DMI courses. Only the trip to Colorado was paid by USUHS funds. Students traveling without USUHS funding should be on permissive TDY orders. [REDACTED] claimed he was unaware of

(b)(6),(b)(7)(C) [REDACTED] using frequent flyer miles – he thought they came from [REDACTED] father, (b)(6),(b)(7)(C) not Dr. Hagmann (even though [REDACTED] commented throughout the email chain). “Travel is difficult to handle at the university. I don’t understand it very well and try to stay out of it.” He was unaware of [REDACTED] being asked to pick up O2 tanks. He was involved separately with renting huts in Colorado for the high altitude medicine courses taught by DMI. [REDACTED] was aware of the use of Diamox in Colorado. All of the training in 2012 was done without proffer letters or gift acceptance forms. He became aware from OGC it was not correct for Dr. Hagmann to give gifts in the form of training, travel or lodging to students and inappropriate for

(b)(6),(b)(7)(C) [REDACTED] was aware of the use of Diamox in Colorado. All of the training in 2012 was done without proffer letters or gift acceptance forms. He became aware from OGC it was not correct for Dr. Hagmann to give gifts in the form of training, travel or lodging to students and inappropriate for

(b)(6),(b)(7)(C) [REDACTED] was aware of the use of Diamox in Colorado. All of the training in 2012 was done without proffer letters or gift acceptance forms. He became aware from OGC it was not correct for Dr. Hagmann to give gifts in the form of training, travel or lodging to students and inappropriate for

the students and the university to accept those gifts. Office of General Counsel 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. [REDACTED] drafted the (b)(6),(b)(7)(C) general description of the OFEMS Course for the 2013 proffers. Interosseous (b)(6),(b)(7)(C) procedures were sanctioned. [REDACTED] gave a lengthy explanation/apology for 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.

ss. Exhibit 45, email attributed to [REDACTED] Acting General Counsel, USUHS. Mr. (b)(6),(b)(7)(C) [REDACTED] 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 USUHS to subsidize his business. He taught the courses with an eye towards grooming his students (and faculty like [REDACTED] to send their paramedics and (b)(6),(b)(7)(C) 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 [REDACTED] 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)(7)(C) d. Relieve Colonel [REDACTED] and LTC [REDACTED] 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 [REDACTED] (b)(6),(b)(7)(C) claimed he was in charge of MEM travel procedures, but he presided over a broken 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 [REDACTED] (b)(6),(b)(7)(C) honestly attempted to provide USUHS students with important emergency medicine training. He was less than honest 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.

- i. 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.

26. Point of contact for this investigation memorandum is the undersigned at

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

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

COL, MC
Investigating Officer