

All redactions in this document utilize  
exemptions (b)(6) and (b)(7)(C)

## Exhibit 23



DEPARTMENT OF  
MILITARY AND EMERGENCY MEDICINE  
TELEPHONE: 301-295-3720  
DSN 295-3720  
FACSIMILE: (301) 295-6773

# UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4712  
www.usuhs.mil



MEMORANDUM FOR RECORD

25 July 2013

SUBJECT: Allegations of Inappropriate Student/Faculty Interactions off the USU Campus

1. The following document represents an order of events that became aware to me over the past several days regarding the Operational Emergency Medicine Skills Course (OEMS) course taught by Deployment Medicine International (DMI). The facts are what USU School of Medicine students told me to the best of my recollection. I was not taking detailed notes. I did not prompt any students or ask any probative questions. This is a compilation of events that were conveyed to me by student class leadership and students making allegations against Dr. John Hagmann, a contracted instructor with DMI. I believe the students came to me knowing I am a trusted faculty member who is seen as a strong student advocate.
2. On 23 July I was asked by (b)(6),(b)(7)(C) for a private meeting. We went to my office where (b)(6),(b)(7)(C) told me the following: fellow students had a hard time passing a foley catheter into (b)(6),(b)(7)(C) bladder. It took multiple attempts with different style devices. When the training was complete, Dr Hagmann asked (b)(6),(b)(7)(C) to stay behind. Dr. Hagmann expressed medical concern over the difficult passage of a foley on a relatively young male. Dr. Hagmann recommended that he examine (b)(6),(b)(7)(C). It was late in the evening after 2200 hours. No other students were present. It seemed strange to (b)(6),(b)(7)(C) but he verbally consented. Dr. Hagmann did a GU exam on (b)(6),(b)(7)(C) to include a rectal exam that seemed overly lengthy. Dr Hagmann then asked (b)(6),(b)(7)(C) if he wanted to perform a GU and rectal exam on him. (b)(6),(b)(7)(C) was extremely uncomfortable, and he politely declined. (b)(6),(b)(7)(C) then told a similar incident involving an HPSP student at one of Dr. Hagmann's courses. (b)(6),(b)(7)(C) stated he would contact this HPSP student and ask the HPSP student if he also wanted to talk with me.
3. (b)(6),(b)(7)(C) is a first year medical student at USU, who had previously worked with DMI as a civilian. (b)(6),(b)(7)(C) is a trustworthy and respected class leader who was instrumental in arranging Summer Operational Experiences at the JFKSWC in Fort Bragg for 9 of his classmates. (revision 9 Oct 2013. I asked (b)(6),(b)(7)(C) between classes if we could speak privately. He agreed. I did not disclose names or circumstances to (b)(6),(b)(7)(C). (b)(6),(b)(7)(C) was unaware of any questionable activities or inproprieties by Dr. Hagmann, in the approximate one year that he worked for DMI.) At this point, the examination on (b)(6),(b)(7)(C) was indicated but done in an inappropriate fashion at an inappropriate time. (b)(6),(b)(7)(C) was an isolated event at this time. USU students have been attending DMI courses for years and Dr. Hagmann has been teaching OEMS since the early 1990s while he was still on active duty stationed at USU. All the feedback received from students and faculty members over the past several years has been overwhelmingly positive.
4. At approximately 1330 on 24 July I called (b)(6),(b)(7)(C) a medical student at the (b)(6),(b)(7)(C). (b)(6),(b)(7)(C) stated the following: he was alone in the residence with Dr. Hagmann. All the other OEMS students departed because it was the end of the course. He was still present because he was doing the follow-on Altitude Medicine Course with Dr Hagmann. We went to





DEPARTMENT OF  
MILITARY AND EMERGENCY MEDICINE  
TELEPHONE: 301-295-3720  
DSN 295-3729  
FACSIMILE: (301) 295-6773

## UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4712  
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dinner and had several alcoholic drinks. On the way home, Dr. Hagmann asked (b) (6) if he wanted to practice rectal exams when we got back to the residence. (b) (6) declined the offer. Dr. Hagmann then asked (b) (6) if he could videotape a GU exam on him because he was uncircumcised. Dr. Hagmann stated that he only has video of a GU exam on a circumcised male. (b) (6) again declined the offer. Dr. Hagmann was very persistent and asked several more times. (b) (6) reluctantly said "yes" feeling obligated that he was allowed to attend this course free of charge. (b) (6) regretted his decision afterward. (b) (6) stated that he had copies of the video on his iPad. (b) (6) has not contacted anyone to include authorities other than (b) (6) and me. He stated that he felt comfortable speaking to me because, he knew of me from (b) (6) (b) (7) (C) the Emergency Medicine consultant to the Surgeon General, and through (b) (6) who befriended him in the Altitude Medicine Course.

5. Immediately after getting off the phone with (b) (6) I walked into the office of the MEM Executive Officer, LTC(Ret) (b) (6) who was talking with (b) (6) (b) (6). Both are close trusted colleagues. I told them a brief synopsis of what I recently heard. Both (b) (6) and (b) (6) said, "You know what you have to do." I did know what needed to be done. We called (b) (6) (b) (6) the MEM Department Chair. COL (b) (6) LTC(Ret) (b) (6) LTC (b) (6) and I agreed on a plan of action. COL (b) (6) would call the office of General Counsel and I would ensure that Dr. Hagmann had no unsupervised contact with any students. At approximately 1600, LTC (b) (6) replaced me for the supervision of the medical students. I joined a meeting already in progress with the (b) (6) (b) (6) the Acting Dean for the SOM (b) (6) (b) (7) (C) General Counsel, LTC(Ret) (b) (6) and COL (b) (6) (via telecom). We agreed on a plan of action. 1) Terminate the OEMS course at USU at 0800 on 26 July and 2) Ensure the safety of our students until Dr. Hagmann had vacated USU. At approximately 1700 I briefly updated the SOM Commandant and Brigade Commander. I then immediately proceeded to the Lecture Room D, asked Dr Hagmann and all non-USU personnel to please allow the Commandant of Students, CDR (b) (6) and me an opportunity to address the SOM students alone. Nothing was told to the students about the circumstances; however, I addressed the issue of fraternization between students and faculty members to ensure that none of them would interact with Dr. Hagmann or any DMI employees until action could be taken the following morning. I also sent a similar message regarding officer conduct and fraternization to the entire class of 2016 with the intent of not setting off any alarms pertaining to the OEMS course.
6. On 25 July at 0700, I again met with all the members mentioned above to create a detailed plan of action. At 0800, prior to the start of the day's training, I asked Dr. Hagmann to join me in COL (b) (6) office. Maj (b) (6) was also present. Dr. Hagmann was told that the course was being terminated indefinitely until allegations could be investigated. The details of the allegations were not disclosed. At 0820 COL (b) (6) and I addressed the entire class apologizing for terminating the OEMS course due to "unforeseen circumstances" at USU and for all USU students. We then asked the USU students to remain in the classroom and requested that all non-USU students and the one DMI instructor other than Dr. Hagmann go to a nearby conference room. I instructed the medical students that each would be



DEPARTMENT OF  
MILITARY AND EMERGENCY MEDICINE  
TELEPHONE: 301-295-3720  
DSN 295-3720  
FACSIMILE: (301) 295-5773

## UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4712  
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interviewed by a senior USU faculty member who would ask them several open-ended questions drafted by the Office of General Counsel. While coordinating the USU faculty interviews I received a text message at 0855 from (b)(6),(b)(7)(C) that all the non-USU students and one DMI employee known only as "Shorty" abruptly left the conference room and vacated the building before COL (b)(6) and I could talk to them directly.

7. I was one of the faculty members interviewing students. At approximately 0930, I had an hour discussion with (b)(6) (b)(6). She was extremely upset as she told me: Dr. Hagmann gave one of the USU medical students (name not-disclosed) a dose of ketamine and then attempted to perform a penile block on the clearly impaired student. The impaired student was able to repeatedly say he did not want the procedure; however, Dr. Hagmann did not stop until (b)(6) elevated the issue and insisted they stop. (b)(6) then stayed with the impaired medical student until he recovered. The undisclosed medical student subsequently thanked (b)(6) and hated to think what would have happened were she not there to help him. (b)(6) then felt ostracized for the remainder of the course and was viewed as a non-team player for the remainder of her course.
8. Over the course of the day I was also made aware that Dr. Hagmann was not only impairing students with ketamine. He was also coercing all students (including those who do not drink alcohol) to take part in a cognitive laboratory where they drank approximately 5 shots of bourbon or rum followed by beer and ketamine. Over the course of the last 36 hours and the information influx, I do not recall which student told me about the cognitive lab.
9. There have been no allegations made against any DMI employees other than Dr. Hagmann.
10. All the above is true and accurate to the best of my recollection. Please feel free to contact the undersigned at (b)(6),(b)(7)(C) or commercial (b)(6),(b)(7).

//Original Signed//

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

COL, MC, USA

Vice Chair for Emergency Medicine



# SWORN STATEMENT

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

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, USC Section 301; Title 5, USC Section 2051; E.O. 9397 Social Security Number (SSN).

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

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

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

|   |                                  |                                     |                |
|---|----------------------------------|-------------------------------------|----------------|
| 1. LOCATION<br>AFRRJ  | 2. DATE (YYYYMMDD)<br>2013/10/01 | 3. TIME<br>1300                     | 4. FILE NUMBER |
| 5. LAST NAME, FIRST NAME, MIDDLE NAME<br>[REDACTED]         | 6. SSN<br>[REDACTED]             | 7. GRADE/STATUS<br>(b)(6),(b)(7)(C) |                |
| 8. ORGANIZATION OR ADDRESS<br>Uniformed Services University |                                  |                                     |                |

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

On or about 1300 hrs on October 1st 2013 I had an appointment with COL (b)(6) at AFRRJ. He introduced himself as the Investigation officer duly appointed by Dr. Rice to investigate the administration and operation of the Operational Emergency Medicine Skills course. COL (b)(6) stated that he would take notes in a question and answer format and then transcribe these notes into this form for my review and at a later time he would come back to sign with me as my sworn statement. He stated this investigation was to meet, in general, the requirements of AR15-6, the Navy JAGMAN, and the AF Command Directed Inquiries. COL (b)(6) stated that his intent in interviewing me was to attempt to answer questions regarding the relationship the Uniformed Services University has or had with Dr. John Hagmann as well as other administrative questions. He stated that he had read the statement I had provided and I pointed out a typographical error attributing knowledge to [REDACTED] that he did not in fact have. COL (b)(6) also recommended that I revise my original statement as it pertains to (b)(6) because it was unclear how, where, why I went to [REDACTED]. COL (b)(6) stated he noticed that as well.

Q. How did (b)(6) get brought into the typed memorandum?

A. I knew [REDACTED] worked with DMI in the past and I asked him if he knew of anything unusual or unprofessional that had occurred while he worked for DMI. He said no.

Q. What was your relationship with Dr Hagmann?

A. He was faculty when I was a medical student at USU. I've seen him in passing over the years mostly at SOMA meetings. In 2012 he hosted the OEMS course here at USU.

Q. How long have you been faculty at USU?

A. I've been here since 2006.

Q. Was 2012 the first time OEMS was taught at USU?

A. He allowed students to go to his outside course previous to that. In what capacity I am unaware.

Q. Were you the course coordinator?

A. No, I don't know who was.

Q. What is your opinion about the administration of the OEMS course?

A. (b)(6) attended OEMS when he was with AFSOC. He wanted to bring the course to USU. He made all the coordination to my knowledge. I don't know who or how the selection process for the students was made. There was a lead medical student each of the last two years. This year it was [REDACTED]. Last year it was (b)(6),(b)(7)(C). These folks did all the coordination to attend this course. I don't know whether it was Hagmann, [REDACTED] or the student coordinator who made the selection of the medical student TAs. I was not involved with the selection.

Q. Did you ever attend a department meeting that discussed the content of that course?

A. When the new curriculum came and we realized we needed something for all the class to do over the summer Dr [REDACTED] had recently arrived and was passionate about the quality of the OEMS. We didn't talk about the course content in detail. The plan was to bring them (DMI) in and they do the teaching. But no MEM faculty did any teaching Hagmann was reluctant to allow that.

|             |  |                   |
|-------------|--|-------------------|
| 10. EXHIBIT | 11. (b)(6),(b)(7)(C) ON MAKING STATEMENT | PAGE 1 OF 3 PAGES |
|-------------|--|-------------------|

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]"

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

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT AFRRJ DATED 2013/10/01

## D. STATEMENT (Continued)

even at our request. He did not share a syllabus with faculty, or students. I never received any powerpoint lectures in to potentially teach the course.

Q. Did you take the course?

A. No. I watched in the summer of 2012 sitting in the group as a student. There were 3 groups of students that were supposed to attend the OEMS Procedures Course to act as TAs for their Class. Some went to Italy for his course (interjecting COL (b)(6) states "no, they went to Colorado") but it became fuzzy whether the third group was in Virginia or North Carolina.

Q. Who is ultimately responsible for the accountability of the students?

A. I don't know how to answer that. The task organization is confusing. There is an academic Chain and a Military Chain. In traditional military units the Battalion Commander would be responsible. Each service has a Company Commander who is an extension of the commandant.

Q. Who cuts the Orders?

A. I am not certain. When the course is in MEM, like bushmaster we, (b)(6), (b)(7)(C) etc, cut the orders. I don't know who cuts them for outside. My role in the summer experience pertains to the Army. Each service has a representative. I don't administrate the attendance at the course. I would approve in an academic capacity affirming that the course is appropriate for each Army medical student. However, the selection for OEMS was done without my input, even for Army students. I received an e-mail message from (b)(6) and (b)(7)(C) stating who was selected for OEMS. I then approved the remaining Army medical students summer experience. Then I send them to (b)(6), (b)(7) who is that?

A. He is an administrator, he and LTC (b)(6) are the only ones with the authority to enter authorizations into DTS.

Q. Did you know of the use of Alcohol?

A. No, not until it blew up when the students came to me this summer.

Q. Did you know of the use of Ketamine?

A. Last year, 2012 when the course was done on campus with a larger group they did use ketamine on a few volunteers. It was micro dose which I had not heard of and there was no alcohol that I saw. It seemed appropriate to me. It was a pain control/cognitive skills lab.

Q. Did you see a pretest given?

A. No, I did not.

Q. Did you bring this up with the department for discussion?

A. I can't recall, we were observers, MAJ (b)(6) COL (b)(6) all of us were there observing. There were no formal discussions about it.

Q. Was informed consent used?

A. No.

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

A. No.

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

A. I do not know.

Q. What other procedures were done in the 2012 OEM at USU?

A. IV's, IJ's, IO's, Regional anesthesia

Q. Were you aware of an initiative to withdraw some volume of blood from students and then monitor them for hypovolemia and then auto transfuse their blood back to them?

A. I saw that. Hagmann would never publish an agenda or schedule we never knew from day to day what was going to be done. It was a frustration for students and faculty observers.

Q. Did you consider this procedure to be too aggressive?

A. I would not have done it, but Hagmann has a long history of being a cavalier EM physician. He is very confident.

Q. Did you talk to other faculty as it pertains to this?

A. Not until 2013 when we talked about the alternative FTX 201 course. I was not comfortable with this procedure.

Q. Why was this procedure allowed? Why didn't you stop it?

A. He had a comfort level beyond ours. He was completely confident I would have been uncomfortable doing it.

Q. Why would you have been uncomfortable?

A. Because I had never done it before.

Q. Who would have had responsibility for this occurrence?

INITIALS (b)(6), (b)(7)(C) SIGNATURE

PAGE 2 OF 3 PAGES



STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

Q Does or did the department chair have any responsibility?

A. I can't answer that, DMi was running a course at USU.

Q Have you ever heard of this training before?

A. I've heard of it in SPEC OPS but never have seen it.

Q. Have you heard of faculty or students perpetuating an air of Secrecy about this course?

A. Live Tissue Training is very sensitive at USU and students were to be careful about discussing this. I got the feeling this was abused by Hagmann in order to protect the "beer light".

Q Did you know that alcohol was being used in the remote courses?

A. No, what happened at the offsite was very different than at USU, never any beer, penile blocks done here.

Q. Do you think students were placed in harms way?

A. Yes, now I do.

Q Do you think the University had a "special" relationship with Dr Hagmann?

A. I knew students had gone to OEMS for a number of years. The only thing special that I perceived about Hagmann was as USU grad, he had a dedication to the university. I thought he was doing us a favor.

Q could it be said that he would have been given favors because he is John Hagmann?

A. No. I had no hesitation terminating the course or telling Dr Hagmann to vacate the premises.

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

A. Only that I am haunted and sickened about the potential students/victims of which I am unaware. I have traveled around the globe with the Military and seen more evil than anyone should. When I came to USU as faculty, I thought I arrived at the Ivory Tower. I have lost a lot of sleep this summer and shed more than one tear.

NOTHING FOLLOWS

AFFIDAVIT

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

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

(statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 14 day of October.

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

ORGANIZATION OR ADDRESS

UNIFORMED SERVICES UNIVERSITY

BETHESDA MD

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

INVESTIGATOR

(Authority To Administer Oaths)

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

STATEMENT

PAGE 3 OF 3 PAGES

## Exhibit 24



**Pre-Virginia**  
*USUHS & Environs*

In the run-up to the training, it was repeatedly emphasized to us through official and unofficial (student) channels the importance of discretion regarding the training to be conducted. First, the sensitive nature of LTT was emphasized and we were discouraged from discussing that. Then, the ketamine demonstration was mentioned as sensitive and we were told that "the spring group nearly lost OEMS because someone said something about ketamine to the wrong person," although we were assured that our actual school chain of command was aware of what was going on. The combination of the general air of secrecy and the highly unorthodox nature of much of the training encouraged all students to remain silent about every aspect of the course for fear of saying the wrong thing to the wrong person.

**Virginia OEMS Site**  
*8901 Jor Syd Lane, Partlow, VA*  
*(5 July 2013 - 8 July 2013)*

Personnel present:

Dr. Hagmann, one DMI employee, USUHS students, (b) (b)(6), (b)(7)(C) (HPSP), 2 Dutch Commandos (b)(6), (b)(7)(C), one US SEAL.

The training that we began at Virginia was unorthodox, but in many cases excellent. Even as an experienced Special Forces medic, I had never been given the opportunity to perform or receive intra-osseous infusions, I had never seen drugs like ketamine and morphine used on students in demonstrations, and while procedures like foley catheters and arterial blood gasses were practiced in hospital rotations, it was unusual to have the opportunity to practice extensively on one another. Additionally, Dr. Hagmann's repudiation of traditional aseptic techniques and other unorthodox approaches even to common procedures like IV's and catheters left everyone without a baseline for what constituted "normal" training in this context. Dr. Hagmann also reminded us on more than one occasion that he was essentially providing this training to us for free, out of loyalty to the school. This further discouraged us from asking questions lest we appear ungrateful. Thus an environment was established where it was difficult to tell what was "acceptable," and simultaneously we were discouraged from discussing anything with anyone (even, presumably, faculty at USUHS) for fear of losing out on outstanding training.

It is also worth noting that large coolers of beer were provided from the very beginning of our time in VA, and toward the end of the first day (and on subsequent days) Dr. Hagmann announced that "the beer light is on." Nothing seemed sinister about this at the time, and the students generally appreciated being treated as professional adults.

On 6 July, we executed the "cognition lab." We first would undergo a cognition test of memory and concentration (sober), and then were to be given a quantity (I recall "5 shots"/8oz, but couldn't swear to it. It was at least a large paper cup full) of bourbon to be drunk fairly rapidly (again, I recall 20-30min, but wouldn't swear to it), with a repeated cognition test once the alcohol had time to take effect. All students regardless of size were given the same initial quantity of alcohol, and given that it was "part of training," there was considerable situational/peer pressure for all to participate in "training", even those who do not typically drink. We were told we would repeat this experiment at high altitude in Colorado, both to learn the difference between our abilities at altitude and perhaps as part of some sort of study on the effects of alcohol at altitude. However, when we began drinking in VA, we were permitted (encouraged?) to "chase" our bourbon with beer of unmeasured quantity if desired, completely invalidating the methodology of any "scientific" experiment. The class was extremely intoxicated that night.

The evening of 7 July we were relaxing at the huts late in the evening when (b) (b)(6), (b)(7)(C) came in, obviously a little flustered. Earlier that day, he had been a subject for a foley catheter demonstration that had been complicated by difficulty passing the catheter. He related that he had been asked to stay behind, late in the evening after training, and Dr. Hagmann had suggested that he

Initials:

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

26 July, 2013

get "checked out" due to his difficulty with the catheter. [REDACTED] [REDACTED] agreed to this, and he related that he had permitted Dr. Hagmann to take a history and perform a thorough genital exam and rectal exam. [REDACTED] [REDACTED] described being extremely uncomfortable about the rectal exam, as he said it had gone on for a considerable time period and it felt weird to be doing it late at night, alone. (b)(6), [REDACTED] also said that upon completion of the exam, Dr. Hagmann had said something to the effect of "I know I violated you a bit there, would you like to do one on me?" This struck all of us as odd, but we all wrote this off as another example of Dr. Hagmann's well-known willingness to offer himself up for any training he asked of us. [REDACTED] [REDACTED] specifically noted that he had said to Dr. Hagmann after the exam that the situation had felt strange and uncomfortable, and that in the future he should at least have a chaperone present. Those of us who heard (b)(6), [REDACTED] story all found it strange, but we generally laughed it off as quirky behavior on the part of Dr. Hagmann and "one of those things that happens in the field" and encouraged [REDACTED] [REDACTED] to do the same.

#### Leadville Colorado & Environs

(9 July 2013 - 15 July 2013)

##### Personnel present:

Dr. Hagmann, USUHS students, [REDACTED] [REDACTED] [REDACTED] (HPSP), 2 Dutch Commandos

(b)(6),(b)(7)(C), one US SEAL.

I did not think any more of this until a few days later in Colorado. I was climbing to the hut with a small group of the faster climbers on 9 July, and our student guide [REDACTED] [REDACTED] (an HPSP student and former park ranger) made a comment to the effect of: "the strangest thing happened last night: Dr. Hagmann asked me to stay behind after everyone had gone, and then he asked if I wanted to practice rectal exams with him." This shocked me after hearing my other friend's story, especially given that (b)(6), [REDACTED] had specifically suggested that Dr. Hagmann be more circumspect about such procedures. Further, there was no medical justification in this instance. I questioned [REDACTED] [REDACTED] for further details, and convinced that this was genuine I resolved to discuss this with [REDACTED] [REDACTED] the unofficial student leadership for the expedition. I brought [REDACTED] [REDACTED] to [REDACTED] [REDACTED] who had heard (b)(6), [REDACTED] story, and he agreed that this was subject for concern and resolved to discuss this with Dr. Hagmann at the next opportunity.

When it came time for the "cognition lab" on the evening of 11 July, few were enthusiastic about getting drunk, as most were still recovering from the mild AMS induced by our rapid ascent. I jokingly remarked to a few classmates that I was considering "becoming Mormon for the evening," although I never really considered abstaining from "training." I can tell you that if I was mildly reluctant despite the fact that I dealt with the altitude and the previous alcohol experiment better than many of my colleagues, I can only surmise that some smaller, less experienced, or more-affected-by-altitude classmates were probably much more reluctant than I was, but felt pressured into participation. I downed my dose of bourbon like a man walking to his executioner, and then participated in the cognition tests. However, I think it is important to note that I never received any report or comparison of my performance on the two tests. If this was actually training, why was the moral/lesson never completed? Further, any lesson (let alone "scientific" study of the issue) was hopelessly obscured by the shoddy methodology whereby the amount of alcohol consumed was not strictly controlled. I am left with the impression that we were deliberately pushed into becoming extremely intoxicated without valid educational or scientific objective. However, this realization has only come after considerable reflection. Again, let me reiterate that in the context of the other unorthodox training including the Ketamine demonstration, this did not seem as odd to us at the time as it does in retrospect.

Late in the evening on 12 July, our group gathered for a demonstration of the effects of Ketamine. No drinking took place to my knowledge that evening. There was some question as to whether we would do the ketamine lab that day, as it was getting late, but Dr. Hagmann expressed concern that the non-USUHS students who had paid for the course would miss out if we postponed the

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

26 July, 2013

demonstration. (b)(6) the Dutch commando, was given a micro-dose of ketamine (supposed to be IM, but wound up SQ) to demonstrate the intoxicating effects of the drug. He was asked to walk a line and interviewed, and the experience was generally humorous and light-hearted. Following this, (b)(6) was given ketamine and midazolam to illustrate the calming effects of adding midazolam to micro-dose ketamine, and also to show the suggestibility of a patient dosed with this combination of drugs. While sober, (b)(6) had expressed reservations regarding the possibility of his receiving a tibial intra-osseous infusion, which was known to be painful, but with the combination of ketamine and midazolam he was easily manipulated into accepting the procedure. It is my recollection that there was never any real doubt in the room as to whether we would actually execute the procedure. It seemed fairly clear to all involved (through traded winks and so on) that no one seriously considered actually giving (b)(6) an intra-osseous infusion for which he was unable to give informed, unimpaired consent. I do not recall whether Dr. Hagmann specifically addressed the issue as to whether we would really move forward with the procedure, or whether this was purely a result of the student group being unwilling to entertain such an inappropriate course of action.

Dr. Hagmann left for the North Carolina procedures course early in the morning on 13 July, leaving us the final task of climbing Mt. Elbert. Over the last few days, our enthusiasm for climbing Mt. Elbert and Dr. Hagmann's absence enabled me to set aside (temporarily) my concerns over the Dr.'s behavior. We completed our mission and returned home to a few days of vacation.

#### Back at USUHS

(22 July 2013 - Present)

Beginning the advanced course at USUHS a few days later, I let the matter of reporting Dr. Hagmann's behavior fester as I considered what to do. On 23 July, I was training on nerve blocks with (b)(6) who had attended the training in Carolina with 5 other students. She asked me out of the blue what I thought of Dr. Hagmann, and I gave a noncommittal response. She proceeded to relate to me a disturbing account of her time in the NC procedures course where, during the Ketamine demonstration, she felt the student was being coerced into accepting a procedure (unclear to me whether it was a foiey or penile nerve block, but involving genitals) that he had been reluctant to accept before being drugged. As noted earlier, a similar demonstration had been done with our group to illustrate the suggestibility of a patient dosed with ketamine and midazolam, but it was understood in our group that no procedure was actually going to take place. In her situation, she felt that the student was actually going to be pushed into accepting the procedure, and stood up to Dr. Hagmann refusing to allow events to move forward. She also related to me that (b)(6) (present at both our training site and the follow-on group in NC) had related additional disturbing details whereby Dr. Hagmann had asked him inappropriate questions regarding his sexual habits.

These additional revelations ended my reluctance to come forward. After discussing it with (b)(6) I excused myself from the room and went to confer confidentially with the chaplain to ensure that I was not "blowing things out of proportion" and to determine the appropriate course of action given the fact that while I probably had more information than any individual, most of the key events had not involved me directly. The chaplain advised that I report the matter to (b)(6) along with other students if possible. I consulted with (b)(6) and (b)(6) and immediately went to see (b)(6). Along the way, I messaged (b)(6) to secure his permission to pass his contact information on to (b)(6) which he agreed to.

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

26 Jul  
2013

Initials: \_\_\_\_\_



**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

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

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

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

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

|   |                                  |                           |                |
|---|----------------------------------|---------------------------|----------------|
| 1. LOCATION<br>AFRR1  | 2. DATE (YYYYMMDD)<br>2013/10/02 | 3. TIME<br>1200           | 4. FILE NUMBER |
| 5. LAST NAME, FIRST NAME, MIDDLE NAME<br>(b)(6) (b)(7)(C)   | 6. SSN<br>(b)(6)                 | 7. GRADE/STATUS<br>(b)(6) |                |
| 8. ORGANIZATION OR ADDRESS<br>Uniformed Services University |                                  |                           |                |

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

On the 2nd of October 2013 1200hrs I went to AFRR1 to provide testimony to COL (b)(6) at his request. He introduced himself as the duly appointed investigation officer conducting an inquiry into the administration and operation of the OEMS course. He showed me his guiding regulations and appointment letter by Dr Rice. He told me that the information provided would be under oath and in a question and answer format. COL (b)(6) stated that he would take notes and transcribe into a sworn statement form and after I had reviewed and edited the content I would be sworn in and sign the document. He stated that he had read my statement previously provided and that I should add that to the sworn statement as an attachment.

Q. Can you explain the air of secrecy that surrounded this course and who in the students or faculty participated in this.

A. I can't remember specifics of who said what, but a rumor existed among the students to the effect that while the CoC was aware of the ketamine labs, the spring course was jeopardized when a faculty member who was not "read in" heard about these activities, and it caused political problems for the course that jeopardized the training. In combination, the sensitivity of LTT training had been emphasized repeatedly by faculty both in the specific context of OEMS and generally during the school year. Additionally, some students from the spring break group had expressed reluctance to discuss some of the particulars of their training so as not to "ruin the surprise." Thus, there was a general feeling that the training was best not discussed other than amongst those in one's own student group.

Q. Can you tell me who injected Ketamine or morphine into students?

A. I only witnessed two ketamine injections. The first was the Dutch commando Stefan, injected by the other Dutch commando (b)(6) (b)(7)(C) was also injected, but I don't recall who injected him. Hagmann was present and supervising both injections.

Q. Were informed consents used?

A. There was no formal or written consent process that I was aware of, but the pharmacology of the ketamine was discussed extensively and so from that perspective the subject's knowledge about the drug, including its effects and potential adverse effects, was far greater than any patient would have received.

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

A. I am aware that there is such a policy but haven't read it.

Q. When did you become aware of this policy?

A. After the completion of summer training, in the context of subsequent discussions regarding the appropriateness of certain procedures in the OEMS course.

Q. How did you find out?

A. I believe the commandant mentioned it.

Q. Did you know alcohol was being given as part of the course?

A. No, not until the course

Q. Had you spoken to anyone else, (b)(6) (b)(7)(C) about this course

|             |   |                   |
|-------------|---|-------------------|
| 10. EXHIBIT | 11. INITIALS (b)(6), (b)(7)(C) MAKING STATEMENT | PAGE 1 OF 3 PAGES |
|-------------|---|-------------------|

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b)(6) (b)(7)(C) TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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

STATEMENT OF (b)(6),(b)(7) TAKEN AT AFRRJ DATED 2013/10/02

9 STATEMENT (Continued)

A. I had spoken to other students about the course in generalities, but had little idea of what specifically to expect. I was aware that there would be numerous procedures that we would be doing on one another.

Q. The 6 July cognition lab, what time did that occur?

A. I can't be sure but somewhere around 20-2100 hrs. It took place after dark, at the end of the training day.

Q. Why that time?

A. I do not know for sure. There were many training irregularities. We had to do some prep work for a trip to Colorado and the OEMS course for the larger class; part of the "deal" for our training was we needed to do some work sorting medical supplies etc.

Q. The occurrence with (b)(6),(b)(7) was very concerning; can you tell me anything more about it, anything to add?

A. I feel a sense of responsibility, in that I rationalized it away and even tried to convince (b)(6),(b)(7) that it wasn't anything to worry about.

Q. Why do you think you did that?

A. Because I didn't want to believe that a respected member of this community, from his time as a "charter martyr" (inaugural USUHS class) to a faculty member to his work on the TCCC committee would be capable of such inappropriate behavior. I also placed great value on the training, and did not want to imagine that the person responsible for that training would also behave in an inappropriate manner.

Q. How did Dr Hagmann "offering himself" for an exam after he "violated" (b)(6),(b)(7) gets interpreted by you or others?

A. I felt that this undermined the legitimacy and professionalism of the encounter, and enhanced my concern. At the time, we attempted to rationalize this as consistent with his prior behaviors of willing to allow us to practice on him and show he was willing to do everything he asked of us. However, in the context of this particular procedure and the legitimate medical concerns involved, this offer increased the feeling that the encounter was inappropriate.

Q. Was any charting done?

A. I am not aware of any charting being done for the encounter, but I was not present.

Q. Did (b)(6),(b)(7) talk to Dr Hagmann (regarding your concerns)?

A. Not to my knowledge.

Q. Is he ready to talk to me about this matter?

A. I don't know, and I'm not sure it's my place to speculate.

Q. What were the Foreign Nationals and NavSeal doing during the course?

A. We all trained as a group.

Q. Do you feel that Hagmann's relationship with the university made his behavior less suspicious?

A. Yes, Hagmann's long history at the school and standing within the community made us less likely to question his behavior and more likely to rationalize any unusual practices.

Q. Do you know how he obtained the ketamine?

A. No.

Q. What can you tell me about the application for OEM?

A. We were asked to fill out an application and give it to (b)(6),(b)(7) for Hagmann. I wrote my application up fairly quickly after other summer plans I had didn't work out, so it could have been better. However, I was surprised that I wasn't even selected as an alternate. That struck me as odd. I asked around and was told that it might have been because 18D's in the past sometimes don't go along with the program, although another 18D and a SEAL were selected for this course. I mentioned this situation to SSG (b)(6),(b)(7) who had seen me teach in combat medic skills, and she couldn't understand Hagmann's decision. She asked Hagmann why I hadn't been selected, and Hagmann spoke with me and said I might be able to attend the course (I was made an alternate) but that he didn't really know why I wasn't chosen. Either he didn't know, or did not want to tell me the criteria for non-selection. That struck me as pretty odd.

Q. Do you think a student should be in that chain...the go between for Hagmann?

A. I think students need more substantial leadership opportunities here at the school, and I do not see that having a student involved in the process caused any problems. Indeed, I feel that (b)(6),(b)(7) did an outstanding job coordinating the training on the student side, especially in dealing with Hagmann's unpredictable and sometimes erratic behavior. I am not sure what role (if any) USUHS faculty had in the selection process, but I believe faculty oversight would be appropriate for such a selection process.

Q. Anything else you would like to add?

A. I feel that it's worth expanding upon my comment above on Hagmann's erratic and unpredictable behavior. One tremendously difficult aspect of the course was Hagmann's unwillingness to provide training schedules or plans to us, the students. He would justify keeping us in the dark regarding the training schedule by saying something to the effect of:

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

STATEMENT OF (b)(6),(b)

TAKEN AT AFRR1

DATED 2013/10/02

B STATEMENT (Continued)

if we knew the schedule, we would just screw it up more (paraphrase). This kept us off-balance and unsure of what to expect most of the time. He tended to exhibit behavior whereby he lavishly praised individuals or the group one moment, and then viciously criticized the same not long after. Additional odd behavior occurred with regards to suturing. I was one of the students who volunteered to receive a FAST1 sternal IO infusion. The removal of this device requires making an incision around the tubing, extending the incision down to the periosteum, and then using needle drivers to remove the metal tip of the device. This incision required a few sutures, so I asked Hagmann if one of the students who had never sutured on a live person could use this opportunity to get some practice. He accepted this suggestion, but when it came time to suture and some of the prior medics started helping (b)(6),(b) to sew me up, Hagmann stormed out of the room complaining that this would be done poorly because of the influence of SOCM medics and that he couldn't bear to watch. He repeated this behavior, particularly in the context of suturing, at other points during the training. It struck me as extremely odd that rather than correcting any deficiencies in the student's suturing technique, he complained about it and then absented himself from the room. When I asked Hagmann about it directly, he complained that SOCM medics don't listen to him. However, I never observed any personnel present to be resistant to correction or instruction at any point, with regards to suturing or any other procedure. Hagmann's behavior was both temperamental, without basis, and unprofessional.

I would like to point out that CDR (b)(6) SAPR training was a consideration as I deliberated the need to bring this situation to official attention. I felt supported throughout the process by the faculty in MEM and in particular COL (b)(6). They reacted quickly, and there is no doubt in my mind that they felt our safety was paramount. They have helped us through this process. Chaplain (b)(6) has also been very helpful: the anonymous setting was key. Students should continue to be reminded of the chaplain as a resource for confidential consultation.

I would also add that while I recognize the importance of identifying and addressing any systemic issues that enabled this situation to occur, I hold ultimate responsibility for this situation solely upon Hagmann. I believe USUHS community members might be less likely to bring questionable situations forward in the future if they felt concern that friends, colleagues, or trusted mentors would be likely to suffer significant adverse consequences, even were they not primarily responsible for the situation. While I recognize that certain breakdowns might potentially be identified during the course of this investigation that need to be remedied, I believe the best result for the USUHS community will be achieved by focusing on improving institutional processes rather than by attempting to assign culpability to specific University personnel.

I take pride in the fact that unlike many other institutions in the news over the past few years, USUHS leadership at all levels, from the initial awareness of the situation in the MEM department to the deans, President Rice and beyond, has consistently placed the well being of the community ahead of worries of personal career or potential scandal. It would be my hope that such courage will be recognized and factored into any conclusions drawn by this investigation.

NOTHING FOLLOWS

## AFFIDAVIT

I, (b)(6),(b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 8 day of Oct, 2013

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

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

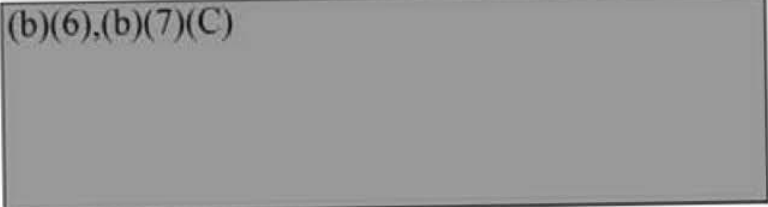
PAGE 3 OF 3 PAGES



## Exhibit 25

During the Virginia phase of the Altitude Medicine course provided by DMI I was given a foley catheter by a student. The procedure was difficult and the celastex catheter was unable to pass into my bladder. Dr. Hagmann took over the procedure and was not able to insert the celastex catheter, but was able to insert the latex catheter. He approached me in private about a focused history and physical exam. I asked about a digital rectal exam. He pulled me aside that evening at about 2230 at night and performed a focused history and physical exam while we were alone. The physical exam included examination of my penis and testicles. He proceeded to instruct me on the digital rectal exam. The exam took longer than expected and made me uncomfortable. His finger was inserted into my rectum for longer than I would have preferred. Afterward he asked if I wanted to perform a digital rectal exam on him. I told him no and informed him that I didn't think it would be wise to perform such exams in the future during the course without a chaperone.

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



## Exhibit 26





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BETHESDA, MARYLAND 20814-4712  
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Office of the  
Commandant (50N4)

26 Jul 2013

MEMORANDUM FOR RECORD

SUBJECT: Operational Environmental Medicine Skills (OEMS) course concerns and NCIS interview re: inappropriate faculty-student contact

1. On 24 July 2013 at approximately 1600, COL (b)(6),(b)(7)(C) stopped by my office to tell me that they had a situation in the OEMS course. He informed me that there had been what appeared to be a serious, inappropriate faculty-student interaction between Dr. John Hagmann and (b)(6),(b)(7)(C) and possibly another event involving an HPSP student.

2. At 0700 on 25 July, I met with Dr. (b)(6),(b)(7)(C), (b)(6),(b)(7)(C), (b)(6),(b)(7)(C), COL (b)(6),(b)(7)(C) and Maj (b)(6),(b)(7)(C) (Office of the General Counsel). The class was scheduled to meet at 0800. It was decided that the class would be terminated. Dr. Hagmann would be informed of the cancellation by COL (b)(6),(b)(7)(C) and the OGC at 0730, and asked to leave the University NLT noon of that day and escorted while on campus. All students were to be interviewed by selected members of the Dean's staff and the MEM department using a template developed by Maj (b)(6),(b)(7)(C) and offered the opportunity to make a statement.

3. I encountered (b)(6),(b)(7)(C) in the hallway a short while later. He seemed troubled, and we talked briefly. He told me that, as someone from the SI community, he fully understood unorthodox training, but that what was happening in OEMS seemed out of control. He then told me about having everyone drink 5 shots of bourbon, purportedly to witness the impact of alcohol, but then not collecting or reviewing any performance data to evaluate impact. It seemed to him that the only goal was to get everyone impaired. He cited a "Lord of the Flies" atmosphere at the offsite, and how they were repeatedly instructed not to tell anyone (even USU personnel) about the training. He said that the atmosphere of secrecy reminded him of the training I had provided to the class about predatory and grooming behavior, and how by not reporting problems they persist and tend to get worse. At the same time, he was conflicted because he was also concerned about the loss of important training by coming forward. I assured him that the MEM Dept would figure out the training piece and find a way to get them the training they need, and that he had done the right thing by talking with us.

4. I briefed Col (b)(6),(b)(7)(C) Brigade Commander and LTC (b)(6),(b)(7)(C) Brigade JAG, shortly after the meeting in the Dean's office to inform them of the plan of action. I strongly recommended to each of them that NCIS should be contacted as soon as possible. They concurred, and NCIS was called a short while later. At 1015, NCIS Special Agent (b)(6),(b)(7)(C) arrived and was briefed by Col (b)(6),(b)(7)(C) and myself. We then contacted (b)(6),(b)(7)(C) who agreed to meet with NCIS.

5. At 1100, (b) (6) was interviewed by Special Agent (b) (6). With his concurrence, I was present for the interview. (b) (6) was completely cooperative during the interview, and SA (b) (6) asked many clarifying questions to ensure that she had a complete picture of the events.

Summary of testimony: (b) (6) stated that on 6 July, he was participating in the OEMS course at the off-site location ("The Ranch") near Fredricksburg, VA with approximately 15 other students. After lunch, they began practicing inserting Foley catheters into one another. It was a mixed gender group, but catheters were not inserted into females. He was third, and his classmate was unable to pass the Foley into his bladder. The instructor, Dr. Hagmann, assisted with inserting a different type of catheter (latex), which did ultimately go through. Dr. Hagmann approached him later that afternoon and suggested that he should be medically evaluated to determine the reason for the difficulty. After dinner, the students were drinking beer. (b) (6) states that he had two beers and had just started a third when, at approximately 2230, Dr. Hagmann approached him privately and suggested that he should examine him to sort out the reason for the obstruction. (b) (6) was concerned that he had a medical problem since he was the only student who had difficulties with the Foley, and agreed to the exam. Dr. Hagmann performed a very thorough genitourinary exam, and then performed a rectal exam with (b) (6) face up on the table. The exam seemed to be prolonged, and made the student extremely embarrassed and uncomfortable. Dr. Hagmann explained all parts of the exam in great detail as it was performed, which seemed to prolong the process. At the conclusion, Dr. Hagmann stated that he would let (b) (6) do a rectal exam on him since he had "violated" him. (b) (6) hastily declined, and left the room. At no time did he ask Dr. Hagmann to stop, and he states that he did not feel forced or coerced into cooperating. He also was not intoxicated at the time of the event. For these reasons, SA (b) (6) felt that a felony was not committed. She explained her reasoning to us, and that she would be filing a closed report that would document the event and flag Dr. Hagmann in the computer system, but would not trigger further legal action.

6. After the interview with SA (b) (6) I spoke with (b) (6) privately. I assured him that the events that took place were indeed unethical and inappropriate, but that they were not his fault and that coming forward the way he did took tremendous courage. He seemed conflicted, in that he was concerned that other students would miss out on important training from the cancellation of the OEMS course, but also that other students could be subjected to such inappropriate contact. I strongly recommended that he seek counseling from Dr. (b) (6) or Dr. (b) (6) in the Student Mental Health Center, which he agreed to, and also ensured that he knew how to reach me and asked that he reach out if he needed help.

7. I briefed Col (b) (6) and LTC (b) (6) on the results of the NCIS interview later in the day. I also provided an anonymous overview of the cancellation of the OEMS course due to inappropriate faculty-student contact to my military CMD staff with instructions to keep an eye on the students, and if one is having trouble to ensure that they are quick to refer them to Student Mental Health.





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8. On Fri, 26 July at approx. 1100 (b)(6) (b)(7)(C) came to my office with a written statement and wanting to talk with me about OEMS. She told me about an event that occurred to her group at the North Carolina site during which everyone was told to drink large quantities of liquor (approx. 8 oz), many people drank additional beer and then some were administered an unknown quantity of ketamine. They were then to practice penile nerve blocks on the students that had been given ketamine. She refused to participate and would not let the procedure be performed on a classmate who was significantly impaired, since she felt that he was not in any condition to consent. She told me that students felt obligated to participate in these procedures and that there was a lot of pressure to go along with them, at least in part because Dr. Hagmann would call them "pussies" if they did not submit to them. She wanted to clean up her statement and agreed to send me a copy that I could use for investigative purposes later in the day.

9. Just before lunch, I checked in with COL (b)(6) who provided me a copy of a written statement by (b)(6) (b)(7)(C). In addition to what was described by (b)(6) (b)(7)(C) and 2<sup>nd</sup> Lt (b)(6) this statement reinforces the atmosphere of secrecy, the required consumption of alcohol and the non-medically indicated use of ketamine. It also adds the use of midazolam and the offer by Dr. Hagmann to an HPSP student to "practice rectal exams". (b)(6) (b)(7)(C) agreed to let me use his statement for investigative purposes, and is willing to talk with investigators as needed.

10. Conclusions as of COB 26 July:

- Inappropriate faculty-student contact took place between Dr. Hagmann and (b)(6) (b)(7)(C). While NCIS did not find that the contact rose to the level of felony assault, conducting a genitourinary and prolonged rectal examination without a chaperone at 2230 on a Saturday night after providing beer to a student is without question inappropriate.
- Dr. Hagmann is also alleged to have attempted a second instance of inappropriate faculty-student contact with an HPSP student approximately 1 week later at another location.
- An atmosphere of coercion and secrecy was established, where students were bullied and/or incapacitated into participating in activities that they otherwise would not have engaged in to include procedures such as penile blocks and interosseus infusions.
- Procedures that were being performed on one another during the OEMS course far exceeded the stated scope of the course.
- Alcohol consumption to the point of intoxication was required as part of an academic course, and freely provided by the instructor throughout the training event.
- Students were endangered when ketamine and possibly midazolam were administered in conjunction with high doses of alcohol, without medical indication or medical monitoring.

9. POC for this memorandum is the undersigned CDR (b)(6) (b)(7)(C) (b)(6),(b)(7)(C) or (b)(6),(b)(7)(C)

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

CDR, MC, USN  
Commandant, SoM



## Exhibit 27

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



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

**OEMS statement**

2 messages

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

Fri, Jul 26, 2013 at 3:35 PM

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

From July 13<sup>th</sup>-20<sup>th</sup> 2013, a group of students, including myself, were participating in OEMS training in Pink Hill, North Carolina at Dr Hagmann's compound.

We were taught and practiced several medical procedures, including but not limited to: nerve blocks (posterior tibial, digital, median, axial, femoral), i.v. access, femoral and radial arterial blood gas, Foley catheterization and interosseous access. All of these procedures were practiced on each other (classmates) on a volunteer basis. Dr Hagmann volunteered himself for all of these procedures. He said he wouldn't ask us to do a procedure on a student that he wouldn't have done on him.

The day we practiced Foley catheterization we talked about the procedure, watched a video on the process, and then practiced on each other. The process started with Dr. Hagmann volunteering to be the first subject, with me placing the catheter, because Dr. Hagmann said he thought the men in our class were pussies and he didn't think they would volunteer. At that time, one of my classmates, not wanting to be thought a "pussy", volunteered to be the first person to receive a catheter. All four men in our group received a catheter, some twice so everyone could practice. Later in the week a girl in our group volunteered to have a Foley catheter placed so the group could see the difference in the procedure on a woman versus a man.

On the evening of the 19<sup>th</sup>, Dr. Hagmann initiated a training exercise to evaluate how our cognitive abilities are compromised when we consume alcohol. Sometime between 2100-2200 we were each given 8 oz of 80 proof rum, and two of our team decided to consume an additional 4 ounces each.

Before we drank the rum we were given a cognitive test involving short term recall of various things like numbers in a sequence and details in a short story. We then drank all 8 or 12 ounces of rum in 10 minutes or less. Twenty minutes after that, we were given the same type of test with different details (words, numbers). The test was collected and scored.

Not more than an hour after the test was finished, Dr. Hagmann told us anyone who wanted to feel the effects of ketamine could receive an injection. I'm not sure of the dosage. It was described to us as a training exercise, so we would be aware of either how it felt to be on ketamine, or as practitioners what we should expect from our patients who are given the drug for pain.

Two members of our team (students) received the ketamine injections initially. Two more would follow. Of the first two who received the first doses of ketamine. One person had a negative psychological reaction to the ketamine and began crying. This person was given ativan in an effort to calm her down. She went to bed shortly thereafter. The other person became nauseous almost immediately. This person started dry heaving, this progressed to vomiting.

After a few minutes, I became aware that Dr. Hagmann and one of my classmates were discussing a medical procedure, I realized they wanted to perform a penile block on my classmate who was currently under the influence of alcohol and ketamine. I told Dr. Hagmann and my classmate that I didn't think it was appropriate to perform a penile nerve block on someone who was not in a condition to give consent. My classmate became angry with me and told me the person in question had said he would allow us to perform medical procedures on him "once the ketamine kicked in."

I made it clear that I didn't hear this statement and it didn't matter anyway, because I wouldn't allow them to

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

perform a penile block on a student that was incapacitated and vomiting into a bucket. I believe if he did consent to receive a penile nerve block, it was after he drank 12 ounces of rum. I asked the student who was under the influence (now from rum and ketamine) if he had agreed to this procedure and he said they understood we needed to learn, but seemed hesitant. I again expressed my objection to allow a medical procedure to be performed on a student who was under the influence of alcohol and ketamine, and to be performed by a student who was also under the influence of alcohol. I received a negative response from my classmate. Dr. Hagmann said nothing.

At that point I was frustrated and I left the room to change into my pajamas and brush my teeth. When I was in the bedroom changing, I heard Dr. Hagmann say, "It doesn't matter, if she isn't comfortable with this, we can't do it," and my classmate replied, "You know what's funny, now that she's not in the room we can't do this." I left the bedroom to brush my teeth, checking on my incapacitated classmate in the process. While I was brushing my teeth one of my classmates came into the bathroom and told me he thought I was right, that it wasn't ok to perform this procedure, it felt wrong to him too, but he didn't know what to do or say. Another classmate also approached me and told me he felt the situation wasn't good, and he wouldn't have allowed it to progress any further than it did, had I not spoken up.

After I finished getting ready for bed I went back into the living room and sat next to my inebriated classmate. I asked him if he was ok and if there was anything I can do for him. I got him water and sat with him. He then thanked me for being there for him, he was glad to have someone speak up for him. He said if the situation were reversed he wouldn't leave me alone with them either, indicating my classmates and Dr. Hagmann. The next day when we were talking in the car about what had happened the night before, this same classmate told us, "I was in no condition to be making decisions for myself."

That night, as I was talking with my classmate, Dr. Hagmann volunteered to let my other classmates do the penile nerve block on him. They did. I refused to watch or participate. I helped my classmate get comfortable on the couch and he fell asleep. I put him in the recovery position with the help of one of the other students there. I checked on my other classmates who had already gone to bed, and put the person who received alcohol, ketamine, and ativan in the recovery position. I left them alone and went back to the living room.

Later that night, two more students were given ketamine. This was now about two hours after the last alcohol intake. One student said, before he was given ketamine, that once the ketamine kicked in he didn't care if the other classmates in the room performed a penile nerve block on him. He received an IM dose of ketamine, and a few minutes later, received a penile nerve block. He was obviously intoxicated for approximately an hour, until he went to bed. The fourth student was also intoxicated and asked me to stay up with him. He received three doses of ketamine that night. I stayed up with him until he felt ready to go to bed around 0345.

-----  
If anyone needs anything else, let me know.

V/r

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

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

Fri, Jul 26, 2013 at 4:01 PM

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

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

(b)(6),(b)



**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

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

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

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

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

|  |                                  |                                   |                |
|--|----------------------------------|-----------------------------------|----------------|
| 1. LOCATION<br>AFRR1, USUHS  | 2. DATE (YYYYMMDD)<br>2013/10/01 | 3. TIME<br>1055                   | 4. FILE NUMBER |
| 5. LAST NAME, FIRST NAME, MIDDLE NAME<br>(b)(6) (b)(6)                             | 6. SSN<br>(b)(6)                 | 7. GRADE/STATUS<br>(b)(6), (b)(7) |                |
| 8. ORGANIZATION OR ADDRESS<br>Uniformed Services University of the Health Sciences |                                  |                                   |                |

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

On 1 October 2013 I reported to the AFRR1 building at approximately 1055 hrs. to meet COL (b)(6) to provide testimony regarding the operation and administration of the Operational Emergency Medicine Skills course. COL (b)(6) met me in the lobby and escorted me to the conference room. He introduced himself and stated that he was the duly appointed investigating officer to look into matters as stated above. He showed me the 3 regulations that guide these investigations as well as the appointment letter. He stated that the testimony would be under oath but that it would be in a question and answer format and that he would take notes and then transcribe onto a sworn statement form after I had the opportunity to review and edit them. He stated I would be sworn in prior to signing the official statement. COL (b)(6) stated that he had received a copy of the email that I had written about the OEM course and that I could include that as an attachment to the sworn statement.

Q How were you selected to attend the OEMS course in NC?

A. It was an option given to the entire class. We had to write a response to two questions that I believe were written by Dr Hagmann. My response was sent to (b)(6) (b)(6) and then to Dr Hagmann who would make the selection. I was wait-listed.

Q. What were the two questions?

A. I don't quite remember. They were generic questions.

Q. Could you remember anything about them?

A. No, but I have a copy of them somewhere. I can forward them to you if you'd like.

Q. What curriculum requirement did this course fulfill?

A. It was for our summer operational experience requirement. It fulfilled my SOE, and then I was to use what I had learned there to be a teaching assistant here with the rest of the class when they took OEM.

Q. What was your understanding of the funding for this elective and were you on orders?

A. I never received orders that I know of. Funding, I'm not sure about. I just filled out the forms and turned them in. I thought that the course was "gifted". A form was sent out and it had something about funding in it and we needed to sign it to participate. I don't know what it was I just signed it and turned it in.

Q. There were procedures practiced on volunteers, was informed consent obtained?

A. Not that I know of.

Q. Are you aware of the AMA guidance on students practicing on each other?

A. No.

Q. Was sterile procedures followed?

A. I always wore gloves, I don't know about anyone else. As far as I know they did.

Q. What was the environment of education like, where some were called "pussies" and procedures were performed by students on faculty?

A. That all started earlier with a group discussion about Live Tissue Training (LTT) and procedures, prior to placing Foleys. We watched videos of males getting Foley's with and without lidocaine. Dr Hagmann's motto is "no pain" which all stemmed from

|                               |   |                   |
|-------------------------------|---|-------------------|
| 10. EXHIBIT<br>(b)(6), (b)(6) | PERSON MAKING STATEMENT<br>(b)(6), (b)(6) | PAGE 1 OF 4 PAGES |
|-------------------------------|---|-------------------|

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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



STATEMENT OF

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

TAKEN AT AFRR

DATED 2013/10/01

## 9 STATEMENT (Continued)

his experience as a resident when he did an arterial blood gas on a patient without anesthesia and it was very painful. While we were discussing this, we somehow got on the topic of LTT. I said I felt the pig lab at USUHS was wasteful, in that throwing the pig away after a few procedures was a waste. It was still warm and has anatomy that is very similar to a human's. I felt there were other procedures or dissections we could have done before we disposed of the pigs. Haggmann was offended that I perhaps didn't appreciate LTT (I found this out later). Haggmann volunteered to have the Foley placed because he said our male classmates were a bunch of "pussies" and that no-one would volunteer to go first. I was picked to perform the procedure by Haggmann because of the conversation we had about LTT. I got the feeling he was trying to embarrass me by not providing all of the instruction needed to perform it successfully. The procedure was tricky because the lidocaine makes it difficult to grasp the penis. It seeped out of the urethra once I injected it, and my gloves were covered with it. I realized I needed to change my gloves and I asked a classmate for help. Dr. Haggmann said "What are you doing? Why are you doing that?" I explained to him that I needed to change gloves in order to complete the procedure. After we were finished, he stated that he "loves to watch the first person do this" he said "I call it chasing the penis" because everyone has such a hard time grasping the penis once it is covered in lidocaine. He told me it was to teach me the value of LTT, that it was one thing to talk about placing a Foley, and it was another to actually do it, and the concept is the same for LTT.

Q. Was this kind of instruction unusual? Did you feel boundaries were being violated because students performed procedures on Faculty?

A. I wasn't looking forward to it. In the end I didn't volunteer to have one placed on me, I wasn't comfortable with it. I was relieved when a student volunteered to go first as the patient so I didn't have to place a Foley on Haggmann.

Q. Were you aware that consuming alcohol was part of the training?

A. No.

Q. When did you find out?

A. That day.

Q. Did you speak to any classmates, the ones in Virginia, about this?

A. That course was going on at the same time, they left VA and went to CO. They were still in CO when we left for NC. I didn't have the chance to talk with them about the training.

Q. Were you told to not speak about this?

A. I don't believe so.

Q. Why was this training conducted at 2100-2200 HRS?

A. While we were there for training, Air Force Combat Controllers were also there training separately. They did not participate in our course, they had their own classes, mostly on tourniquets, how to stop arterial bleeds, NPAs, and they watched an Interosseous placement. A lot of our training was put on hold and we did it at night after their classes were done. We were told the third class in NC was started so those of us on the waitlist could participate, and the combat controllers could have their training as well.

Q. The Combat Controllers slept in the same quarters with you?

A. Yes, in the same house. We had separate bedrooms. We were there essentially as his staff to help run the house, make breakfast, lunch, dinner, clean, and help with the classes. We prepared the house for the next class after the AF guys left. When we finished that, we could proceed with further training, including the female Foley procedure. One female volunteered for this. We also practiced the other procedures we learned previously.

Q. What was said about consuming the 8 ounces of alcohol?

A. He told us that he did it with the Colorado group to gauge how alcohol affected them at sea level and at altitude. He said we could do something like that, though we obviously wouldn't be at altitude, we could still see how alcohol affects our cognitive ability. He was interested in how it would compare between the two sites. We were also interested in it the experiment and in being able to see how alcohol affected our reasoning. A pretest was done (remembering a series of words, numbers, so on) and we consumed 8 oz. of 80 proof rum over 10 minutes (we were timed). Two students consumed 12 oz. We waited 20 mins and retook the test (different numbers, words).

Q. Where did the Ketamine come from?

A. Haggmann's supply, he had medical supplies all over the house.

Q. The administration of ketamine happened after the consumption of alcohol?

A. Yes.

Q. Were you intoxicated?

A. I had 8 oz. of alcohol, I would assume yes.

Q. Did you receive ketamine?

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 4 PAGES

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT AFRRJ DATED 2013/10/01

9. STATEMENT (Continued)

A. No, I wouldn't do it.

Q. Who administered the ketamine?

A. I don't know, toward the end of the night I saw two people give it, Hagmann drew it up and gave the syringe to the students to give it to each other. Other than that I am not sure.

Q. Did you see Dr Hagmann administer ketamine?

A. No. I saw him draw it up in the syringe.

Q. Who was the student who began crying after administration of Ketamine.

A. (b)(6), (b)(7)(C) she was the first to get ketamine.

Q. Who gave her the Ativan?

A. I don't know, Dr Hagmann drew it up. I was sitting and talking with another classmate when she received the Ativan.

Q. Do you know who would know who gave it to her?

A. (b)(6), (b)(7)(C) might, she woke up the next day feeling like "I know nothing bad happened but it feels like it did".

Q. Who was the classmate conversing with Dr Hagmann about doing a penile block on an inebriated student?

A. I feel like I'm violating the privacy of this person, I don't want to give their name. I could talk to them to see if they would talk to you.

Q. Do you feel you are being ostracized because of your standing up to Dr Hagmann during the course?

A. No.

Q. Did any of your classmates speak up on your behalf after the initial cancelation of the course?

A. Not that I know of. I felt like everything started to go back to normal when the rest of the class came back and the announcement was made that DCIS had taken over the investigation. I also think it helped that (b)(6), (b)(7)(C) and I were obviously on the same level with all this, and he has been very supportive since this all happened.

Q. All of you lived in the same house?

A. Yes, it didn't feel strange we had all lived together in the field exercise.

Q. Who was the student that received 3 doses of ketamine.

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

Q. How did the penile block procedure become chosen as a needed OEM procedure?

A. I don't know, I don't even know what brought up that discussion.

Q. Is there an air of secrecy about this outside course?

A. I was not given that impression that we couldn't talk about this course. Mostly it was the LTT because it is a charged subject. I wanted to send a picture of an IO to my husband and asked Hagmann and it was ok with him.

Q. Were students placed in harm's way?

A. Not intentionally. I don't believe the staff at USU would have allowed us to go if they thought we were going into a bad environment.

Q. Did you talk to any classmates who had been in the Virginia course?

A. Not before we left for NC.

Q. What was discussed in the car on the way back from NC?

A. What our experience was. (b)(6), (b)(7)(C) said he didn't have a problem with the ketamine, (b)(6), (b)(7)(C) felt like he wasn't in control of himself. The night of the incident, (b)(6), (b)(7)(C) said he felt like he was watching the world in "vine".

Q. Would you like to add anything else?

A. I don't feel anyone at the university who set this up knew who Dr Hagmann is. We had a class a week before the OEM was cancelled and Dr Hagmann was here and he was different, very strict. I've come across people like him before. During the day he's one person, at night [away from work and his peers] he's different. I hold no ill feeling toward USU or any faculty, the only way I would was if the matter wasn't investigated or if I felt it was swept under the rug.

NOTHING FURTHER

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 4 PAGES

STATEMENT OF (b)(6) (b)(7)(C) TAKEN AT AFRR1 DATED 2013/10/01

9. STATEMENT (Continued)

NOTHING FOLLOWS

AFFIDAVIT

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

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 4 day of October, 2013.

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

ORGANIZATION OR ADDRESS

Uniformed Services University

Bethesda MD

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 4 OF 4 PAGES

## Exhibit 28





UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

ARMED FORCES RADIOBIOLOGY RESEARCH INSTITUTE

8901 WISCONSIN AVENUE, BUILDING 42

BETHESDA, MARYLAND 20889-5603



AFRRI-MMO

7 OCT 2013

MEMORANDUM FOR RECORD

SUBJECT: TELEPHONE INTERVIEW WITH (b) (b)(6) (b)(6) (b)(6)

1. Reference: Appointment as Investigating officer dated 13 September 2013
2. Purpose: To provide information to the President of the University regarding the administration and operation of the Operational Emergency Medicine procedures course operated by Deployment Medicine International and Dr. John Hagmann.
3. Format: This MFR will be typed in a question and answer format. It will be reviewed for accuracy and truthfulness by (b) (b)(6) (b) (b)(6) (b) (b)(6) It was provided without coercion and is true and factual.
4. On this date at approximately 1300 I contacted (b) (b)(6) on his personal Phone. I introduced myself as the duly appointed investigating officer charged with looking into the administration and operation of the Operational Emergency Medicine course. I informed the (b) (b)(6) that I had interviewed a number of individuals who corroborated statements that he had made to COL (b) (b)(6) and others.

Q Can you tell me your full name

A. (b) (b)(6) (b)(6)

Q 2LT (b)(6) would you tell me the dates and locations for your recent rotations with Dr Hagmann and the DMI courses

A. July 5<sup>th</sup> 2013 I arrived in DC at Regan International Airport and was picked up at the airport by Dr Hagmann and a DMI employee named DJ. We drove to "The Farm" near Fredericksburg VA and I stayed there until the 9<sup>th</sup> of July 2013. I then flew to Colorado arriving on the 9<sup>th</sup> and departing on the 15<sup>th</sup> of July for North Carolina where I stayed until the 21<sup>st</sup>. I then returned to Missouri for classes.

Q. How was all of this paid for?

A. Dr Hagmann paid for the flights.

Q How did this come to pass?

A. I've been aware of OEM for a number of years, and I began emailing Dr. Hagmann in the fall of 2012. He offered me a spot in one of his courses in the winter of 2013. It quickly became apparent that all costs were covered.

Q. What did you think about this?

A. I did think it was a little bit odd, I was formerly an EMT with the sheriff's department. However I had heard of Dr Hagmann's personality before, I knew that he was a bit different and that he paid for USU students. So in that respect it didn't feel that unusual. When I arrived it became clearer that I would be doing tasks for Dr Hagmann. I

carried medical gear in my personal baggage from Colorado to North Carolina. No Medicines, but catheters, needles, IO infusion sets.

Q. How did you know that there was no medication?

A. Because I had packed the bags myself, I suppose medicine could have been put in them I wasn't in control of them all of the time prior to leaving for the airport.

Q. Do you know how the ketamine was transported?

A. I only saw the drugs in Dr Hagemann's personal medication bag.

Q. Were there any other medications?

A. Versed and Diamox

Q. Did anybody take Diamox?

A. Yes, we took it as prophylaxis. We made a pretty big jump from VA to 11K feet during the course of one travel day; some of the students were showing signs of acute mountain sickness. The students showing signs of AMS were given it as well as some students in the course as prophylaxis. We were also told, sort of that, "its like an experiment, we can see how we feel". We slept at 11k feet and summited to 14k one week later. In between we slept at between 10K and 11K feet. Some nights were in the hut and some in tents higher up. Dr Hagemann dispensed the Diamox.

Q. You were left at the DMI facility in VA by yourself with Dr Hagemann, can tell me what happened.

A. It was the evening of July 8<sup>th</sup> and we had already packed for the trip to CO.

The usu students, the navy seal and the 2 Dutch guys had left. All of my flights were with Hagemann, so we were the last at the facility. We made dinner at the hut and I had two beers and Hagemann had a few. During this time we talked about our pasts, our experiences.

Q. Did any of these conversations make you uncomfortable?

A. Yes, I brought up that I had previously worked at a homeless shelter doing some exams; he brought up his techniques about rectal exams. He essentially boasted about his proficiency with them. This was out of context I feel. We continued drinking beer and then he suggested that we practice additional procedures. We drove to the "warehouse" where we had previously done procedures when the other students were there during the didactic portion of the course. Dr. Hagemann suggested we film the procedures as additional training materials and so he could use the videos in future lectures. They were filmed on my iPad but I still have them, he didn't ask for them, so I think now that they weren't really for training. I did a femoral blood gas on him, it is filmed, he dropped his pants and at some point before that procedure. After the femoral ABG he asked if I would do a focused pelvic trauma exam on him, for training purposes, and he would talk me through it. I think you can see beer cans on the table during this video clip- we were both still drinking. So, this exam included squeezing the tip of the Penis to evaluate for blood and a rectal exam for blood as well. All of this is on the video.

Q During all of these procedures and exams both of you continued to drink alcohol?

A. Yes, before the course began Dr. Hagemann and I had gone to the store to buy food for the course. Dr Hagemann bought essentially a shopping cart full of beer.

Q. What happened after the focused pelvic exam?

A. The line of questioning became more suspicious. He knew that I was uncircumcised because I had previously received a Foley catheter from another student. Dr Hagmann asked me if being uncircumcised changed the way I masturbate, or what effect did it have on how I had intercourse. He then asked if he could take pictures of my Penis during various stages of manipulation of the foreskin, again to use as a training aid. I was fairly inebriated at this point and I also felt that I couldn't call him out on it without losing out on the rest of training. So, I agreed to let him take the pictures. He used his small blue camera.

Q Did you see him take pictures of other students during the course?

A. Yes, he took some pictures during the course to use as training aids later on. There was an unspoken rule that students weren't to take pictures during the course.

Q. Did you see Dr Hagmann injecting Ketamine into students?

A. He drew up the doses but I didn't see him inject it. He would select students to do that.

Q Did you receive Ketamine

A. No, I was instructed to give it. 1 ml then followed by a dose of Versed.

Q Did everyone get versed?

A. No, only those that have an anxious response to the ketamine, it's a dissociative agent and some people become very anxious.

Q. So who did you give the versed to?

A. I can look it up, a female, the only army female in North Carolina.

Q. Had you been drinking while giving these injections?

A. Yes, all of us had been. It was part of the "cognition lab". It was supposed to be a standard amount of alcohol, 8 oz of 80proof rum consumed in 10min. We were told it was a comparison to the same process that had been done at altitude in Colorado and in VA. After the consumption of alcohol we waited 20min and then retook a mental cognition exam that we had taken prior to the alcohol. We followed the same procedure in VA before the HPHIA course and in CO at the hut at 10K feet.

Q. Were you ever told not to speak of what had happened at these sites?

A. Some students and Dr. Hagmann all generally spoke of not distributing pictures we may have or of discussing things. "Keep things under wraps" so as to not lose out on any opportunities for others to train.

Q Had you spoken to any other students about this course previously?

A Yes. Dr. Hagmann's courses were well respected in the medical community for their training value. There were some rumors that something had gone on in England the year previously which placed me on edge.

Q. Are you still in a relationship with a student here at the University?

A. Yes, (b)(6), (b)(7)(C)

Q Did she participate in the OEMS Course in England in 2012?

A. Yes, she related a story to me recently that a student had declined to have a Foley placed but then had Ketamine and agreed and some students said that giving him the Foley while under the influence of Ketamine isn't right. Dr Hagmann said "give it to him anyway". I'm not sure if (b)(6) saw this happen personally or if she was told it had happened by another student who was there.


Q Do you have anything else to add?

A. I will work with you for anything you need during the investigation.

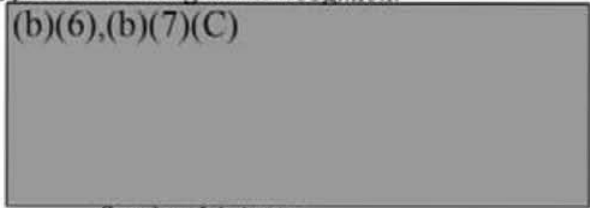


A. I will work with you for anything you need during the investigation.

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

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

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October 24, 2013

COL, INC  
Investigator  
24 OCT 2013 <sup>1013</sup>