

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

Exhibit 1



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

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



Office of the
President

13 September 2013

MEMORANDUM FOR (b)(6),(b)(7)(C) MC, USA
DEPUTY DIRECTOR, MILITARY MEDICAL OPERATIONS

SUBJECT: Appointment as Inquiry Officer

1. You are hereby appointed as an investigating officer (IO) to conduct an investigation into allegations of improper medical training and illegal activities performed during the Operational and Emergency Medical Skills (OEMS) Course conducted by Deployment Medicine International (DMI). Additionally, your investigation will examine what steps the Military Emergency Medicine (MEM) department took in providing the course to University students and the business relationship between MEM and DMI. This investigation will require you to interview the University leadership and staff, faculty, and student-volunteers who participated in the course. Before you begin, you must receive a briefing from Lieutenant Colonel (b)(6),(b)(7)(C) the Brigade Judge Advocate. You may use Army Regulation 15-6, the Navy JAGMAN investigations handbook, and the Air Force command directed investigations guide as references for investigation procedures.

2. To the extent possible you will obtain sworn statements from the individuals you interview and use DA Form 2823 (Sworn Statement). A Memorandum for Record format is acceptable for interviews that do not provide such information. You will interview all witnesses one-on-one, in person, unless it is not practical, and then, you may do it telephonically.

3. The focus of this inquiry is to determine the following:

a. What was the University's history and relationship with LTC John Hagmann, MC, USA (Ret.), the principle instructor/stakeholder of DMI?

b. What is the history between the University and DMI, specifically the University's involvement with the OEMS course?

c. Was the OEMS course properly funded? Did participation in the course comply with Government travel, fiscal, and ethical regulations? Were government employees (to include students) and government facilities properly used by DMI? If not, what did USUHS personnel know about these activities?

d. At any time, did LTC Hagmann and the MEM department subvert laws and regulations to provide the course?

e. Did LTC Hagmann and/or the instructors of DMI use improper teaching methods, or commit misconduct, illegal acts, medical malpractice, dereliction of standards of care, or other wrongdoing during the OEMS course?

f. Were USUHS or other participants in the OEMS course harmed or placed in harm's way?

4. There is an ongoing criminal investigation. You will coordinate with LTC (b)(6),(b)(7) as the liaison with investigative agencies and he will provide the proper coordination. LTC (b)(6),(b)(7) will assist you with the report and will review for legal sufficiency.

5. Submit a final written report with findings of fact, conclusions, and recommendations to me NLT 18 October 2013. Submit any requests for modification of this suspense, or the scope of your investigation to me, through LTC (b)(6),(b)(7)

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

Charles L. Rice, MD
President

Subject initiation of 15-6

1. On this date I met with Mr. [redacted] and Mr. [redacted] (b)(6) at 1400 to discuss my appointment as the IO for a 15-6 investigation at the request of Dr. Charles Rice, USU President. Specifically whether conflicts exist that would preclude me from being the IO.
2. The appointment letter dated 13 September was briefly explained. Mr. [redacted] then described, and provided written guidance in support of, a pattern of potential legal and ethical violations by members of the university while engaged in the administration of and or participation in the Operational Emergency Medicine Skills course.
3. Mr. [redacted] provided an initial list of individuals to interview and asked if I knew or had a relationship with any of the following people, specifically Col [redacted] [redacted] and COL [redacted] [redacted]. I replied that I did not know either Col [redacted] or COL [redacted] (b)(6) but I did know and was friends with her husband [redacted] [redacted]. I stated that I knew COL [redacted] (b)(6) Dr [redacted] (b)(6) COL [redacted] and Dr Hagmann. I stated that I had taken the OEMS course as an MS1.

- a. (b)(6),(b)(7)(C)
- b. [redacted]
- c. [redacted]
- d. [redacted]
- e. [redacted]
- f. * (b)(6),(b)(7)(C)
- g. (b)(6),(b)(7)(C)
- h. ** (b)(6),(b)(7)(C)
- i. [redacted]
- j. ** [redacted]
- k. *** Dr. John Hagmann(DMI)

4. I added that to better understand the history of the relationship of the university with OEM and Dr Hagmann that I should talk with Dr [redacted] [redacted] Mr [redacted] agreed and added Dr [redacted] [redacted] (b)(6) to the list. I asked if LTC [redacted] [redacted] (MEM) should be interviewed and Mr [redacted] stated that I could interview anyone I felt may be important to the investigations.
5. The meeting closed with instructions to contact LTC [redacted] (b)(6) [redacted] to obtain all of the documents that were provided to DCIS while deciding top proceed with a criminal investigation are being considered.
6. POC for this Memorandum is the undersigned

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

[redacted signature block]

COL, MC/

Exhibit 2

(b)(6) (b) Memorandum for Record

24 July 2013 Notification by (b)(6) immediate call to USU attorney, (b)(6), (b)

24 July 1600 Conference call with Dean and Leadership; students protected; plan to suspend relationship with DMI initiated.

25 July 0700 Meeting with Dean and MAJ (b)(6) to review meeting with Dr. Hagman.

25 July 0830 Meeting with Dr. Hagman; MAJ (b)(6) COL (b) in attendance; notified thru Dr. (b) of Potential faculty student inappropriate interactions; Dr. Hagman begins to clear our gear.

25 July 0900 Students notified that due to unforeseen circumstances the OEMS course was suspended; all students then interviewed by OSA, Associate Dean for Faculty and Commandant.

25 July 1100 MEM faculty notified of above; immediate plans made for contingency course for students.

25 July 1400 Meeting with Dr. Rice and selected leaders to include PAO, JAG, External Affairs and Scholar in Residence; immediate discussion on way ahead.

25 July 1700 Notified by Dr. Rice of potential irregularities; COL (b) to return from tdy as Vice Chair of Education to assist in planning and fill in gaps on OEMS.

29 July 0700 Met with Dean to discuss new course of action for medical student training; discussed meeting with students.

29 July 0800 Student training begins; BLS and ACLS. Discussions cleared with OSA, COL (b)(6), re applicability of training...concurred.

29 July 1300 Myself, Dean and Brigade commander meet with students to discuss events and course of action as SOM leadership.

29 July 1300 All students who attended offsite courses directed to see EHOS to be risk stratified for blood and fluid precautions; training for entire class coordinated for 5 August 8, 2013 at 1300.

30 July 0800 Students briefed by attorney on rights applicable to a DCIS investigation.

1 August 1300 Meeting with Dr. Rice and leadership to review events and course of action; COL (b) addresses initial questions on OEMS.

2 August 1300 Call with Seal Team 3 PA to briefly discuss suspension of relationship with DMI; discussed context of advanced procedures with first year students.

5 August 1300 Full class addressed by Dean and myself on current events and plan of action; students notified of ongoing DCIS investigation. Students told of potential inappropriate faculty student interactions.

Exhibit 3

Q: What is DMI?

A:

1. Deployment Medicine International; a commercial entity that provides operational medicine training to local, state, and federal entities, as well as national and international companies.
2. Website at www.deploymentmedicine.com.
3. US Federal customers (from website) include:
4. Course sponsors (from website) include:
 - a. American Academy of Family Physicians (AAFP)
 - b. Warrior Training Alliance (Raytheon)
 - c. Service Disabled Veteran Owned Small Business (SDVOSB)
5. Accreditations (from website) include:
 - a. Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC)
 - b. Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS)
6. Agencies approving training (from DMI brochure) include:
 - a. DoD Veterinary Services Activity (DODVSA)
 - b. US Army Forces Command (FORSCOM)
 - c. US Department of Agriculture (research certification)
 - d. US Navy Bureau of Medicine and Surgery (BUMED)
 - e. Medical Officer of the US Marine Corps

Q: What is connection between DMI and USU?

A:

1. Course fees for students were waived as an official gift to the University
2. Student-volunteers participated in the advanced portion of the Operational and Emergency Medical Skills (OEMS) course to obtain advanced training to become leaders for instruction of the entire medical school class the following month
3. Student-volunteers were on official duty orders during the training
4. The OEMS course is part of the USU medical school curriculum
5. The DMI Course Director is:
 - a. NOT a faculty member currently
 - i. Assistant professor 1986-2000
 - b. A retired US Army physician
 - c. A USU alumnus
 - d. Licensed in VA, NOT in MD, NC, WA, CO

Q: How has the OEMS curriculum oversight been carried out (content review, core faculty presence, and formal student feedback)?

A:

1. Last year, course goals and objectives integrated within 4-year horizontal MEM curriculum reform initiative.
 2. No faculty presence, either prior or during training experience.
-

3. Student feedback.....

Q: How long have the OEMS components (advanced and basic) been a part of the USU curriculum and how many students have participated in the past?

A:

1. Last year was the first year that a large group served as student-instructors for the remainder of the class, thus going to the off-site training as part of the OEMS course
2. Previous years, individual students participated in the off-site course as an elective to fulfill their summer experience requirement

Q: Have there ever been any concerns with the content of the course or conduct of instructors?

A: Student from last year raised issue of teaching style.....

Q: How did the allegations surface?

A: Student participants approached University leadership

Q: How did University leadership respond (include timeline)?

A:

1. Late 24 July 2013 student approaches Military and Emergency Medicine Department leadership
2. Same evening, MEM leadership brings allegations to School of Medicine and University leadership as well as the Office of General Counsel. Decision made to terminate course and expel DMI course instructors from campus to avoid interaction of instructors and students
3. Early 25 July students are assembled and informed course is canceled
4. Individual voluntary interviews conducted by Brigade with students
5. Naval Criminal Investigative Service (NCIS) contacted and arrived AM of 25 July to begin student interviews
6. Chaplain notified
7. Mental health support personnel notified
8. Chair and Faculty of MEM addressed students
9. SOM Dean addressed students
10. OGC addressed students
11. US Special Ops students' commands notified of course cancellation
12. Defense Attaches for foreign students notified of course cancellation
13. Debarment letter issued to Course Director

Q: What are students doing now in place of OEMS Course?

A:

Exhibit 4

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301, Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Uniformed Services University, Dept of MEM	2. DATE (YYYYMMDD) 2013/09/26	3. TIME 1430	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6) (b)(7)	6. SSN	7. GRADE/STATUS (b)(6),(b)(7)	
8. ORGANIZATION OR ADDRESS Uniformed Services University.			

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

On or about 1430hrs on September 26th 2013 I had an appointment with (b)(6),(b)(7). He introduced himself as the Investigation officer duly appointed by the Dr. Rice to investigate the administration and operation of the Operational Emergency Medicine course. (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. I asked him what category of investigation this was and he responded that this investigation was to meet, in general, the requirements of AR15-6, the Navy JAGMAN, and the AF Command Directed Inquiries. (b)(6) stated that his intent in interviewing me was to attempt to answer a broad question regarding the relationship the Uniformed Services University has or had with Dr. John Haggmann. This was needed to provide a possible context in which the Operational Emergency Medicine course had evolved as well as the actual administration of that course in terms of funding it.

Q Sir, what is the Universities relationship with John Haggmann?
A. John graduated in 1980 with the Charter class so he was a member of a small group of select individuals. I know him well. At that time the Section of Operational Emergency Medicine at USU was a stand-alone independent section reporting directly to the Dean of which I was the Chair. It was my charge to develop a 4th year course that satisfied a specific need to educate MS-4 USU students in operational medicine. I developed the course titled Operational and Emergency Medicine, and I had John as a student in his 4th year, so I knew him well. When he graduated from USU he 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 (b)(6),(b)(7) and I knew both of them very well. In John's second year of residency I was sent to Ft Lewis to be the Chair of the Department of Emergency Medicine and he would then have been one of the residents in that Department. Following his graduation, as part of a Surgeon General directed special project, I 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. I thought that highly of him.

Q Sir, when was the last time you spoke with him
A. About 2 years ago.

A. John was reassigned to the University in the mid-80s into what had become the Department of Military and Emergency Medicine 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 4 years. From 1985-1990 I was a regular guest lecturer in John's academic school year course ... not the summer course under discussion. In 1990 I came back and from 1990 to 1994 would serve first as Commandant and then as both Commandant and Brigade Commander. I 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 (b)(6) (b)(7). Over those years I considered John a good friend and colleague of mine.

Q You have a special knowledge about the university that few else have, except perhaps (b)(6) (b)(7). Did the University treat Dr. Haggmann differently?

10. EXHIBIT 3	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 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.
(b)(6),(b)(7)

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

9. STATEMENT (Continued)

A. He was truly respected, but he also could be hard to work with. When he thought something was the "right thing to do" it would be hard to get him to change his way of achieving that goal. He was incredibly productive.

Q. How did Dr. Hagmann become involved in the summer experience offered by Military Medicine to post MS-1 students?

A. That there needed to be a post-MS-1 summer experience within the Military Medicine curriculum was recognized as the school was being established; therefore the Military Medicine Department Chairman, COL (b) (6) created a summer experience composed of multiple electives that differed for students with and those without prior military service. Non-prior service students generally were sent on TDY order 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 it was easy to meet those obligations, because funding was readily available. At some point after John's return to USU following his assignment at Fort Lewis, he developed a summer elective offering for prior service students. Later, when funding for the summer experience became tighter the experience John offered, on campus, was fiscally attractive to the University and a professionally attractive opportunity for prior service students to experience some aspects of operation medicine they otherwise wouldn't have had.

Q. How was military accountability for medical students handled when you were Commandant?

A. When I arrived at USU in 1990, there was little real military accountability of the medical students.

I believed accountability was a big issue based upon my experiences at Fort Lewis and at West Point, I knew the possible consequences to both the medical student officers and to USU of this lack of military accountability. I had a meeting with Dean (b) (6) to explain the implications of lost accountability, and he directed that I put in place a system that would protect both the medical students and the University. In general, the rules were that USU medical students could be outside 150 miles of the University only if they were on leave, on pass, or on TDY orders; each status required the officer to designate a contact phone number for the period they were to be away from their MDW residence. Further, students were expected to "sign-in" electronically once a week to "read the unit e-bulletin board."

(cont)

Q. Did John have a problem with those rules as they pertained to his summer elective offering?

A. He didn't have to because for the MS-1 in his course, who were all prior service, the instruction was in the MDW. There was no off site component to that course requiring TDY orders. That's how it was when I left the University in 1994. It is my opinion that to protect both the officers and to protect the University, medical student officers must always abide by a published set of USU policies and procedures intended to implement current military accountability regulations.

Q. Could anyone argue that "loosely administered" travel and accountability of USU medical students was "the way it's always been"?

A. They could say that but it would not be true.

Q. Do you recall what the content of that post MS-1 year OEM elective course was?

A. I do not; I didn't have anything to do with the course for those years.

Q. Do you recall an investigation into the course requested by then Dean (b) (6) while you were USU Commandant?

A. As Commandant, I would have been considered (b) (6) staff officer with regards to the students and military issues, but (b) (6) was not in the command and control line of the medical student officers; that went from their service-specific Assistant Commandants to me, to the USU Brigade Commander, and then to the service-specific General Court Martial Authority for officers in the MDW. Dr. (b) (6) didn't understand (or, I believe, even appreciate) the military and the concept of chain-of-command. (b) (6) called me to (b) (6) office one day and asked me to "Court Martial Dr. Hagmann." I had to explain to (b) (6) that not only could I not do that but even if I could I would need a lot more information. (b) (6) explained that Dr. Hagmann had students placing IV's and doing arterial catheterizations on each other and described this as "horrible." I explained to (b) (6) that as this allegedly occurred in the context of an approved course within the USU curriculum, it appeared to me to be an "academic" rather than a "military" issue. I suggested that if (b) (6) did not agree with the apparent content of a course of instruction in the medical school, as Dean (b) (6) should address those concerns with the department involved. I advised (b) (6) to speak with COL (b) (6) then Chair of the Department of Military and Emergency Medicine. I don't know the outcome of those conversations or if any academic investigation occurred.

Q. What would your opinion be of the use of ketamine injections of students as part of an OEM course.

A. I would say "Whoa"; if that was to be done had it been discussed with USU lawyers, the command, and the academic leadership etc? Absent such detailed prior consideration it sounds to me to be potentially "incredibly stupid" ... you are talking now about controlled substances, informed consent, a potentially problematic issue in the press. To me controls to protect students participating in curricular elements are a necessary part of the curriculum. While protecting officers under their command is a commander's obligation, I believe that only in the extra-ordinary circumstances might the USU military command appropriately become involved in independently attempting to judge the "student safety implications" of an approved USU course.

INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)

PAGE 2 OF 3 PAGES

9. STATEMENT (Continued)

Q With regard to the AMA's policy on students practicing procedures on each other can we meet those requirements.

A. When did that get published?

COL (b) A. 1999.

A. So, that wasn't in place in 1994, and therefore was not a standard available to Course Directors, Department Chairs, and the Dean's Office or the medical student Command. This document now stands as a policy external to USU but clearly placing an obligation on the academic part of the University to formally include appropriate informed consent as a curricular issue. It also provides information to the Command structure as to what an outside body considers "appropriate."

Q. The University currently doesn't have such a policy, your thoughts?

A. That should be corrected. I would be interested to see if the LCME had asked about this issue during visits since 1999, and, if it did, what response it received.

Q. With regard to funding these outside experiences would you comment on your knowledge of "free" tuition?

A. I have no personal knowledge of waiving tuition in this course. However, as a general rule, for the University to accept a commercial vendor's offer of "free tuition" or of "tuition waive" absent a legal finding that this is appropriate within the procurement regulations would be "stupid." It might not appear so to a student who doesn't operate at that level, but Department Chairs and Course Directors should know that they do not have the authority to "accept gifts" on behalf of the University or on behalf of individual student. There are ways for USU to accept gifts both within existing DOD regulations and through the HMI foundation.

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

A. It becomes easy for junior staff to develop an "us versus them" attitude regarding limitations placed by higher headquarters ... especially so when funding for elements they view a "mission critical" is scarce. When one believe something is really mission critical, it may become easy to justify disregarding rules one deems to be "dumb rules that are getting in the way of the mission;" senior leadership needs to recognize this natural tendency of highly mission-oriented junior staff, repeatedly and frequently warn them of the dangers of this approach, and require that they bring "neat ways to get around the rules" to the attention of their seniors before proceeding.

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...

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

WITNESSES:

M/19

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1 day of October, 2013

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

ORGANIZATION OR ADDRESS

Uniformed Services University
Bethesda, MD

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

ORGANIZATION OR ADDRESS

Investigator
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

Exhibit 5



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
ARMED FORCES RADIOBIOLOGY RESEARCH INSTITUTE
8901 WISCONSIN AVENUE, BUILDING 42
BETHESDA, MARYLAND 20889-5503



AFRRI-MMO

2 OCT 2013

MEMORANDUM FOR RECORD

SUBJECT: TELEPHONE INTERVIEW WITH (b)(6),(b)(7)(C)

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)(6),(b)(7). It was provided without coercion and is true and factual.
4. On this date at approximately 1400 I contacted (b)(6),(b)(7) at his home telephonically. I introduced myself as the duly appointed investigating officer charged with looking into the administration and operation of the Operational Emergency Medicine course.
5. Q. Sir, What is your knowledge of an investigation regarding Dr John Hagmann while you were assigned as Chair, Department of Military Emergency Medicine.
 - A. The investigation had to do with Laryngeal Anesthesia in the posterior pharynx and using dental mirrors visualizing the vocal cords. The Investigating Officer was (b)(6) (b)(7) Chief of Infectious Diseases at WRAMC. He was appointed because Dr Hagmann was and Active Duty LTC at that time. Dr (b)(7) was more concerned about the additional procedure of restricting fluids in the students (taking OEM) and then monitoring them for hypovolemia, increasing specific gravity of urine etc. At the time the approval level was at the department level. A curriculum subcommittee was reviewing what was done and it stuck in my mind that using anesthesia and then viewing the vocal cords was the extent. the students would then intubate a manikin. I don't recall the hypovolemia procedure. Dr Hagmann retired shortly after that I'm not sure of the date perhaps in 95 or 96.
 - Q. How did it end up as a 15-6 then?
 - A. (b)(7) Dr (b)(7) wanted something done to LTC Hagmann and the General Counsel, (b)(6) (b)(7) said you can't do that and if you're accusing an Active Duty officer of misconduct it had better come from a formal investigation. So (b)(6),(b)(7) was appointed.
 - Q. Do you have any information about the outcome of that investigation? Did (b)(7) Dr (b)(7) interview you?

A. Yes he did but I don't recall the content or the outcome. I found out later after (b) had retired that John was using a website to advertise a course he was selling. He was using USU resources to advance his own program; he purloined USU course material for that.

Q. Why didn't he receive a faculty appointment?

A. Even though he wasn't "guilty" in the 15-6 his OER wasn't going to be good. I had to ride herd over him. He kept toying with things, playing fast and loose while here. He tried to get Army Medical Material command and Telemedicine to source some of his adventures. I had many heated exchanges with him. I told him that I could not recommend him for any job but he needed to find one. I told him he would get a fair and balanced OER but it isn't good. I think that's what led him to retire. I took away all of his responsibility. I got a call after he had retired that was from the lab animal medicine section asking if Dr Hagmann still worked at USU because he was ordering animals through HJM with an "adjunct professor title". I called (b) (b)(6) (HJM President) and asked him about it. He said that he didn't authorize this at all. This was around 97-99 sometime. He was trying to get back into the university then.

Q He came back to the University in the past few years with the DMI course and was teaching again? Do you have any ideas how we could not have lost the corporate memory?

A. People don't document the adverse events; He didn't get a faculty position when it came up for renewal. I wouldn't have allowed that because of his behavior and the Department Chair has that authority and responsibility. Faculty appointment could be a minimum requirement for exposure to students and to prevent loss of corporate knowledge.

Q Do you feel that Dr Hagmann could unduly influence people.

A. He could but it had less effect on me because I had known him since he was a student.

Thank you sir

Nothing follows

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

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