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**1**

**REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS**

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

**SECTION I - APPOINTMENT**

Jointed by [REDACTED] Commander, U.S. Army MEDDAC, Fort Drum  
(Appointing authority)

on 25 June 2007 (Date) (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

**SECTION II - SESSIONS**

The (investigation) (board) commenced at U.S. Army MEDDAC Fort Drum, New York at 1400 hrs  
(Place) (Time)

on 4 JUN 2007 (Date) (If a formal board met for more than one session, check here . Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

Following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 1700 hrs on 26 SEP 2007  
(Time) (Date)  
and completed findings and recommendations at 2046 on 28 SEP 2007  
(Time) (Date)

**SECTION III - CHECKLIST FOR PROCEEDINGS**

**A. COMPLETE IN ALL CASES**

	YES	NO <sup>1/</sup>	NA <sup>2/</sup>
1 Inclosures (para 3-15, AR 15-6)			
Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
a. The letter of appointment or a summary of oral appointment data?	X		
b. Copy of notice to respondent, if any? (See item 9, below)			X
c. Other correspondence with respondent or counsel, if any?			X
d. All other written communications to or from the appointing authority?			X
e. Privacy Act Statements (Certificate, if statement provided orally)?			X
Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?			X
Information as to sessions of a formal board not included on page 1 of this report?			X
h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?			X

FOOTNOTES: <sup>1/</sup> Explain all negative answers on an attached sheet.  
<sup>2/</sup> Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

		YES	NO <sup>1/</sup>	NA <sup>2/</sup>
2	Exhibits (para 3-16, AR 15-6)			
	a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X		
	b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X		
	Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	X		
	Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?			X
	e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?			X
	f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?			X
	g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?			X
3	Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?			
<b>B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)</b>				
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?			
5	Was a quorum present at every session of the board (para 5-2b, AR 15-6)?			
6	Was each absence of any member properly excused (para 5-2a, AR 15-6)?			
7	Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?			
8	If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?			
<b>C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)</b>				
9	Notice to respondents (para 5-5, AR 15-6):			
	a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
	b. Was the date of delivery at least five working days prior to the first session of the board?			
	c. Does each letter of notification indicate –			
	(1) the date, hour, and place of the first session of the board concerning that respondent?			
	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
	(3) the respondent's rights with regard to counsel?			
	(4) the name and address of each witness expected to be called by the recorder?			
	(5) the respondent's rights to be present, present evidence, and call witnesses?			
	Was the respondent provided a copy of all unclassified documents in the case file?			
	If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10	If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):			
	a. Was he properly notified (para 5-5, AR 15-6)?			
	b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4c, AR 15-6)?			
11	Counsel (para 5-6, AR 15-6):			
	a. Was each respondent represented by counsel?			
	Name and business address of counsel:			
	(If counsel is a lawyer, check here <input type="checkbox"/> )			
	b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
	c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?			
12	If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7; AR 15-6):			
	a. Was the challenge properly denied and by the appropriate officer?			
	b. Did each member successfully challenged cease to participate in the proceedings?			
13	Was the respondent given an opportunity to (para 5-8a, AR 15-6):			
	a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
	b. Examine and object to the introduction of real and documentary evidence, including written statements?			
	c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
	d. Call witnesses and otherwise introduce evidence?			
	e. Testify as a witness?			
	f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?			
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?			
	e all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?			

FOOTNOTES: 1/ Explain all negative answers on an attached sheet.  
2/ Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

**SECTION IV - FINDINGS** (para 3-10, AR 15-6)

The (investigating officer) (board), having carefully considered the evidence, finds:

See memo

**SECTION V - RECOMMENDATIONS** (para 3-11, AR 15-6)

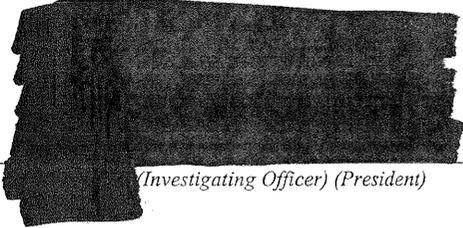
In view of the above findings, the (investigating officer) (board) recommends:

See memo

**SECTION VI - AUTHENTICATION** (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

\_\_\_\_\_  
(Recorder)

  
\_\_\_\_\_  
(Investigating Officer) (President)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

**SECTION VII - MINORITY REPORT** (para 3-13, AR 15-6)

To the extent indicated in Inclosure \_\_\_\_\_, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

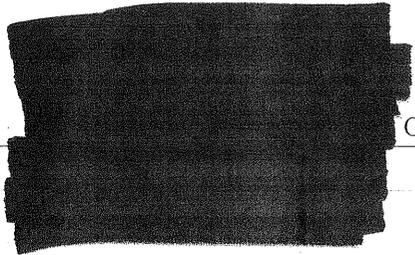
\_\_\_\_\_  
(Member)

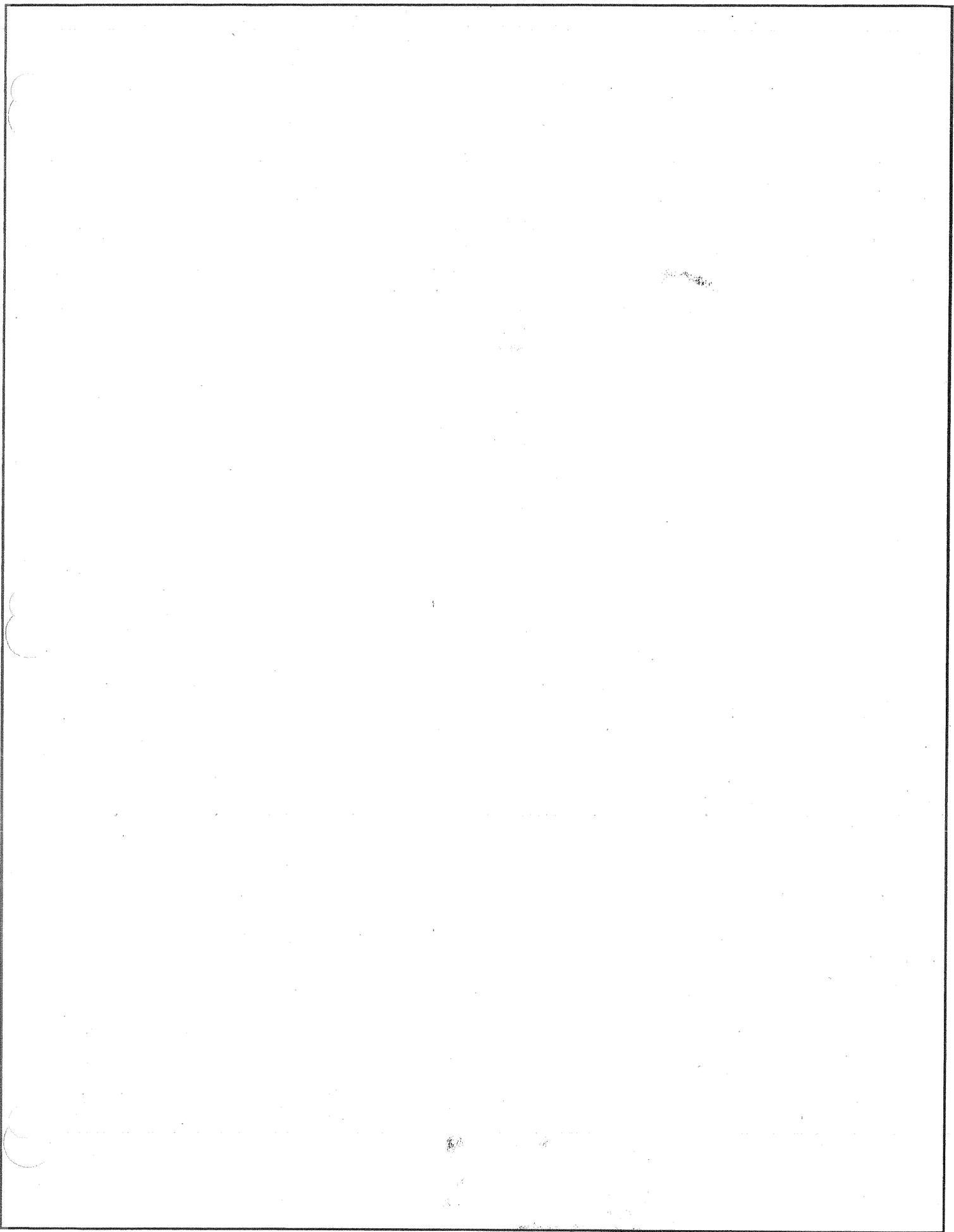
\_\_\_\_\_  
(Member)

**SECTION VIII - ACTION BY APPOINTING AUTHORITY** (para 2-3, AR 15-6)

Findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/conditions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

I concur with the findings of the Investigating Officer (IO). I further concur with each of the recommendations outlined by the IO in his supporting memorandum.-----

  
\_\_\_\_\_  
Commanding



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**2**



DEPARTMENT OF THE ARMY  
OFFICE OF THE GENERAL COUNSEL  
104 ARMY PENTAGON  
WASHINGTON DC 20310-0104

Suspense: June 22, 2007  
May 24, 2007

MEMORANDUM FOR U.S. Army Medical Command, Office of the Staff Judge Advocate, ATTN: [REDACTED] 2050 Worth Road, Suite 17, Fort Sam Houston, Texas 78234-6017

SUBJECT: Whistleblower Investigation—Guthrie Clinic, Fort Drum, New York (OSC File Number DI-07-1676)

Enclosed for your action is a May 17, 2007 letter from the Office of Special Counsel (OSC), requesting an investigation of the noted allegations and a report pursuant to 5 U.S.C. 1213(c)(1) and (g).

The Special Counsel has concluded that there is substantial likelihood that information provided by an anonymous whistleblower with first-hand knowledge, discloses that Mr. Richard C. Blunden, a pharmacist at the Army's Guthrie Clinic, Fort Drum, New York, misused Army Resources over a period of nine years in violation of Army regulations. Based on this information, the Special Counsel determined that there is a substantial likelihood that the pharmacist violated a law, rule, or regulation when he ordered blood tests for himself at the Army's Guthrie Clinic.

The whistleblower provided information demonstrating that from approximately January 1997 until May 2006, Mr. Blunden used agency resources to have his blood drawn and improperly ordered approximately fifty blood tests for himself despite both a lack of authorization and a lack of eligibility for these services, in violation of Army Regulation 40-3, *Medical Services, Medical, Dental, and Veterinary Care*. Further, the whistleblower advised that since the introduction of the Army's new healthcare tracking system called the Armed Forces Health Longitudinal Technology Application (AHLTA) in May 2006, Mr. Blunden has been unable to access the computer system and to initiate orders for blood tests. However, the whistleblower has reported that the former, but still operational, healthcare computer system (CHCS) still contains relevant records of Mr. Blunden's laboratory results.

A final response describing any actions taken to address the allegations should be prepared for the signature of the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA (M&RA)) who has been delegated the authority by the Secretary of the Army to review, sign and submit written reports of investigations of information and related matters transmitted to the Department of the Army by the Special Counsel, in accordance with Title 5, United States Code (U.S.C.), § 1213(c), (d) and (g). The final response should be submitted to this office AS SOON AS POSSIBLE BUT NOT LATER THAN June 22, 2007.



SUBJECT: Whistleblower Investigation—Guthrie Clinic, Fort Drum, New York (OSC File Number DI-07-1676)

The Army's response will be available to the public and information contained in the Army response will be made public unless classified or prohibited from release by law or by Executive order requiring that information be kept secret in the interest of national defense or the conduct of foreign affairs. Therefore, our response and any supporting investigative report should be prepared in a manner intended to facilitate public understanding of the allegations and Army's response thereto.

The requirements specified in 5 U.S.C. § 1213(d) (copy enclosed) may be used as a guideline and should include findings, conclusions and corrective action. In all cases, please furnish for our review all backup materials supporting the proposed response that will be used to prepare the official response for the Secretary of the Army.

When you forward your report to me, please do so in hard copy. Additionally, by email to me, please provide the electronic version of the report, including the findings, conclusions and corrective action, but not the backup/supporting documentation.

Please note that should you encounter any problems with the inquiry/investigation and preparation of the subject report, kindly call me as soon as possible to discuss. In some instances, ancillary issues that arise during the course of the investigation may require follow up action.

In conducting your investigation into the allegations, please ensure that the methods and process used are compatible with engaging in a fair and open "dialog" with the OSC regarding the subject allegations and that there are no restrictions or limitations placed on the use or disclosure of the information gathered and relied upon to support the final Army report.

Additionally, the potential use of your report to support any disciplinary actions against individuals based on misconduct should also be considered when structuring your investigation and preparing your report. Lastly, note that copies of the final Army report, along with comments on the report from the individuals making the disclosures and any comments or recommendations by the OSC will be sent to the President and the appropriate oversight committees in the Senate and House of Representatives pursuant to 5 U.S.C. § 1213(e)(3). Additionally,

By statute, the agency has sixty (60) days from receipt of the OSC letter to provide the required report. If necessary, I will seek an extension of the date for our reply to the Special Counsel. As soon as it becomes apparent that more time beyond the suspense noted above will be needed to complete your report, you should forward to me an interim response requesting the extension and indicating the reasons for the request and the date by which I can expect to receive your final response. As you can understand, once your report is forwarded to me, I will need additional time to staff the proposed response to the OSC and finalize the Army's report.

SUBJECT: Whistleblower Investigation—Guthrie Clinic, Fort Drum, New York (OSC  
File Number DI-07-1676)

If you have any questions, please do not hesitate to contact me at 703-695-0562.  
Additionally, my email address is [REDACTED]@hqda.army.mil.

[REDACTED]

Associate Deputy General Counsel  
(Human Resources)

Enclosure

CF: Acting Surgeon General [REDACTED]  
DAJA-LE, [REDACTED]  
SA IG, [REDACTED]  
SAIG-ZXL [REDACTED]  
DACS-ZDV-HR, [REDACTED]

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**3**



DEPARTMENT OF THE ARMY  
U. S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

MCID-CO

4 Jun 07

MEMORANDUM FOR [REDACTED]

SUBJECT: Appointment of Investigating Officer – Allegations of Improper Use of Army Resources

1. You are hereby appointed an investigating officer pursuant to AR 15-6, Procedures for Investigating Officers and Boards of Officers, 2 October 2006, to conduct an informal investigation into allegations of misconduct by Mr. Richard C. Blunden, assigned to the Guthrie Clinic, Fort Drum, NY. Specific allegations against Mr. Blunden are that he improperly used Army resources to order approximately 50 blood tests for himself while working as a pharmacist at the clinic from on or about January 1997 to May 2006. It is also alleged that Mr. Blunden was not authorized or entitled to receive the services of such blood tests and that such actions on his part constitute violations of Army Regulation 40-3. Finally it is alleged that evidence of the blood tests ordered by Mr. Blunden can be found in the healthcare computer system (CHCS), which predated the current AHLTA system in place at the clinic.
2. These allegations were made in a whistleblower complaint to the Office of Special Counsel (OSC), which in turn referred the complaint to the Army for investigation. Direction for the investigation of the complaint is attached for your information and guidance. Of particular note is that the report of investigation will be made available to the public.
3. Obtain relevant documents and sworn statements from all witnesses whom you determine may have information about the allegations. Caution all individuals not to discuss the subject matter of this investigation with anyone other than a properly detailed investigator.
4. Make findings on whether or not Mr. Blunden improperly used army resources and whether or not he violated AR 40-3. If you substantiate any allegation of misconduct, recommend appropriate remedial action and, if appropriate, recommend appropriate disciplinary actions. Submit your report of investigation with detailed findings and recommendations to the Staff Judge Advocate for legal review before submitting your final report of investigation.

MCID-CO

SUBJECT: Appointment of Investigating Officer – Allegations of Improper Use of Army Resources

5. Your legal advisor during the course of your investigation is [REDACTED] OSJA, 10<sup>th</sup> Mountain Division, at (315) 772-6369. Consult him before you begin your investigation. You have until 11 June 2007 to submit your report of investigation.

Encl  
as

[REDACTED]

Colonel, MC  
Commanding

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4



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
U. S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

MCID-AN

20 June 2007

MEMORANDUM FOR Commander, U.S. Army MEDDAC Fort Drum, New York

SUBJECT: AR 15-6 Investigation Concerning the Allegations of Misconduct by Mr. Richard C. Blunden

1. On 4 June 2007, I was appointed by [REDACTED] Commander, U.S. Army MEDDAC Fort Drum, New York, as the AR 15-6 Investigating Officer (IO) to investigate allegations of misconduct by Mr. Richard C. Blunden. The appointing letter (Tab A) speaks to the specific allegations against Mr. Blunden are that he improperly used Army resources to order approximately 50 blood tests for himself while working as a pharmacist at U.S. Army MEDDAC, Fort Drum from January 1997 to June 2006. It is also alleged that Mr. Blunden was not authorized or entitled to receive the services of such blood test and that such action on his part constitutes violation of AR 40-3 (Tab B). I have conducted a thorough investigation of the circumstances surrounding the allegations. My observations, conclusions, and recommendations are provided in the following format: facts, findings, and recommendations.

2. TIMELINE:

- a. On 4 June 2007, the IO queried CHCS I for laboratory orders entered by Mr. Blunden for the time frame of 1 January 1997 to 30 June 2006 (Tab C).
- b. On 4 June 2007, the IO queried CHCS I for laboratory results for Mr. Blunden for the time frame of 1 January 1997 to 4 June 07 (Tab D).
- c. On 5 June 2007, the IO met with [REDACTED] accomplish the official legal brief regarding 15-6 investigations.
- d. On 6 June 2007, the IO conducted a computer search on search CPOL Website for the position description of GS-11 Pharmacist (Tab E).
- e. On 7 June 2007, the IO requested the assistance of the IMD to run an ad-hoc report for all orders entered by Mr. Blunden from 1 January 1997 to 4 June 2007.
- f. On 8 June 2007, IO received the requested ad-hoc report from the IMD (Tab F).
- g. On 11 June 2007, the IO developed a list of possible witnesses who could substantiate the allegations against Mr. Richard C. Blunden (Tab G).

MCID-AN

SUBJECT: AR 15-6 Investigation Concerning the Allegations of Misconduct by Mr. Richard C. Blunden

- h. On 11 June 2007, the IO developed a list of potential questions for all witnesses.
- i. On 11 June 2007, the IO conducted interviews with five laboratory technicians and obtained sworn statements (Tabs H-L).
- j. On 12 June 2007, the IO queried CHCS I for the short and long versions of Mr. Blunden's Medication profile (Tabs M-N).
- k. On 14 June 2007, the IO reviewed available laboratory sign-in rosters from 1 January 2005 through 31 December 2006 (Tab O).
- l. On 15 June 2007, the IO consulted with ██████████ regarding proposed interview questions to be asked of Mr. Blunden.
- m. On 15 June 2007, the IO conducted interviews with the C, Laboratory Services and Mr. Blunden. Sworn statements were obtained at each interview (Tabs P-Q).

3. FACTS:

- a. AR 40-3 section 14-9a2, dated 3 April 2006 (Tab B), lists privileged individuals who are authorized to order laboratory test in a Medical Treatment Facility (MTF). Providers include: certified nurse midwives, nurse practitioners, physician assistants, chiropractors dietitians, clinical pharmacists, and psychologist are. According to Mr. Blunden's position description (Tab E). Mr. Blunden is not classified as a clinical pharmacist. His position is classified as a staff pharmacist therefore, he is not authorized to order laboratory test within U.S. Army MEDDAC, Fort Drum.
- b. In reviewing the CHCS I query conducted on 4 June 2007 of orders entered into CHCS I by Mr. Blunden whereas Mr. Blunden appears as the ordering provider for the time period of 1 January 1997 to 30 May 2006 (Tab C). There are twenty-five laboratory tests and two medication orders appearing on the above mentioned computer query. Therefore, Mr. Blunden is in violation of AR 40-3 (Tab B) as laboratory orders were entered by Mr. Blunden. The orders list Mr. Blunden as the patient and the ordering health care provider.
- c. In reviewing the CHCS I query conducted on 4 June 2007 of laboratory results for Mr. Blunden (Tab D), I found that thirty- eight individual laboratory tests were resulted and posted to CHCS I. Therefore, Mr. Blunden accessed laboratory services at U.S. Army MEDDAC Fort Drum on at least twenty-five occasions during the period of 1 January 1997 to 30 May 2007. According to AR 40-400 (Tab R) dated 13 October 2006; I find Mr. Blunden does not meet the definition of a beneficiary who is authorized to receive care in an Army MTF. Therefore Mr.

MCID-AN

SUBJECT: AR 15-6 Investigation Concerning the Allegations of Misconduct by Mr. Richard C. Blunden

Blunden is in violation of AR 40-3 (Tab B). This finding is further supported by Mr. Blunden's name and last four of his social security number appearing on a laboratory sign-in roster dated 5 August 2005 (Tab O).

- d. In reviewing the ad-hoc CHCS I report (Tab F ), I found that there are twenty-five laboratory tests and two medication orders appearing on the above mentioned computer query. Therefore, Mr. Blunden is in violation of AR 40-3 (Tab B) as laboratory orders were entered into CHCS I with Mr. Blunden named as the ordering health care provider. This ad-hoc report is consistent with information found in the CHCS I query conducted on 4 June 2007(Tab C).
- e. The interview and sworn statement of [REDACTED] further supports that Mr. Blunden accessed laboratory services for the purpose of having lab test drawn as late at first quarter of last year (Tab I). Three other interviews and sworn statements purport that Mr. Blunden accessed laboratory services to have lab drawn for Occupational Health (Tab L) and at other times (Tab H, J and P). These findings support that Mr. Blunden violated AR 40-3 as he is not authorized for care in a MTF.
- f. The interview and sworn statement of Mr. Blunden's (Tab Q), I find that Mr. Blunden stated that he had lab work drawn at least three times as samples for the development of a Lipid Clinic. Mr. Blunden also stated that he entered laboratory orders for himself as a part of the Lipid Clinic. The sworn statements of Mr. Blunden further supports that he violated AR 40-3 as he is not authorized for care in a MTF.
- g. The interview and sworn statement of Mr. Blunden (Tab Q) states that he had not ordered medications for himself. In reviewing the CHCS I query conducted on 4 June 2007 of orders entered into CHCS by Mr. Blunden (Tab C), I found that there are two medication orders. The first medication order is for [REDACTED] entered on 30 November 2001. This order appears as cancelled in the computer system. The second medication order is for [REDACTED] entered on 1 December 2000. This order appears as cancelled in the computer system (Tab C). Mr. Blunden's short and long medication profile (Tab M-N) show the above listed medication orders as filled. In addition, there are two other medication orders which appear on Mr. Blunden's medication profile for [REDACTED] ordered and filled on 28 June 2002 and 9 November 2001 respectively. The document further supports Mr. Blunden violation of AR 40-3 as he is not authorized for care in a MTF.
- h. Mr. Blunden had four laboratory tests completed through Occupational Health (Tab O). The laboratory test were ordered by [REDACTED] and [REDACTED] and

MCID-AN

SUBJECT: AR 15-6 Investigation Concerning the Allegations of Misconduct by Mr. Richard C. Blunden

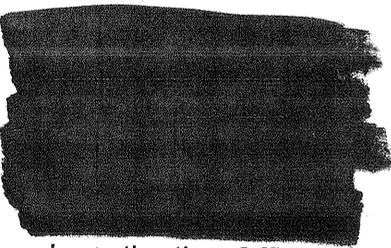
 The laboratory tests we conducted as a part of an Occupation Health Screening. In addition, it was noted that twelve other laboratory test were ordered by  that were not part of Mr. Blunden's Occupational Health Screen.

4. FINDINGS:

- a. I find that Mr. Blunden violated AR 40-3 by ordering laboratory tests.
- b. I find that Mr. Blunden violated AR 40-3 by accessing laboratory services for the purpose of having laboratory tests drawn.
- c. I find that Mr. Blunden violated AR 40-3 by entering medication orders for himself in CHCS I.
- d. I find that Mr. Blunden violated AR 40-3 by filling prescriptions for personal use.
- e. I find that two medication orders that were filled were cancelled in CHCS I.
- e. I found that Mr. Blunden has five laboratory tests ordered through the Occupational Health program.

5. RECOMMENDATIONS:

- a. I recommend that this case be forwarded to the first-line supervisor for action.
- b. The laboratory Standard Operating Procedure for identifying persons eligible for care needs to include a verification process that goes beyond asking for the patient's identification card and checking for active orders in CHCS I.

  
Investigating Officer

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**5**

**TAB**

**REDACTED**

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6

**TAB**

**REDACTED**

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7



DEPARTMENT OF THE ARMY  
U. S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

MCID-AN

28 September 2007

MEMORANDUM FOR Commander, U.S. Army MEDDAC Fort Drum, New York

SUBJECT: AR 15-6 Investigation Concerning the Allegations of Misconduct by Mr. Richard C. Blunden

1. On 4 June 2007, I was appointed by [REDACTED] Commander, U.S. Army MEDDAC Fort Drum, New York, as the AR 15-6 Investigating Officer (IO) to investigate allegations of misconduct by Mr. Richard C. Blunden. The appointing letter (Tab A) speaks to the specific allegations against Mr. Blunden being that he improperly used Army resources to order approximately 50 blood tests for himself while working as a staff pharmacist at U.S. Army MEDDAC, Fort Drum from the time period of 1 January 1997 to 30 June 2006. It is also alleged that Mr. Blunden was not authorized or eligible to receive the services of such blood test and that such actions of ordering lab tests and using laboratory services at U.S. Army MEDDAC, Fort Drum constitutes violation of AR 40-400 (Tab R) and 40-3 (Tab B).

2. AR-40-400 page 103, Table B-1, Section V, (3-15 to 3-16), specifically states that civilian employees are authorized the following: limited disability retirement physicals, occupational health services, and treatment for alcoholism. According to DoD Regulation 6605.05-M dated 2 May 2007 (Tab T), Mr. Blunden is authorized to access U.S. Army Medical Activities for medical treatment under the Occupational Health Program for preplacement examination<sup>1</sup>, baseline and periodic Occupational Safety Health Agency (OSHA) required medical surveillance<sup>2</sup> and immunizations. Baseline and periodic surveillance medical examinations would include: laboratory blood work for measles<sup>3</sup>, mumps<sup>4</sup>, rubella<sup>5</sup>, (MMR) Hepatitis B<sup>6</sup>, varicella<sup>7</sup> (chickenpox) titers and annual Tuberculosis<sup>8</sup> testing. Blood work is drawn to determine an employee's immunity to the disease. If the employee's immunity is insufficient; employees will

<sup>1</sup> Preplacement Examination- a medical examination which specifically focuses on whether a worker's medical condition qualifies the worker for his or her job duties.

<sup>2</sup> Medical Surveillance Examination- provides baseline and periodic assessment or measurements to detect abnormalities in workers exposed to work-related health hazards.

<sup>3</sup> Measles- a contagious acute viral disease with symptoms that include a bright red rash of small spots that spread to cover the whole body.

<sup>4</sup> Mumps- an acute contagious disease, usually affecting children, that causes a fever with swelling of the salivary glands and sometimes also affects the pancreas and ovaries or testes.

<sup>5</sup> Rubella- a highly contagious viral disease, especially affecting children, that causes swelling of the lymph glands and a reddish pink rash on the skin.

<sup>6</sup> Hepatitis B- a sometimes recurring or fatal form of hepatitis that is caused by a virus and transmitted through contact with infected blood, blood products, and bodily fluids.

<sup>7</sup> Varicella- a highly infectious viral disease, especially affecting children, characterized by a rash of small itching blisters on the skin and mild fever.

<sup>8</sup> Tuberculosis- an infectious disease that causes small rounded swellings tubercles to form on mucous membranes which effects the normal functioning of the lungs.

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receive booster immunization to prevent contracting the particular disease. Fort Drum MEDDAC Regulation 40-4, page 7, Section 7, (Tab U) further delineates services provided to U.S. Army MEDDAC, Fort Drum employees under the Medical and Dental Activities Employee Health Program as: placement evaluations, medical surveillance, immunization and immunity testing, injury, illness, exposure management, infection control, and work restrictions. Cholesterol or Lipid screens are not a part of MEDDAC employee's routine medical surveillance. AR-40-3, page 54, Section 14-9, (a-2) states: individuals authorized to order laboratory test include, but are not limited to certified nurse midwives, nurse practitioners, physician assistants, chiropractors, dietitians, clinical pharmacist, and psychologist. According to Mr. Blunden's position description as a staff pharmacist (TAB E), he is not required or authorized to order laboratory test.

3. I have conducted a thorough investigation of the circumstances surrounding the allegations. My observations, conclusions, and recommendations are provided in the following format: timeline, facts, findings and recommendations.

#### 4. TIMELINE:

a. On 4 June 2007, the IO queried CHCS I and CHCS II (Electronic Medical Record and Ordering System) for laboratory orders entered by Mr. Blunden for the time frame of 1 January 1997 to 30 June 2006 (Tab C).

b. On 4 June 2007, the IO queried CHCS I and CHCS II (Electronic Medical Record and Ordering System) for laboratory results for Mr. Blunden for the time frame of 1 January 1997 to 4 June 07 (Tab D).

c. On 5 June 2007, the IO met with [REDACTED] to accomplish the official legal brief regarding 15-6 investigations.

d. On 6 June 2007, the IO conducted a computer search on search Civilian Personnel On-Line Website for the position description of GS-11 Pharmacist (Tab E).

e. On 7 June 2007, the IO requested the assistance of the Information Management Division to run an ad-hoc<sup>9</sup> report for all orders entered by Mr. Blunden from 1 January 1997 to 4 June 2007.

f. On 8 June 2007, IO received the requested ad-hoc report from the IMD (Tab F).

g. On 11 June 2007, the IO developed a list of possible witnesses who could substantiate the allegations against Mr. Richard Blunden (Tab G).

h. On 11 June 2007, the IO developed a list of potential questions for all witnesses.

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<sup>9</sup> Ad hoc- refers to something that is done for a specific purpose. In this case I requested a specific report to look for laboratory and medication orders entered into the system by Mr. Blunden.

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i. On 11 June 2007, the IO conducted interviews with five laboratory technicians and obtained sworn statements (Tabs H-L).

j. On 12 June 2007, the IO queried CHCS I and CHCS II for the short and long versions of Mr. Blunden's Medication profile (Tabs M-N).

k. On 14 June 2007, the IO reviewed available laboratory sign-in rosters from 1 January 2005 through 31 December 2006 (Tab O).

l. On 15 June 2007, the IO consulted with [REDACTED] regarding proposed interview questions to be asked of Mr. Blunden.

m. On 15 June 2007, the IO conducted interviews with the C, Laboratory Services and Mr. Blunden. Sworn statements were obtained at each interview (Tabs P-Q).

n. On 20 June 2007, the IO completed the report of investigation memorandum and forwarded the draft document to the MEDDAC Commander.

o. On 21 June 2007, the report of investigation memorandum underwent legal review by [REDACTED]

p. On 21 June 2007, the final report of investigation memorandum was reviewed by the Deputy Commander of Administration and the Commander.

q. On 22 June 2007, the completed report of investigation with attachments was forward to the MEDCOM Staff Judge Advocate.

r. On 13 August 2007, the Office of Special Counsel (OSC) sent additional questions to be answered.

s. On 24 August 2007, IO sent a written response to OSC.

t. On 13 September 2007, IO and [REDACTED] had a conference call with the OSC for clarification of the scope of the investigation and answer additional questions.

u. On 20 September 2007, the IO conducted an interview with [REDACTED]

v. On 26 September 2007, the IO conducted interviews with [REDACTED] and [REDACTED]

w. On 28 September 2007, the IO completed report of investigation and forwarded to SJA via e-mail for legal review.

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5. FACTS:

a. AR 40-3 section 14-9a2, dated 3 April 2006 (Tab B), lists privileged individuals who are authorized to order laboratory test in a Medical Treatment Facility (MTF). Providers include: certified nurse midwives, nurse practitioners, physician assistants, chiropractors, dietitians, clinical pharmacists, and psychologist. According to the Mr. Blunden's position description (Tab E), he is designated as a staff pharmacist. In his position as a staff pharmacist, Mr. Blunden is not required to order laboratory test within U.S. Army MEDDAC, Fort Drum. The Clinical Pharmacist Coordinator, who is authorized by AR 40-3, is authorized to order lab tests. The position description of a Clinical Pharmacist Coordinator (Tab V) provides for the pharmacist to monitor progress and responses to the prescribed regime. In addition, the clinical pharmacist can modify dosages or methods of administering as necessary. For example, many clinical pharmacist monitor patients who are on medication regimes in which medications must be monitored closely to ensure effectiveness. The clinical pharmacist has the ability to monitor and order specific lab work in order to appropriately adjust the medication dosage.

b. In reviewing the CHCS I and CHCS II (Electronic Medical Record and Ordering System) computer query conducted on 4 June 2007 of orders entered into CHCS I and CHCS II (Electronic Medical Record and Ordering System) by Mr. Blunden, whereas, Mr. Blunden appears as the patient and ordering health care provider for the time period of 1 January 1997 to 30 May 2006 (Tab C). There are twenty-five laboratory tests and two medication orders appearing on the abovementioned computer query. According to DoD Regulation 6055.05-M (Tab T) and Fort Drum MEDDAC Regulation 40-4 (TAB U), the ordered laboratory test fall outside of normal medical surveillance tests covered under the Employee Occupational Health Program. Mr. Blunden is in violation of AR 40-3 and AR 40-400 as he improperly used Army resources when he ordered laboratory test with lack of authorization and lack of eligibility for these services. Mr. Blunden was able to place orders even though he was not authorized due so, as the current CHCS I and CHCS II Security Matrix for access to the electronic medical record and ordering system, allows the pharmacist to do so as pharmacist falls under the category of provider. As a provider, the pharmacist has the same access as a physician, physician assistant, or nurse practitioner. With access to all levels of the electronic record, to include laboratory and medication ordering function, a pharmacist has the capability to enter laboratory orders even when not authorized. This is a systemic issue which needs to be addressed at the MEDCOM level as the security matrix which allows access to CHCS I and CHCS II and CHSC II originates at that level.

c. In reviewing the CHCS I and CHCS II (Electronic Medical Record and Ordering System) query conducted on 4 June 2007 of laboratory results for Mr. Blunden (Tab D), I found that thirty- eight individual laboratory tests results were found in CHCS I and CHCS II (Electronic Medical Record and Ordering System). Tabs C and D represent labs test conducted on Mr. Blunden. Tab C represents the actual orders placed by Mr. Blunden in CHCS I and CHCS II (Electronic Medical Record and Ordering System) acting as the health care provider. Tab D represents the lab results of the orders placed by Mr. Blunden. The difference between the number of test ordered (Tab C) and the lab

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results (Tab D) is certain lab tests yield more than one result. Based on this computer query, Mr. Blunden accessed laboratory services at U.S. Army MEDDAC Fort Drum on at least twenty-five occasions during the period of 1 January 1997 to 30 May 2007. According to AR 40-400 (Tab R), as a civilian employee Mr. Blunden is authorized medical surveillance lab test. Mr. Blunden is in violation of AR 40-3 and AR 40-400 as he improperly used Army resources when he ordered laboratory test with lack of authorization and lack of eligibility for these services. This finding is further substantiated by Mr. Blunden's name and last four of his social security number appearing on a lab sign-in roster (page 3) dated 5 August 2005 (Tab 0).

d. In reviewing the ad-hoc CHCS I and CHCS II (Electronic Medical Record and Ordering System) report (Tab F), I found that there are twenty-five laboratory tests and two medication orders appearing on the above mentioned computer query. Therefore, Mr. Blunden is in violation of AR 40-3 (Tab B) and AR 40-400 (Tab R) as laboratory orders were entered into CHCS I and CHCS II (Electronic Medical Record and Ordering System). This ad-hoc report is consistent with information found in the CHCS I and CHCS II (Electronic Medical Record and Ordering System) query conducted on 4 June 2007 (Tab C). Therefore, Mr. Blunden is in violation of AR 40-3 and AR 40-400 as he improperly used Army resources when he ordered laboratory test with lack of authorization and lack of eligibility for these services.

e. The interview and sworn statement of [REDACTED] further supports that Mr. Blunden accessed laboratory services for the purpose of having lab test drawn as late at first quarter of last 2006 (Tab I). [REDACTED] Chief of Laboratory Services, was unaware of any misuse of services by Mr. Blunden until she was alerted by [REDACTED] (Tab P). According to the second sworn statement of [REDACTED], [REDACTED] informed [REDACTED] that individuals who are not beneficiaries should not have lab work drawn unless they are beneficiaries (Tab W). At present, the process for identifying beneficiaries is being examined. Currently lab personnel check the patient's identification card as a form of accurately identify the patient, if the patient is registered in CHCS I and CHCS II and there are lab orders in the computer, that is indicative that the person is eligible for our services as the patient has been screened earlier by clerks at the providers office. When lab orders are checked by lab personnel prior to drawing blood, the providers name is not visible. Lab personnel are able to see the clinic which submitted the order, but lab personnel are not able to see which provider ordered the lab work until the blood work is actually analyzed. After the blood is analyzed, the provider's name is available as the provider's name has to be entered with the lab results. The provider's name is entered into the CHCS so that the provider is aware of the lab results for his or her patient. Lab personnel could have potentially overlooked Mr. Blunden not be authorized for specific lab work as active orders<sup>10</sup> existed in CHCS. Lab orders entered by Mr. Blunden would appear as any other orders entered by an authorized provider. Therefore, while Mr. Blunden may not have been authorized to have blood drawn for certain lab test; active orders existed in the computer system for lab personnel to execute. All lab personnel are aware that MEDDAC employees, who are not otherwise beneficiaries, are eligible to

<sup>10</sup> Active orders- orders waiting to be acted upon.

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have lab tests performed through the Employee Occupational Health Program. As U. S. Army MEDDAC Fort Drum is a very busy outpatient clinic where 1,270 prescriptions, 170 X-rays, 610 lab specimens 970 clinic visit occur each day it would be extremely hard for the lab to verify the eligibility of every individual who presents to the lab. In addition it would be hard to track abuse within the current system as there are no rapid or uncomplicated auditing tools available on the present computer system. The lab does not have the capability to register patients in CHCS I and CHCS II or to verify eligibility. If patients present to the lab without an identification card, the patient is sent to the Patient Administration Division for a statement of eligibility. Three other sworn statements purport that Mr. Blunden accessed laboratory services to have lab work drawn for Occupational Health (Tab L) and at other times for non Occupational Health lab work (Tab H, J and P). These findings support that Mr. Blunden violated AR 40-3 (Tab B) and AR 40-400 (Tab R) as he is not authorized for care in a Medical Treatment Facility with the exception of those services provided under the Employee Occupational Health Program. Mr. Blunden had five laboratory test ordered through the Occupational Health Clinic. Test ordered through the Occupational Health Clinic are authorized as they are to protect employees and patients. Tab S. (top portion) shows the tests that were ordered. According to DoD Regulation 6055.05-M (Tab T), the following tests were authorized through the Employee Occupational Health Program:

Date	Test	Health Care Provider
9 Mar 00	[REDACTED]	[REDACTED]
9 Mar 00	[REDACTED]	[REDACTED]
5 May 00	[REDACTED]	[REDACTED]
25 Apr 03	[REDACTED]	[REDACTED]
22 Dec 03	[REDACTED]	[REDACTED]

f. The sworn statement of Mr. Blunden (Tab Q), Mr. Blunden stated that he had lab work drawn at least three times as samples for the development of a Lipid Clinic. According to DoD 6055.05-M, Lipid or Cholesterol screenings are not part of the MEDDAC Medical Surveillance Examination. In preparation of this investigation I cannot confirm that there was any established Lipid Clinic at U.S Army MEDDAC, Fort Drum nor has there been in the time Mr. Blunden has been employed at this facility. Generally when a program of this nature is established, i.e. a Lipid Clinic, it is approved by the Commander and Executive Committee. In examining old minutes of the Executive Committee I am unable to find any approval for the establishment of a Lipid Clinic. According to the sworn statement of [REDACTED] (Tab Y) when he was Chief of Occupational Health and [REDACTED] (Tab P), Chief of Laboratory Services, both state that they were not aware of any Lipid Clinic being established. Statements were not obtained from [REDACTED] and [REDACTED] as these individuals are no long employed at this facility. [REDACTED] stated that he ordered additional labs test, mainly cholesterol, at the request of Mr. Blunden (Tab X). [REDACTED] also stated that he did not know the tests requested by Mr. Blunden were not authorized under the Employee Occupational Health Program (Tab X). Additionally, [REDACTED] stated that he felt he had latitude to order additional test as needed to evaluate to evaluate patients (Tab X). Mr. Blunden also stated that he entered lab orders for himself as a part of the Lipid Clinic. The sworn statement of Mr. Blunden further

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supports that he violated AR 40-3 and AR 40-400 as he was not authorized to enter lab test for Lipid studies or any other lab test and is not eligible to access lab services for Lipid studies as this is not a lab test covered under Employee Health Program for MEDDAC employees.

g. The sworn statement of Mr. Blunden (Tab Q) states that he had not ordered medications for himself. In reviewing the CHCS I and CHCS II query conducted on 4 June 2007 of orders entered into CHCS by Mr. Blunden (Tab C), I found that there are two medication orders. The first medication order is for [REDACTED] entered on 30 November 2001. This order appears as cancelled in the computer system. The second medication order is for [REDACTED] entered on 1 December 2000. This order appears as cancelled in the computer system (Tab C). Mr. Blunden's short<sup>11</sup> and long<sup>12</sup> medication profile (Tab M-N) show the above listed medication orders as filled. In addition, there are two other medication orders which appear on Mr. Blunden's medication profile for [REDACTED] ordered and filled on 28 June 2002 and 9 November 2001 respectively. Access to the electronic medical record is based on the CHCS I and CHCS II Security Matrix which list pharmacist as providers. As a provider, Mr. Blunden has access to the medication ordering functions as it is necessary for him as a pharmacist to adjust medication orders if they are entered incorrectly into the Electronic Medical Record and Ordering System. According to the sworn statement of [REDACTED] Chief of Pharmacy Services (Tab Y), Mr. Blunden did not order medications for himself. The medication orders were entered by other members of the pharmacy staff, i.e. Pharmacy Techs (Tab Y). These orders were orders that were test orders that should have been entered into the computer system using test patients. Meaning orders should have been entered on fictitious patients who have data which resides on the live computer system for teaching purposes only. Pharmacy techs have the ability to order medications. Therefore, no medications were filled from the orders that were placed into the electronic medical record under Mr. Blunden's name.

h. Mr. Blunden had five laboratory tests completed through Occupational Health (Tab 0). The laboratory tests were ordered by [REDACTED], [REDACTED] and [REDACTED]. Additional lab tests were order by [REDACTED], [REDACTED], [REDACTED] and [REDACTED] as these individuals are not available to provide statements as they are no longer employees of the MEDDAC therefore, statements as to why specific lab test were ordered cannot be obtained.

## 6. FINDINGS:

a. I find that Mr. Blunden violated AR 40-3 by ordering laboratory tests.

<sup>11</sup> Short Medication Profile- a short medication profile simply refers to a quick view of the patient's medications that have been ordered.

<sup>12</sup> Long Medication Profile- A long medication profiled is more detailed in that it gives the patient's name, medication, dosage, fill date of the prescription, expiration of the prescription, who entered the prescription, directions for dispensing.

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b. I find that Mr. Blunden violated AR 40-3 and AR 40-400 by accessing laboratory services for the purpose of having lab tests drawn which were not covered under the Employee Occupational Health Program.

c. I find that Mr. Blunden had five laboratory tests ordered through the Occupational Health program.

d. I find that nine lab tests were ordered by providers who are no longer MEDDAC employees.

e. I find that Mr. Blunden ordered twenty-five lab tests for himself.

f. I find that the organization is not contemplating any privileging actions against Mr. Blunden this time.

g. I find that Mr. Blunden did not order medications for himself and no prescription were filled from the U.S. Army MEDAC, Fort Drum Pharmacy.

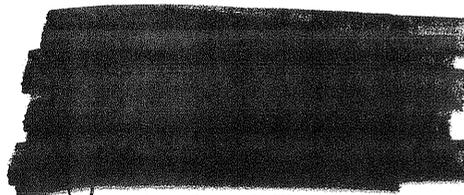
## 7. RECOMMENDATIONS:

a. I recommend that this case be forwarded to the first-line supervisor for action.

b. I recommend the Laboratory Standard Operating Procedure (SOP) for identifying persons eligible for care needs to include a verification process that goes beyond asking for the patient's identification card and checking for active orders in CHCS I and CHCS II.

c. I recommend Mr. Blunden reimburse the Federal Government for services he was not eligible to receive.

d. I recommend MEDCOM review the CHCS I and CHCS II Security Matrix to determine if staff pharmacist need to have laboratory ordering capability.

A large black rectangular redaction box covering the signature of the Investigating Officer.

Investigating Officer

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8

8 November 2007

MEMORANDUM FOR COL Jerome Penner III, Commander, USA MEDDAC, Fort Drum, New York 13602-5000

SUBJECT: Legal Review of Report of Informal Investigation IAW AR 15-6

1. I have reviewed the Report of Proceedings by Investigating Officer regarding allegations of improper use of medical resources by Mr. Richard C. Blunden. The report is legally sufficient.

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a. The investigating officer's proceedings comply with the procedural requirements of AR 15-6 and all other pertinent legal authority.

b. There is sufficient evidence contained in the Report to support the investigating officer's findings.

c. The investigating officer's recommendations are consistent with the findings.

2. The point of contact for this action is the undersigned at 2-6371.



JOSEPH A. FEDORKO  
Attorney-Advisor