

6

Exhibit 2



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS GREAT PLAINS REGIONAL MEDICAL COMMAND
FORT SAM HOUSTON, TEXAS 78234

MCHE-DHI

3 August 2007

MEMORANDUM FOR

Commander, (ATTN: COL [REDACTED]), Munson Army Health Clinic, Fort Leavenworth, KS

THRU: Chief, Department of Preventive Medicine (ATTN: LTC Beverly Jefferson), Munson Army Health Clinic (MAHC), Fort Leavenworth, KS

SUBJ: Management Staff Assistance Visit (MAV) - MAHC Industrial Hygiene Services - 15-20 July 2007

1. PURPOSE: To investigate issues and concerns expressed by COL [REDACTED], Commander, Munson Army Health Clinic (MAHC), Ft. Leavenworth, KS regarding conduct and performance of Mr. Karl Gibson, Industrial Hygienist (GS-0690-11). Over the past twelve months, MAHC management has voiced multiple concerns over the validity and accuracy of statements contained in many of Mr. Gibson's industrial hygiene survey reports. Management has taken an active role in supporting Mr. Gibson's recommendations, later to discover that the methodology used, laboratory results, and/or interpretation of findings have been inaccurate and/or misleading. Based on these findings, Mr. Gibson has been issued five counseling statements, since January 2007, addressing various aspects of his work performance and conduct. Mr. Gibson's inaccurate, misleading and often inflammatory representations have had significant operational and economic ramifications. In addition, his actions have negatively impacted the professional reputation of this Command. At the request of COL Rinehart, MAHC Commander, the GPRMC Industrial Hygiene Program Manager conducted a formal investigation to determine Mr. Gibson's technical competency and validity of information presented in industrial hygiene survey reports generated between April and July 2007.

2. BACKGROUND:

a. Mr. Gibson has been assigned as a GS-0690-11, Industrial Hygienist since January 1990. A cursory review of his educational transcripts (University of Kansas) show that Mr. Gibson meets the minimum qualifications outlined by OPM for the Industrial Hygienist (GS-0690-11) series. Mr. Gibson has attended the majority of the USACHPPM sponsored ACTEDS courses

MCHE-DHI (GPRMC)

SUBJECT: SUBJ: Management Staff Assistance Visit (MAV) - MAHC
Industrial Hygiene Services - 15-20 July 2007

and maintains current state licensures in lead and asbestos abatement.

b. In early January 2007, Mr. Gibson received an initial counseling statement establishing procedures for handling all email, work requests, work inquiries, etc. Mr. Gibson was given clear and concise instruction that all such request(s) will be reviewed by the first line supervisor (2nd LT [REDACTED]) and the Chief, Preventive Medicine (LTC [REDACTED]) before leaving the PM office.

c. On 5 March 2007, Mr. Gibson received a second counseling statement outlining job expectations of an Industrial Hygienist. 2ND LT [REDACTED] provided Mr. Gibson with clear and concise expectations with regard to his work as an Industrial Hygienist. Specifically addressed was the adherence to the American Industrial Hygiene Association (AIHA) Code of Ethics; ensuring the accuracy of information disseminated to customers and the protocol to be followed; effective communication; keeping the supervisory chain informed; the Commander's Open Door policy (#06-01); maintaining a safe and healthful work environment; procedures for approval of overtime/compensatory time and basic instruction on technical/scientific writing skills.

d. On 14 March 2007, Mr. Gibson received an addendum to the initial counseling statement provided on 8 January 2007. The addendum required Mr. Gibson maintain a weekly Industrial Hygiene tracking log; a request for projected leave for 2007; instruction for use the assigned government vehicle and direction that all memoranda will not exceed 3 MB in size, in accordance with MAHC IMD best practice.

e. In response to a series of unexpected and unexplained sampling results, management issued a MFR outlining performance expectation for Mr. Gibson on 19 April 2007. The MFR outlined protocols to be followed when performing asbestos and/or lead environmental monitoring and/or air sampling. The protocols provided were taken from DA PAM 40-503, Industrial Hygiene Program.

f. On 25 May 2007, Mr. Gibson issued a MFR outlining his rebuttal to questions asked about Bell Hall (Asbestos); Trolley Station (Asbestos); Commander's Office (Asbestos) and Sherman Airfield (Lead). Mr. Gibson provides statements on his viewpoint and his assertion that "command does not like his results". Mr. Gibson has repeatedly stated that he feels that there is a "cover-up" conspiracy in play at Ft. Leavenworth. When directly

MCHE-DHI (GPRMC)

SUBJECT: SUBJ: Management Staff Assistance Visit (MAV) - MAHC
Industrial Hygiene Services - 15-20 July 2007

questioned about this theory, Mr. Gibson states that he "does not have the support of command" and they "do not like the results".

g. 2nd LT [REDACTED] provided Mr. Gibson feedback to his response(s) to the 19 April 2007 counseling statement. 2nd LT [REDACTED] clarified Mr. Gibson issues/concerns and outlined procedures to be followed with regard to air monitoring requests.

h. On 12 July 2007, during an informal counseling session, Mr. Gibson raised his voice while explaining his discontent with a memorandum that referenced a previous counseling session. 2nd LT [REDACTED] halted the conversation immediately and informed Mr. Gibson that he would not tolerate raised, argumentative tone of voice, no matter the circumstance(s).

i. Thirty-two (32) industrial hygiene survey reports written by Mr. Gibson between April and July 2007 were reviewed and evaluated during the visit. During the review process, the surveyor noted several reports where Mr. Gibson consistently presented inaccurate and misleading information to his customers. In many reports, Mr. Gibson failed to exercise sound professional judgment and critical thinking in his application/interpretation of standards/guidelines. Mr. Gibson has difficulty in differentiating/communicating various levels of risk. As demonstrated in his reports, Mr. Gibson fails to recognize scientific practices (i.e., standard sampling and collection methods) which are accepted by OSHA, research agencies like NIOSH, or by consensus standard-setting organizations. In addition, Mr. Gibson appears to have a lack of understanding of basic IH principles and practices. Specific issues/concerns are addressed on each separate report.

g. Interviews were conducted with four (4) of Mr. Gibson's key customers. It appears as if Mr. Gibson, through his actions, both direct and indirect, has alienated himself from many of his customers. During an interview with Mr. [REDACTED], Chief of Staff, U.S. Disciplinary Barracks described several past incidents where Mr. Gibson was requested to perform industrial hygiene surveys. Mr. [REDACTED] explained that on two separate occasions, Mr. Gibson purposely manipulated survey data and reported the areas surveyed as noncompliant. Mr. [REDACTED] has "banned" Mr. Gibson from performing industrial hygiene services for the DB. Similar experiences were described by Ms. Tammy Schad, MAHC Safety and Mr. [REDACTED], MAHC Facility Engineer.

3. FINDINGS/CONCLUSIONS:

MCHE-DHI (GPRMC)

SUBJECT: SUBJ: Management Staff Assistance Visit (MAV) - MAHC
Industrial Hygiene Services - 15-20 July 2007

a. Based on information gathered during this investigation, it was determined that Mr. Gibson provided inaccurate and misleading information to customers. During the period July 2006 through July 2007, Mr. Gibson's assertions have had significant operational and economic ramifications. In addition, his actions have negatively impacted the professional reputation of this Command. There is evidence to support allegations that Mr. Gibson has produced (1) *false or misleading statements*; and (2) *concealment of that which should be disclosed*. The evidence was collected through direct employee interviews, review of previous reports/correspondence, email traffic and general workplace observations.

b. Specifically, Mr. Gibson failed to (1) recognize basic industrial hygiene practices and principles; (2) provide accurate and truthful representations; and (3) apply sound professional judgment in several of his workplace assessments/evaluations.

c. When asked to explain his findings/recommendations, Mr. Gibson is unable (or unwilling) to clearly communicate his rationale. Mr. Gibson appears to be very rigid in his thought processes and does not demonstrate a willingness to accept recommendations for improvement. Mr. Gibson "knows what he knows" and is quick to discount other perspectives.

d. Mr. Gibson is unable to replicate scenarios identified as "noncompliant" either through actual sampling data or rationale. Specifically, in Building 136, DOIM survey report dated 16 April 2006, Mr. Gibson shows measured carbon dioxide levels between 1500 and 2300 ppm. This represents an employee overexposure nearly 1.5 times the recommended upper limit of 1000 ppm. A review of the actual data sheets show carbon dioxide levels measured between 285-625 ppm at the time of survey. Mr. Gibson was unable to explain the difference in the reported levels.

e. There was evidence presented during the investigation by LTC [REDACTED] and LT [REDACTED] suggesting an on-going personnel issue exists. Discussions were void of any mention of retaliation or discrimination by any of the parties involved. Mr. Gibson received a "1" rating on his last appraisal rating of record from MAJ [REDACTED] in August 2006. Mr. Gibson did indicate, however, that he feels that his current supervisor (LT [REDACTED]) and senior rater (LTC [REDACTED]) are "out to get me". Mr. Gibson logged the activities of the investigator during his July 2007 visit. Mr. Gibson issued an email on 20 July 2007 describing his perceptions of activities that took

MCHE-DHI (GPRMC)

SUBJECT: SUBJ: Management Staff Assistance Visit (MAV) - MAHC
Industrial Hygiene Services - 15-20 July 2007

place during the investigation -although he was not a participant in many of the independent discussions and/or interviews. Furthermore, Mr. Gibson indicated during the interview process, that he has made contact with local bargaining unit representatives.

d. LTC [REDACTED], Chief, Department of Preventive Medicine has been proactive and remains actively involved in resolving the industrial hygiene related issues. LTC [REDACTED] has been unbiased in her assessment of the situation and has initiated reasonable supervisory controls in managing Mr. Gibson. LTC [REDACTED] was receptive to the recommendations below as discussed during the closing conference. In addition, LTC [REDACTED] has expressed her desire for doing "what is right" for the organization.

e. A review of Mr. Gibson's personnel record consistently shows the employee has successfully performed his duties as an Industrial Hygienist, GS-0690-11. Documentation further portrays Mr. Gibson as a valuable asset and a significant contributor to the overall success of the IH program at MAHC. Mr. Gibson's last rating of record date 30 June 2006 is marked as "1" or exceeded expectations. Mr. Gibson has received numerous monetary awards as well as quality step increases (QSIs) over the past several years.

NOTE: The investigator recognizes the issues addressed in this report have been longstanding with regard to Mr. Gibson's conduct and performance. Documentation shows that numerous military supervisors identified similar issues/concerns with Mr. Gibson as far back as 1999. After repeated counseling's, Mr. Gibson was given the opportunity to modify his work conduct and/or performance. Trending does show Mr. Gibson rating of record fluctuated between "1" and "2". This coincides with military change of raters. There is, however, no formal documentation showing follow-up action by previous supervisors.

f. The investigator feels Mr. Gibson will need to overcome both professional and personal obstacles in order to maintain a satisfactory job performance level. To that end, it is strongly recommended that Mr. Gibson be placed on a formal Performance Improvement Plan (PIP) designed to assist the employee in meeting his job performance standards. Specifically, the PIP will address areas for improvement in Mr. Gibson's critical thinking and professional judgment; technical writing and risk communication; and customer service issues. It is imperative Mr. Gibson make the changes necessary to help ensure his

MCHE-DHI (GPRMC)

SUBJECT: SUBJ: Management Staff Assistance Visit (MAV) - MAHC
Industrial Hygiene Services - 15-20 July 2007

continued productivity and that satisfactory performance is achieved.

g. Mr. Gibson suggests that "command does not provide support" and "is trying to cover-up issues". The investigator has directly questioned Mr. Gibson's rationale on this perception. Again, Mr. Gibson is vague in his explanation and fails to cite specific facts to support his claim. It is the opinion of the investigator, that Command has demonstrated support for occupational health and safety program elements at MAHC and Ft. Leavenworth. During the 15-20 July 2007, the investigator visited with RMD and requested to see the IH program purchase requests for the current fiscal year (FY 07). Documentation shows expenditures/obligations exceeding \$33K during the period in direct support of the IH program requirements. In addition, Command has supported Mr. Gibson's findings in at least (4) instances, to later find out that sampling methods and/or interpretations were inaccurate and/or misleading. These work areas have been reassessed by outside IH firms. Command has ensured Mr. Gibson's asbestos and lead certifications are maintained current.

4. RECOMMENDATIONS: Recommendation(s) below are made to enhance existing Industrial Hygiene (IH) program elements and strengthen working relationship and communication among the various workgroups at MAHC and Ft. Leavenworth.

a. Issue a 90-day Performance Improvement Plan (PIP): It is strongly recommended that Mr. Gibson be placed on a 90-day PIP designed to help improve identified performance-based issues and concerns. The purposed PIP is outlined in ATTACHMENT 4. The supervisor should work closely with CPAC and Judge Advocate General (JAG) to ensure the appropriateness and proposed timelines of the PIP. All management action(s) should be clearly and accurately documented in a timely manner. LT Derivan and LTC Jefferson will need to provide Mr. Gibson with clear, concise direction on expectations, duties and responsibilities. There must be no suggestion of retaliation against the employee for action(s) taken as a result of this investigation.

b. IH Work Assignments. As an integral part of the proposed PIP, IH work assignments should be provided in a clear and concise manner. Mr. Gibson should be held to strict standards of performance. Failure to meet specific objectives should be documented and follow-up provided as required.

MCHE-DHI (GPRMC)

SUBJECT: SUBJ: Management Staff Assistance Visit (MAV) - MAHC
Industrial Hygiene Services - 15-20 July 2007

c. DA 7222-1 Employee Support Form. Clear and concise goals and objectives should be developed for Mr. Gibson. The initial PIP should be issued for 90-days and may have to be extended if deemed appropriate. A rating of record will be initiated once the performance plan has been satisfactorily achieved.

d. Individual Development Plan.

(1) It is important that LT [REDACTED] develop and establish a professional development plan for Mr. Gibson.

(2) Coordinate formal training classes for formal development of industrial hygiene staff member(s). Training should include both IH-related course work, as well as other necessary skills (e.g., computer courses, technical writing, etc.).

(3) Ensure clear and concise measurable goals and objectives are established for the employee.

(e) Open Door Policy. LTC [REDACTED] and LT [REDACTED] are encouraged to continue their established "open door" policy with Mr. Gibson. It is suggested that regularly scheduled staff meetings be held to review/update outstanding issues/concerns. Personal issues should continue to be handled on a one-on-one basis and in confidence.

(f) Industrial Hygiene Implementation Plan (IHIP). Mr. Gibson indicated during the investigation, that a current IHIP document does exist. It is recommended that the IHIP be updated to accurately reflect the scheduled workload and placed on a shared drive and made available to all industrial hygiene staff personnel, supervisor and Service Chief. This will facilitate documentation and ensure a more directed IH program. In addition, it will allow IH personnel the opportunity to update the document, as required.

(g) Workload Documentation. IH is encouraged to develop and maintain a work assignment log (previously established performance expectation in MFR dated 14 March 2007). This computer-aided log will allow greater visibility of all outstanding work assignments and issues. In addition, it can ensure appropriate follow-up is completed. A template for such a log is included on the enclosed IH Program Management CD. Please feel free to modify this document as deemed necessary to meet your specific requirements.

MCHÉ-DHI (GPRMC)

SUBJECT: SUBJ: Management Staff Assistance Visit (MAV) - MAHC
Industrial Hygiene Services - 15-20 July 2007

(f) Establish a Standard of Service. IH should develop an SOP outlining report processing procedures. This SOP should outline formatting protocols and timelines for report writing and distribution (i.e., draft report within three (3) days of survey, supervisory review within two (2) final report distributed within 10 working days). This SOP will establish goals and objectives to be included in Mr. Gibson's support form. The standard(s) of practice should be applied equally among all PM staff members.

g. Adherence to IH DA Policy and Doctrine. There is some evidence showing that DA guidance and doctrine regarding indoor air quality (IAQ) issues/concerns are not consistently applied within Industrial Hygiene Services. In my communications with Mr. Gibson, I have stressed the "mission of IH is to ensure a safe and healthful environment for patients, staff and visitors throughout the installation". It is important to remember industrial hygienists are a vital part of the management team, we have an obligation to "do what is right". Recognized scientific principles are generally taken to mean scientific practices such as standard sampling and collection methods which are accepted by OSHA, EPA, research agencies like NIOSH, or by consensus standard-setting organizations such as ANSI and ASTM. In many of the reports of survey issued by Mr. Gibson, there are no clear and concise published definitions established, they are often a matter to interpretation and professional judgment. Mr. Gibson is encouraged to thoroughly review his findings/recommendations prior to finalizing the report to ensure that information provided is clear, accurate and concise.

h. USACHPPM Site Assistance Visit(SAV): The GPRMC IH Program Manager has arranged for USACHPPM representatives to provide a SAV in September 2007 to evaluate Mr. Gibson's industrial hygiene competency levels and to provide a written assessment of their findings. A competency assessment tool has been established and will be used determine technical strengths and weaknesses.

5. Questions or concerns regarding this investigation and/or the suggested recommendations may be directed to Mr. [REDACTED], GPRMC/BAMC Industrial Hygiene Program Manager at (210) 295-2608.

Encls (1)

[REDACTED]
GPRMC/BAMC IH Program Manager

7

Exhibit 3



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS GREAT PLAINS REGIONAL MEDICAL COMMAND
FORT SAM HOUSTON, TEXAS 78234

MCHE-DHI

29 August 2007

MEMORANDUM FOR

Commander, (ATTN: COL Rinehart), Munson Army Health Clinic, Fort Leavenworth, KS

THRU: Chief, Department of Preventive Medicine (ATTN: LTC Beverly Jefferson), Munson Army Health Clinic (MAHC), Fort Leavenworth, KS

SUBJ: Management Staff Assistance Visit (MAV) - B 136 - DOIM, Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation (21-23 August 2007).

1. PURPOSE: On 15 August 2007, COL Carmen Rinehart, Commander, Munson Army Health Clinic (MAHC), Ft. Leavenworth, KS requested Mr. Scott Bentley, GPRMC Industrial Hygiene Program Manager to validate the industrial hygiene information provided by Mr. Karl Gibson, MAHC Industrial Hygienist for the DOIM, B 136, Ft. Leavenworth, KS. Two reports were submitted, via email, dated 26 October 2006 and 16 April 2007. After a cursory review, it was determined that the work area should be reassessed and evaluated. Arrangements were made for Mr. Bentley to travel to Ft. Leavenworth 20 - 24 August 2007 to accomplish the work required. Mr. Bentley was accompanied by Mr. Kurt Greebon, Supervisory Industrial Hygienist, Brooke Army Medical Center (BAMC), Fort Sam Houston, TX. Mr. Greebon was recently hired from the Brook Air Force Industrial Hygiene Lab in San Antonio, TX where he served as the laboratory manager.

2. BACKGROUND:

a. An in-brief with Mr. Michael Riley, Assistant Director, DOIM was scheduled for 0930 21 August 2007. Building 136 currently houses the majority of the Ft Leavenworth DOIM activities. There are approximately 50 people assigned to work in the building. Demographics show the population is B 136 to be 40% female and 60% male. There are no active duty military personnel assigned except for two (2) personnel who work in the Military Intelligence office approximately 1 hour per day. DOIM has 100% civilian workforce with the majority assigned as GS-2210-12 and above level. The average age is 52 years with 17+ years work experience.

MCHE-DHI (GPRMC)

SUBJECT: Management Staff Assistance Visit (MAV) - B 136 - DOIM,
Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation
(21-23 August 2007)

b. There are four (4) work areas within DOIM operations: (1) Email Team; (2) Application and Security - Floor A; (3) Help Desk and (4) the Print Room. Currently, the building is undergoing major renovation and modification. Work includes the installation of a new heating, ventilation and air conditioning (HVAC) system, new lighting, interior walls and flooring. The work on Phase 1 is scheduled for completion in December 2007. Once Phase 1 is completed, the work group will relocate to the new space and the remainder of the building will be renovated. Proper construction barriers have been installed to minimize dust and dirt traveling to occupied areas of the building.

c. Mr. Riley reported few employees complain about upper respiratory (UR) and eye irritation. He further stated that most of the symptoms are reported during "seasonal" periods (e.g., cold/flu season; allergy season, etc). In addition, there have been reported cases of conjunctivitis, and other related medical conditions among the workers. Mr. Riley further indicated that many of the employees reporting symptoms feel that their symptoms/illness is due to work-related exposure (e.g., indoor air quality, dust/dirt, etc). The supervisor identified no significant trends in absenteeism among the work group.

d. Visual inspection found the building to be unkempt and dirty. Mr. Riley recognized the need for improved housekeeping throughout the current occupied areas of the building. Workers were observed eating and drinking at their workstations. Trash cans had not been emptied, etc. The survey team also noted a significant number of storage boxes, etc. throughout the building. We recognize that the building and its occupants are in transition, however, basic housekeeping needs to be improved.

e. Mr. Riley was specifically questioned about the shredding operations at DOIM. Mr. Riley indicated that, prior to beginning construction, workers needed to be relocated and/or consolidated into a smaller space. Due to the nature of the business conducted within DOIM, there is a requirement to safeguard classified materials. During the period 1 October 2006 and late April 2007, two (2) employees were assigned to perform intermittent tasks using a commercial paper shredder in the building. The shredder was used to destroy classified materials. Work was performed in an enclosed area - away from other workers. The process has since been abandoned and the shredder has been dismantled and removed from the work area. See detailed discussion in the body of this report.

MCHE-DHI (GPRMC)

SUBJECT: Management Staff Assistance Visit (MAV) - B 136 - DOIM,
Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation
(21-23 August 2007)

f. During conversations with management and various workers in the building about indoor air quality issues, they expressed no significant problems. One female employee, located in the Printer Room, did indicate that she is often times is uncomfortable with the cold temperatures. Temperatures throughout the building were measured and found to be within acceptable guidelines.

g. A review of Mr. Gibson's initial reports showed employees assigned to B 136 were overexposed to:

- total dust
- respirable dust
- chromium
- lead
- carbon dioxide
- low levels of relative humidity
- high temperatures
- poor air exchange rates
- potential exposure to spores/fungus/molds and bacteria

f. Based on the information gathered during this survey, there is no evidence to support the allegations made by Mr. Gibson in his reports dated 26 October 2006 and 16 April 2007. The reports, as written by Mr. Gibson, contain false and misleading information. Many of Mr. Gibson's comments made in the reports, in my opinion, are too alarming, inappropriate, inaccurate and misleading, especially for a sensitive indoor air quality (IAQ) population. It is strongly recommended that these reports be archived and a new report issued which accurately reflects the safety and health issues identified. Detailed supporting information is provided below.

3. FINDINGS/CONCLUSIONS:

a. The following tasks were performed in conjunction with this survey:

- (1) Interviewed workers and management.
- (2) Reviewed previous reports and supporting data prepared by Karl Gibson, Industrial Hygienist, Ft. Leavenworth, KS.
- (3) Conducted visual inspection of the facility on two separate occasions.

MCHE-DHI (GPRMC)

SUBJECT: Management Staff Assistance Visit (MAV) - B 136 - DOIM,
Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation
(21-23 August 2007)

(4) Monitored the workplace for indoor air quality parameters (temperature, relative humidity, carbon dioxide, and ozone).

(5) Measured supply and return airflow rates for ventilation system(s).

(6) Visually inspected air handling units.

(7) Conducted sound level measurements - there no documented overexposures. SLM readings ranged from 62.2 dBA - 75 dBA.

(9) Assessed Mr. Gibson's basic industrial hygiene competencies.

(10) Provided feedback to the management about conditions and activities within the space that could potentially have adverse impacts on indoor air quality.

NOTE: The following observation/findings are based on information provided from Mr. Gibson's initial reports (26 October 2006 and 17 April 2007); actual data collected at the time of the initial survey(s); data collected during this survey; employee/management interviews and general workplace observations.

b. The IAQ parameters were within acceptable ranges at the time of survey (22 Aug 2007).

c. The building is currently being renovated - approximately 75% of the space is currently involved.

d. The survey team (Bentley/Greebon) was unable to validate information presented in Mr. Gibson reports dated 26 October 2006 and 16 April 2007.

(1) A review of overall statistics collected by Mr. Gibson 09-10 April 2007 and 11-12 April 2007 was conducted. Mr. Gibson used the Quest Suite Mach 1. Calculated results shown on actual printout generated by the instrument differed (significantly) from the results listed in the written report. Average CO₂ measurements 398 ppm, 625 ppm, 285 ppm, and 518 ppm. Mr. Gibson reported CO₂ levels at 1,886 ppm, 1,585 ppm, 2,314 ppm, 1,467 ppm respectively. The data shows samples were collected over a 24-hour period.

MCHE-DHI (GPRMC)

SUBJECT: Management Staff Assistance Visit (MAV) - B 136 - DOIM,
Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation
(21-23 August 2007)

(2) In Mr. Gibson's 26 October 2006 report, he states "In other areas of Ft Leavenworth when paper and CD shredder operations were occurring, worker's breathing zone exposures in the shredding room to Chromium, Lead, Respirable Particulate, and Total Dust were noncompliant". He continues with his comments stating that it is possible for dust levels to reach "explosive levels".

(a) There was no air sampling conducted in B 136 to either prove or disprove these allegations.

(b) Mr. Gibson was requested to provide the survey team with sampling data to substantiate his statements. Mr. Gibson provided an IAQ report for Building 45, dated 14 February 2006.

(c) POTENTIAL EXPOSURE TO METALS: A thorough review of the report and actual sampling data showed:

(1) Results identified as noncompliant by Mr. Gibson for Lead and Chromium were within regulatory limits.

(2) Mr. Gibson reported total chromium as hexavalent chromium and applied incorrect exposure standard.

(3) Mr. Gibson misreported actual laboratory results for lead (Pb) one order of magnitude greater than calculated TWA.

(4) Based on the laboratory sampling results there were no documented overexposures for metals analyzed.

(d) TOTAL/RESPIRABLE DUST EXPOSURES: General area (GA) air samples to determine dust levels were collected. Respirable particulate (16.3 mg/m³) results are suspect due to the total dust samples (6.9 mg/m³) collected are 2 times lower than the respirable particulate sample collected at the during the same sampling event. Mr. Gibson reported employee overexposures to total and respirable dust in B 136.

(e) AIR EXCHANGE RATES: There was no documentation to support the calculated air changes per hour (AC/hr). Mr. Gibson stated that software program was not working properly. He did not resample and validate results. Mr. Gibson did identify the areas surveyed as "noncompliant" with indoor air quality standards. Actual measurements taken during this survey showed the calculated air exchange rate in the Server Room to be 7.21 air changes per hour (AC/hr) and 16.25 AC/hr in the Printer Room.

MCHE-DHI (GPRMC)

SUBJECT: Management Staff Assistance Visit (MAV) - B 136 - DOIM,
Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation
(21-23 August 2007)

Each area is equipped with a separate 15 ton air handling system. Design criteria (MIL-HDBK-1191, Appendix A) requires 4 AC/hr for computer rooms/terminal servers/archive storage.

(7) STANDARDS/GUIDELINES: In Mr. Gibson's report dated 16 April 2007, he has misquoted and/or misapplied appropriate consensus standards for respirable particulates. In his report, he uses the EPA National Primary Ambient Air Quality Standards as opposed to ACGIH. When asked to explain his rationale, Mr. Gibson stated that "the employee job description does not include processes which generate respirable particulate matter in the work area and therefore employees are overexposed".

(8) HEALTH RISK ASSESSMENT CODES: Assigned risk assessment codes (RACs) are inflated and inaccurately stated. There appears to be inconsistency in the application of RACs. Overall risk assessment code should be a RAC 4.

(9) STANDARD PRACTICE: Mr. Gibson fails to apply prudent industrial hygiene practices and techniques. The following areas were specifically addressed:

- (a) Reports are misleading and inaccurate.
- (b) Sampling data is suspect and cannot be reproduced.
- (c) Assignment of risk assignment codes is unrealistic and inflated.
- (d) Sampling procedures and protocols are not consistently followed.

(1) IAQ - Despite repeated counseling and instruction, Mr. Gibson does not follow established protocols for conducting IAQ surveys in accordance with TG 277 and TG 278.

(2) Mr. Gibson does not routinely collect background samples for IAQ or submitted media blanks for laboratory quality control.

(3) Mr. Gibson lacks the ability to interpret data results and present specific conclusions.

(4) Mr. Gibson lacks the ability to identify incomplete decision-making, faulty judgment and administrative miscalculations.

MCHE-DHI (GPRMC)

SUBJECT: Management Staff Assistance Visit (MAV) - B 136 - DOIM,
Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation
(21-23 August 2007)

(10) Based on the information gathered during this survey, it was determined that previous survey results from B 136 are suspect. The survey team will issue a re-evaluation report within 10 working days (by COB 7 SEP 2007).

4. OTHER ISSUES ADDRESSED DURING THIS VISIT:

a. IAQ Issues at TRAC - Funston/McNair. On Wednesday, 22 August 2007, Lt Derivan and I visited with Jan Sifford, CPAC, Ft Leavenworth, KS to discuss the draft performance improvement plan (PIP) for Mr. Gibson. During that meeting, Ms. Sifford presented an email communication from Mr. David Davis, TRADOC Civil Engineer. The email message (attached) was sent to McNair Hall occupants stating that Mr. Gibson would be conducting IAQ sampling (to include mold/spores) on 15 August 2007. The email further states "Karl's tests over the past three years have formed the basis for the design of our new HVAC system in Funston Hall and helped us build a case for getting local funding support for that project". When I returned to the PM office, I asked Mr. Greebon to have Karl pull the casefile for the Funston and McNair Hall. I reviewed 5 reports dating back to 2005, where Karl has performed IAQ mold sampling (contrary to DA policy) in McNair Hall. Late Thursday afternoon, LT Derivan, Mr. Gibson, Mr. Greebon and I paid a visit to Mr. Davis who was located in Funston Hall. We chatted awhile and I began asking questions about the air sampling being conducted in the building. Mr. Davis stated that Mr. Gibson had provided this service for nearly three years. The reports are full of inaccurate and misleading statements; information is not technically sound; standards are not applied in accordance with prudent industrial hygiene practices, etc. I questioned Karl directly about his strategy - he told me that there was an ISSA or MOA between TRAC and MAHC to perform the sampling and that the three-year sampling program was a direct result of medically documented employee exposures. At this point, I have been unable to validate any of the statements made by Karl. I am afraid that TRAC has spent considerable amounts of money on a HVAC system that may or may not work (they are installing a desiccator to remove "excessive moisture" - big expense - little value).

may
you
OK

MCHE-DHI (GPRMC)

SUBJECT: Management Staff Assistance Visit (MAV) - B 136 - DOIM,
Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation
(21-23 August 2007)

b. Visual inspection found the building to be generally clean and well maintained. The visit also included real-time monitoring of temperature, relative humidity, and concentrations of carbon dioxide of several areas of the building and outdoors. All parameters measured within acceptable limits. The survey team did note, however, that there was a significant increase in the relative humidity level in one area (measured at 62%). There was no other areas of the building that showed signs of water incursion or mold and no perceptible odors were detected. Ideally, design criteria states RH should be maintained between 30-60% range. I walked the group to the basement mechanical room and found approximately 1/2 inch water on the floor - the condensate lines were draining directly to the floor instead of into the PVC pipe to the outside (see photos attached). Karl was just there the week before and had not identified the water leak problem. Identification of the water source is considered one of the basic premises of conducting an IAQ survey. The discussion continued - Karl asked "do not you the give the customer what they want". To a point- as long as it is technically correct and based on sound professional judgment. I explained ^{my} philosophy on industrial hygiene and what it is we do. Our primary concern is the safety and health of employees, but we also have a commitment and loyalty to management. Karl misconstrued that to mean "that we always side with management". This further demonstrates Mr. Gibson's lack of understanding and perception.

5. RECOMMENDATIONS:

a. At this point, I would recommend that we go ahead with issuing the PIP and having USACHPPM come out and assess Mr. Gibson's technical competencies. Ms. Sifford feels that we should allow Karl the opportunity to rework the outstanding reports using the provided template. Lt Derivan (supervisor) and I (technical reviewer) worked out a review process and think we can make it work. One of the problems, as I see it, is that Karl has acted autonomously and really has not had someone to actually sit down and technically review his reports. I feel, based on the data reviewed during the B 136 survey, that Karl has achieved a reasonable skill level (technician) for collecting data. Our problem comes to the interpretation of that data. The PIP has been drafted and has been submitted to JAG for review/comment. Ms. Sifford indicated that we were 3rd or 4th on the list of priorities.

b. I recommend that we curtail/defer Mr. Gibson from performing environmental air sampling until we can fully asses

MCHE-DHI (GPRMC)

SUBJECT: Management Staff Assistance Visit (MAV) - B 136 - DOIM,
Ft Leavenworth, KS - Industrial Hygiene Health Hazard Evaluation
(21-23 August 2007)

his competency levels. As stated above, I feel he is capable for performing the actual collection, but lacks when it comes to interpretation and analysis of the results.

c. USACHPPM is still on target for a SAV in mid-September to help assess Mr. Gibson competency levels and do some work for the DB. The schedule is flexible and subject to change and your requirements. I will provide USACHPPM with the skill sets we want to have evaluated. The information is outlined in the ACTEDS program documents for Industrial Hygienist.

d. LTC Jefferson called yesterday afternoon and stated that "the union said no way to a performance improvement plan" based on Mr. Gibson's previous rating of record. I am confused on what she was telling me and need to get some clarification. It is my understanding that implementing a performance-based improvement plan is NOT within the purview of the bargaining unit. If we want to pursue "disciplinary actions" I would recommend looking at "falsification of records" and/or "insubordination".

e. I will issue a written report on B 136 within 10 working days (NLT COB 7 SEP 2007).

5. Questions or concerns regarding this investigation and/or the suggested recommendations may be directed to Mr. Scott Bentley, GPRMC/BAMC Industrial Hygiene Program Manager at (210) 295-2608.

Encls (1)

SCOTT D. BENTLEY
GPRMC/BAMC IH Program Manager



Photo 1 - Basement Mechanical Room - McNair Hall

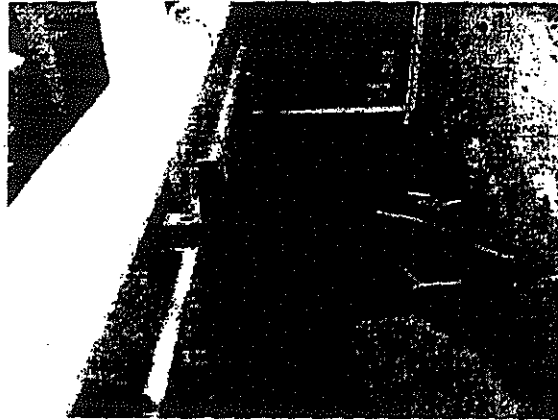


Photo 2 - Water collecting on floor from condensate discharge

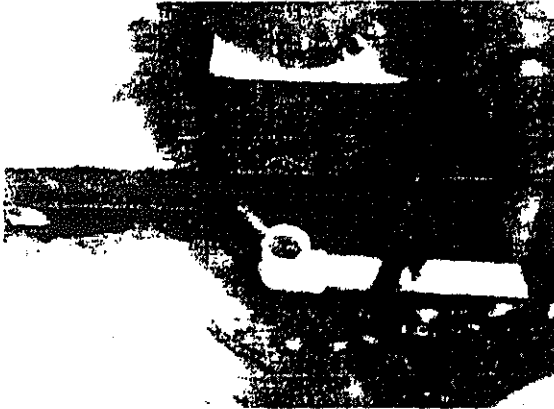


Photo 3 - Tygon tubing inserted into drain pipe



Photo 4 - Condensate allowed to discharge and collect on floor

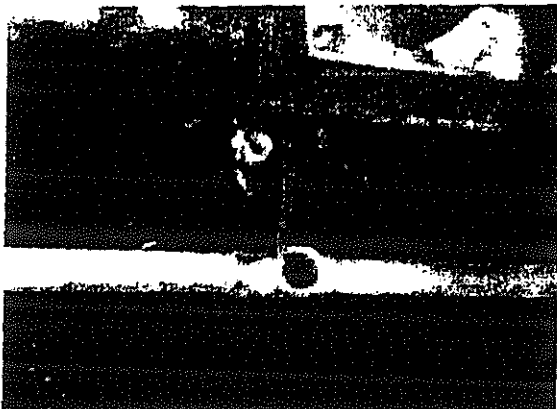


Photo 5 - Tygon tubing too short

NOTE: The above photographs were taken on 29 August 2007. Approximately one week after initial survey. At the time of survey, all the tygon tubing was disconnected from the drain pipe. Condensate was allowed to collect directly on the floor. Approximately 1/2 inch of water covered the floor area. The surveyor reinserted the tygon tubing where available. Standing water has dissipated somewhat.

Chief Counsel
TACOM Life Cycle Management Command

Technical Qualification #1

Major Task: Directs the activities of attorneys and support personnel engaged in business law, intellectual property law, and general law support services. As the key advisor to the Commander and primary organizational elements, provides advice on legal sufficiency of major source selections, justifications and approvals, contract awards, standard and special contract clauses, contract administration matters, contract termination, allowability of costs, incentives, assignments of claims, advance payments and contract financing. Advises on all matters concerning standards of conducts, conflict of interest and government ethics matters, foreign governments and agreements with domestic concerns related to acquisition in foreign countries.

Knowledge, Skill, or Ability: Demonstrated excellence in leading a team of legal experts in accomplishing difficult, complex legal missions. Experience must disclose ability to supervise, inspire, and motivate legal professionals, attorneys and support staff that supports the research, development and acquisition of major defense acquisition systems and related items and services. Experience advising high-ranking commanders or civilian leaders of large and diverse organizations is desired.

Superior (+): Experience as a second-line (or higher) superior with full responsibility for supervising a legal staff through subordinate supervisors. Demonstrated experience in guiding subordinate subject matter legal experts as a result of past personal experience in the subject matter. Demonstrated success in fostering an environment in a legal office within which all individuals could work cooperatively and effectively in achieving organizational objective. Experience which demonstrated strong skills in redirecting, coaching, teaching, mentoring and motivating individuals and building high morale, resolving conflicts, and providing leadership in the legal office's expected performance levels. Demonstrated experience and extensive ability to take extremely complex legal issues and concomitant facts and translating those to very senior military or civilian leaders. Record shows that applicant treats all employees respectfully, and has experience hiring quality attorneys, and organizing subordinate organizations to provide legal services to a large organization with varied important responsibilities.

Acceptable (√): Applicant has more limited second line (or higher) supervisory experience that that described above, or first level supervisory experience at the GS-14/15 level, or equivalent, in which that applicant performed the full range of supervisory duties for a subordinate staff of legal professional and/or administrative employees. OR has performed as a leader of a team on a recurring basis that demonstrated legal team leadership accomplishment and leadership and excellent mission results. Work experience in advising very senior military and/or civilian leaders with excellent results. Record shows that applicant treats all employees respectfully, and has experience in putting together teams to accomplish missions for organizations with widely varying missions.

Chief Counsel
TACOM Life Cycle Management Command

Technical Qualification #2

Major Task: As the Command's Chief Counsel, serves as the final legal authority for command mission responsibilities. Responsible for legal cases that have an important impact on major industry, public interest, and information in areas of scientific, financial, contractual and other highly technical areas. Manages and directs the work efforts of civilian and military attorneys involved in acquisition law, intellectual property law, general law, personnel law, and military law.

Knowledge, Skill, or Ability: Ability to expertly apply a broad range of legal expertise (i.e., source selection, contracts, government contract litigation, bid protests, fiscal law, procurement fraud, Foreign Military Sales, intellectual property law and ethics advice) in support of significant, high priority programs. Experience in other general law areas (labor law, administrative law, environmental law) is desired.

Superior (+): The applicant has substantial experience rendering expert advice to key decision makers in three or more of the cited areas of law in support of a major government procurement program. Must include experience in the areas of business law, including large scale, multimillion-dollar source selections involving research and development, production, or service contracts.

Acceptable (✓): Applicant has experience rendering expert advice to key decision makers in three or more of the cited areas of law in support of high-value government procurements.

8

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 Munson Army Health Clinic	2. DATE (YYYYMMDD) 2009/05/12	3. TIME 15:30	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS YA-02	
8. ORGANIZATION OR ADDRESS Civilian Personnel Advisory Center, Fort Leavenworth, KS			

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

1 - Please describe your position title and give a brief summary your duties?

A: I am a Human Resources Specialist, YA-02, and have worked in the area of Management-Employee Relations (MER) since 1989. My role is to provide guidance and interpretation of various civilian personnel programs. I advise and counsel employees on their employment benefits (e.g., retirement, insurance, OWCP) and answer employee inquiries concerning employment concerns and explain the grievance process. Although I frequently offer to attempt informal resolution, my role is not to serve as an employee advocate.

I assist and advise supervisors and managers in the areas of discipline and performance management. I review investigatory files and proposed actions to ensure that corrective actions are in accordance with the procedures set forth in Title 5, USC. I assist the Labor Counselor, Staff Judge Advocate, in representing management at employee hearings/appeals.

2 - How has the execution of these duties within the last 3 years involved Mr. Gibson and the Munson Army Health Clinic?

A: I was consulted numerous times by Mr. Gibson's supervisory chain regarding his performance and conduct. The first interaction I recall was in the summer of 2007 when LT [REDACTED] and Mr. [REDACTED] visited my office to discuss problems that had been noted in Mr. Gibson's technical performance. I outlined the procedures to address performance which was less than fully successful and asked to review Mr. Gibson's current performance standards. Because the standards were more a listing of tasks and did not clearly articulate what was required for a rating of "Success," it was decided to defer a formal performance-based action for the 2007 rating and to begin the 2008 rating period with performance standards that were measurable, attainable, and appropriate for the grade level of the position.

At the beginning of the 2007-08 rating period, LT [REDACTED] sought my assistance in development of performance expectations in accordance with the Total Army Performance Evaluation System (TAPES). Considerable time and work was expended to implement the standards as Mr. Gibson asked repeatedly for clarification. In an attempt to resolve any misunderstanding of his performance expectations, a lengthy meeting was held between LT [REDACTED], Mr. Gibson; his Union representatives; Ms. [REDACTED], AFGE National Representative; myself; and the CPAC Labor Relations Officer, Ms. [REDACTED]. LT [REDACTED] clarified that the meeting was not to change or issue new standards, but rather to provide requested clarification of standards already in place. Following this meeting, Mr. Gibson's rating period was extended slightly to afford him 120 days to perform under acknowledged standards as required by the TAPES. The resultant rating was a level 5 (Unsuccessful). IAW 5 USC and the TAPES regulation, I assisted LT [REDACTED] in drafting a formal 90-day PIP to inform Mr. Gibson of noted performance deficiencies, what was required to improve his performance, and training/management assistance that would be provided.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	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 [REDACTED] TAKEN AT MAHC, KS DATED 2009/05/12

STATEMENT (Continued)

3 - Have LT [REDACTED] and LTC [REDACTED] developed adequate and appropriate corrective actions and performance improvement plans with regard to Mr. Gibson?

A: It is my opinion that LT [REDACTED] and LTC [REDACTED] sought CPAC and legal guidance and followed appropriate procedures to address Mr. Gibson's performance and to effect discipline. Although both routinely conferred with me to ensure regulatory compliance of actions, I relied on the technical expertise within MAHC, including Mr. [REDACTED] with regard to IH regulations/procedures.

4 - Once the need for a performance improvement plan (PIP) became necessary did you review Mr. Gibson's training record? If so what recommendations did you provide to his supervisors?

A: The requirements of a PIP include providing assistance to the employee to improve their performance. Mr. Gibson's training record was reviewed in drafting the PIP and it was noted that he had been provided numerous training opportunities. As LT [REDACTED] indicated that he knew of no additional formal training necessary for Mr. Gibson to perform successfully, assistance would be provided through mentorship and closer supervision.

5 - (2a) Based on your knowledge of the interactions between LT [REDACTED], LTC [REDACTED] and Mr. Gibson, have LT [REDACTED] and LTC [REDACTED] redirected time and resources, issued conflicting and constantly changing directives to Mr. Gibson?

A: It is my understanding that with the implementation of the PIP, Mr. Gibson's supervisors may have redirected his time and focus toward the requirements of the PIP. In response to Mr. Gibson's request for clarification of what he was to do, it became necessary to provide detailed instruction. I ultimately advised LT [REDACTED] that it appeared to me that his guidance had become more detailed than that normally expected. I suggested that he begin to provide broader work assignments to allow Mr. Gibson to demonstrate acceptable performance commensurate with a GS-11 IH.

6 - What would constitute an abuse of authority by LT [REDACTED] or LTC [REDACTED]?

A: It is unclear to me what is meant by abuse of authority. From my knowledge of actions taken, LT [REDACTED] was within his authority as supervisor to assign work, to limit performance of certain duties, and to measure work performance.

7 - Are you aware of any actions by LTC [REDACTED] and LT [REDACTED] that would constitute an abuse of authority?

A: No.

8 - Is it appropriate for a supervisor to restrict an employee's abilities to perform their job? If so, under what circumstances it is done? What actions are expected or required by management? Were those actions taken in Mr Gibson's case?

A: The supervisor has overall responsibility for the effectiveness of their organization. Accordingly, the supervisor may decide which duties and responsibilities within the employee's official position description are to be assigned and to determined how such work is to be performed.

Mr. Gibson was directed not to perform duties related to testing without prior supervisory approval. Such direction would be appropriate in cases where management had appropriate mission-related, e.g., noted performance deficiencies.

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 3 PAGES

9. STATEMENT (Continued)

Is it an accepted practice to require employees to receive prior supervisory approval before permitting them to conduct more intensive work practices? Were the restrictions placed on Mr. Gibson overly restrictive?

A: It was my understanding that the directive that Mr. Gibson not perform certain tests without supervisory approval was determined necessary because of his history of questionable testing and test results. Based on my past experience, I do not feel that it would not be unduly restrictive to require supervisory approval to perform certain duties where management questions technical proficiency or has concern over expenditure of unnecessary dollars.

10 - Would your office be the responsible for assisting Mr. Gibson if he were unable to convince his supervisors that their actions and/or directions were violating federal laws, Army regulations or endangering public health? If so, did Mr Gibson ever approach your office with this information?

A: Although I have been involved in the processing of grievances and in preparation of Union data requests, Mr. Gibson did not contact me, nor to my knowledge anyone in the CPAC, to personally inquire how to contest management's actions related to federal laws or endangering public health.

11 - It is my understanding that Mr. Gibson has filed grievances related to his work at Munson Army Health clinic. Are his grievances related to restriction of work or building assessments/surveys requiring time weighted measurements?

A: Mr. Gibson filed grievances IAW the Negotiated Grievance Procedure concerning his 2007 and 2008 annual performance evaluations. His grievance asserts, in part, that the restriction placed on his ability to test may have adversely impacted his overall performance level.

I have nothing additional to add to this statement.

AFFIDAVIT

I, [REDACTED], 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

WIT: [REDACTED]

MUNSON ARMY HEALTH CENTER
ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

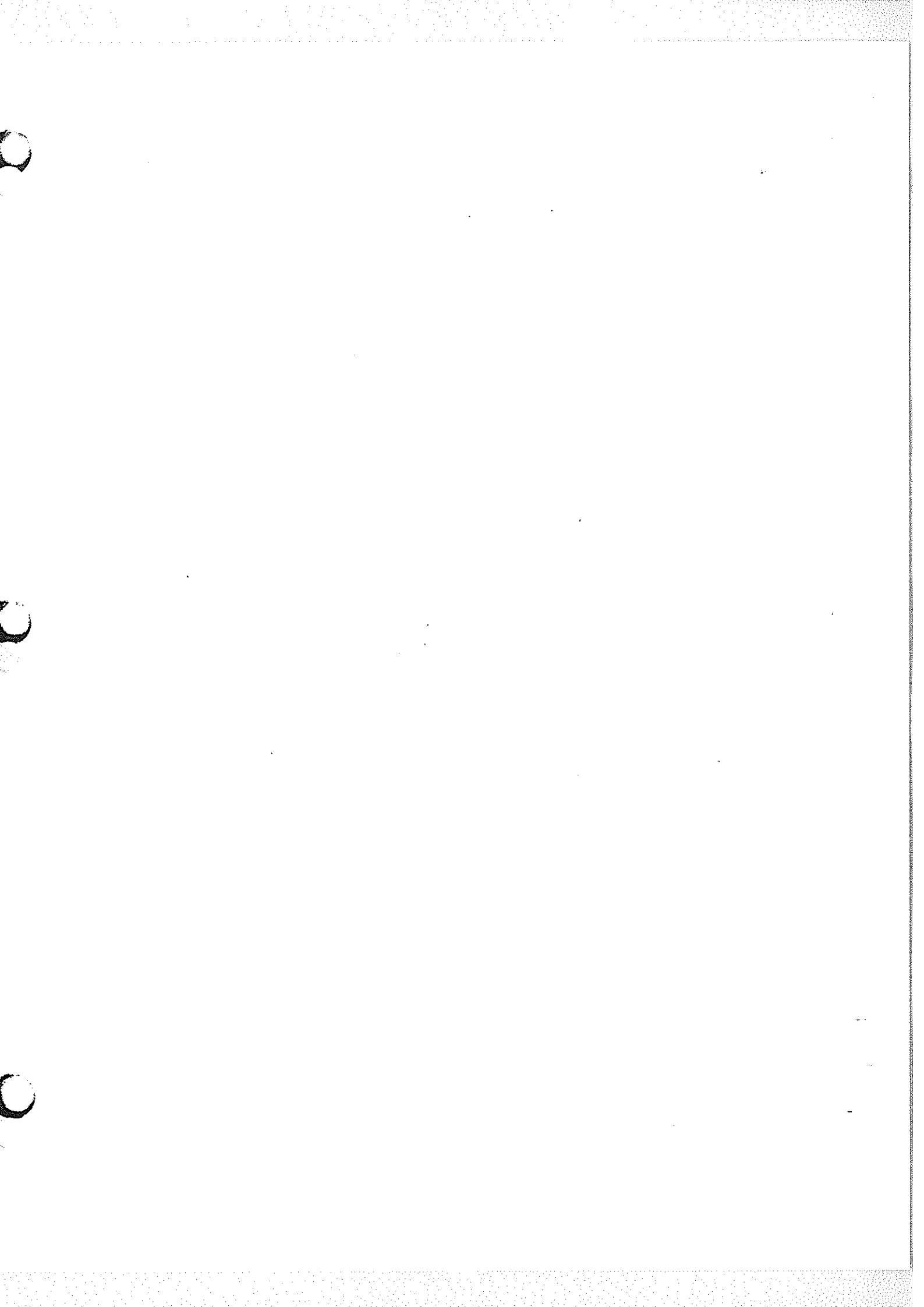
Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of may 2009 at Munson Army Health Center

[REDACTED SIGNATURE]
(Signature of Person Administering Oath)

[REDACTED] COL
(Typed Name of Person Administering Oath)

Investigating Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]



9

Exhibit 5

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 Kansas City District, Kansas, MO	2. DATE (YYYYMMDD) 2009/05/19	3. TIME 14:00	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN XXX-XX-[REDACTED]	7. GRADE/STATUS GS12	
8. ORGANIZATION OR ADDRESS US Army Corp of Engineers, Kansas City District			

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

1 - Please describe your position title and give a brief summary your duties?
A: Industrial Hygienist. I am responsible for the development and review of safety and health programs for USACE and contractor programs at primarily hazardous waste sites. In addition, provide industrial hygiene support, as needed, to the district safety office. Provide technical consultation to USACE construction projects related to asbestos, lead, mold or other occupation health related issues.

2 - How has the execution of these duties within the last 3 years involved Mr. Gibson and the Munson Army Health Clinic?
A: Previous work with Mr. Gibson, in the last three years, included asbestos issues associated demolition of former Bell Hall. Recent involvement, at the request of Munson Army Health Clinic and in accordance with provided scope of work, provided independent technical industrial hygiene support primarily focused on facility inspections.

3 - (2a2) Are there any instances in which Mr. Gibson was prevented by LT [REDACTED] and LTC [REDACTED] from ensuring compliance with federal regulations and Army rules and regulations requiring the regular assessment and appropriate testing of Ft. Leavenworth buildings and facilities for industrial hygiene threats and hazards?
A: No, not to my knowledge.

4 - In the conduct of his duties, did you Mr. Gibson ever discuss how Ft Leavenworth would violate Federal and Army regulations concerning industrial hygiene and safety by not conducting regular assessment and the appropriate testing of Ft Leavenworth's buildings/facilities?
A: No, not to my knowledge. Goal of our efforts was to increase the effectiveness of the IH program. Compliance with federal or Army regulations was not assessed.

5 - Did Mr. Gibson ever discuss how Ft Leavenworth might be violating Federal and Army regulations by not taking industrial hygiene and safety actions to correct conditions?
A: No, not to my knowledge.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	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.		

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF [REDACTED] TAKEN AT Kansas City District DATED 2009/05/19

9. STATEMENT (Continued)

6 - (2b) - The 28 Aug 2007 memorandum stopped Mr. Gibson from conducting routine testing until he has an opportunity for refresher training. If you assessed Mr. Gibson's technical skills and capabilities, what was your assessment?

A: I did have the opportunity to assess Mr. Gibson's technical skills and capabilities in relation to the facility inspection processes and assessment of lead standards. I observed during these activities that Mr. Gibson was technically skilled in sample collection using real-time and personal integrated sampling methods. However, significant issues were noted related his ability to identify occupational hazards, appropriate standards, selection and use of appropriate sampling strategies, interpretation of results, and identification of appropriate controls.

7 - Did any major life safety or IH issues come to the attention of the Munson staff that required IH intervention or assessment? If so, who handled these issues and what was the resolution? A: Not to my knowledge.

8 - (2b3) On 22 August, you conducted an industrial hygiene facility assessment of building 77 with Mr. Gibson. Was this assessment or "walk-thrus", unreasonably limited in scope by L [REDACTED] and LTC [REDACTED] by restricting Mr. Gibson to ask only seven questions of the occupants of each of the 18 buildings? If so, why?

A: I do not have knowledge of specific instructions or restrictions placed on Mr. Gibson in relation to his activities.

9 - Please explain the circumstances behind paragraph 4b on the 26 August 2008 memorandum "Field Observations of the Industrial Hygiene Facility Assessment process". What was the Munson Army Health Clinic Staff intended to infer or correct as a result of this observation?

A: The comment is made in context as a mechanism to improve the existing program and as there is a limited IH resource, prioritize assessment activities. In my opinion, the scope of the inspections is limited. It requires that all facilities be inspected, however, in my opinion, does not require that all identified hazards be assessed by industrial hygiene sampling during the facility inspection process. It was recommended that prioritization of assessment of identified hazards be established using hazard inventory that should encompass the entire facility.

10 - During the work place assistance visits or "walk thurs" with Mr. Gibson, What did you observe about his techniques and his interaction with the customers?

A: It appeared that Mr. Gibson's primary focus was air sampling. Interaction with employees appeared to be limited and coincided with periods of lower activity in the facilities.

11 - (2b5) Are time weighted measurements an essential part of any properly conducted industrial hygiene program? A: Yes.

12 - (2c). What type of measurements were taken while you were assisting the MAHC staff with the Fort Leavenworth IH program? Were time weighted measurement taken? If so, what was the purpose and how did it relate to the MAHC IH program.

A: During facility inspections, I observed that Mr. Gibson collected real-time measurements related to indoor air quality (temperature, dust, relative humidity, carbon dioxide), noise, and light.

Observed wipe and time-weighted sampling to assess lead exposure. Time-weighted sampling was completed to verify compliance with OSHA lead standard.

13 - Did you review Mr. Gibson's IH reports? If so, what did you find?

A: Yes. In general significant issues were noted in relation to identification and application of appropriate occupational standards and interpretation of sampling results.

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 4 PAGES

9. STATEMENT (Continued)

14 - (2c1) What was the purpose of the two step (walk-thru followed by assessment) approach?

A: Although related, it is my understanding that, although related, facility inspections and assessment are not synonymous. Purpose of facility inspections is to confirm that identified hazards (as tracked in the hazard inventory) and established controls are adequate. This may or may not require sampling. Assessment processes is an ongoing effort to provide documentation concerning each hazard identified in the facility inventory over a period of time. This may include required monitoring at greater frequency than once a year, depending on the assigned risk.

15 - In August 2008, did the Army Corps of Engineers object to LT [REDACTED] and LTC [REDACTED] use of this approach?

A: I did not receive feedback from either as to their opinion as whether they accepted this recommendation..

16 - (2c2) Did you or any Corps of Engineer officials determine that the walk-thru alone was of minimal value and that the walk-thru and assessment steps should be combined?

A: No, not to my knowledge. My recommendation was to complete facility inspections with a flexible approach primarily based on professional judgment of the IH.

17 - (2c3) Did you or any Corps of Engineer officials determine that assessments should include limited measurements of light, noise and, if indoor air quality issues had been raised by the occupants of a building, to conduct carbon monoxide, temperature, humidity and particulate testing?

A: No, not to my knowledge. Technical consultation was not provided in relation to the sampling strategies employed. Sampling strategies and protocols were determined by Mr. Gibson without technical consultation.

18 - (2d) Were there any instances in which the Fort Leavenworth IH program created the potential for a substantial and specific danger to the public health and safety. If so, please specify the instance, circumstances, and individuals responsible.

A: Not to my knowledge.

AFFIDAVIT

I, [REDACTED], 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.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:
[REDACTED]

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19 day of May, 2009 at Kansas City District, Kansas MO

USACE - Kansas City District
ORGANIZATION OR ADDRESS

[REDACTED]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED] COL
(Typed Name of Person Administering Oath)

Investigating Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

Statement of [REDACTED] taken at Kansas City District dated 2009/05/19

19 – (2d2) Does testing buildings without time weighted measurements render an industrial hygiene program essentially useless and constitute a danger to public health and safety.

A: No. Time-weighted sampling is one component of a comprehensive program. Other types of sampling methods are often appropriate, especially to assist in identify potential hazards. Time-weighted sampling is appropriate in the assessment processes, but may not always be required.

20 – (2d2) Does an industrial hygienist have any means of determining the cumulative effect a suspected toxin might have upon the occupants of a building over an extended period of time without time weighted measurements?

A: Yes, some chemicals have biological indicators that can be used to directly assess exposure. However, in my opinion, determining the cumulative effects of a suspected toxin cannot be effectively assessed due to the nature of exposure, differences in individuals, exposure histories, and the complex nature of multiple chemical interactions. The industrial hygienist, using a spectrum of sampling along with professional judgment, can assess compliance with established exposure limits at which it is thought the majority of workers can be safely exposed without adverse effect. Time-weighted monitoring is often critical to complete this assessment.

21 – (2d2) Were the chemicals requiring the type of monitoring mentioned in the previous answer present at Fort Leavenworth? If so, which chemical were present? Was the MAHC staff monitoring for these exposures?

A: Past experience at Fort Leavenworth involved potential exposure to asbestos and lead. monitoring was completed. M 5-19-2009

----- Nothing Follows -----

M

M

SUBJECT: Privacy Act Statement

DATE: 7 MAY 2009

NAME: 

1. **AUTHORITY:** The authority for the collection of personal information during the conduct of this investigation is Title 10, United States Code, Section 3012 (10 USC 3012).

2. **PRINCIPAL PURPOSE:** The purpose for soliciting this information is to obtain facts and make recommendations to assist the Brooke Army Medical Center Commander in reviewing the facts and circumstances surrounding allegations by Mr. Karl Gibson concerning the MAHC industrial Hygiene Program.

3. **ROUTINE USES:** Any information you provide may be disclosed to members of the Department of Defense (DoD) who have a need for the information in the performance of their official duties. In addition, the information may be disclosed to government agencies outside of the DoD as follows:

a. To members of the U.S. Department of Justice when necessary in the defense of litigation brought against the DoD, or against the members of that department as a result of actions taken in their official capacity.

b. To members of the U.S. Department of Justice when necessary for the further investigation of criminal misconduct.

4. **DISCLOSURE MANDATORY; EFFECT OF NOT PROVIDING INFORMATION:**

a. For individual warned of his or her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution, providing the information is voluntary. There will be no adverse effect on you for not furnishing the information other than essential information may not be provided which might not otherwise be available to the Commander for his/her decision(s) in this matter.

b. For individual who may be ordered to testify, providing this information is mandatory. Failure to provide information could result in disciplinary action or other adverse action against you under the UCMJ, Army Regulations, or Office of Personnel Management Regulations.

c. For individual who may not be ordered to testify, providing this information is voluntary. There will be no adverse effect on you for not furnishing the information other than essential information may not be provided which might not otherwise be available to the Commander for his/her decision(s) in this matter.


✓ Signature of Witness

10

Exhibit 6

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 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION KANSAS CITY, MO	2. DATE (YYYYMMDD) 20090706	3. TIME 1130	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]			7. GRADE/STATUS GS-12
8. ORGANIZATION OR ADDRESS U.S. ARMY CORPS OF ENGINEERS - KANSAS CITY DISTRICT			

9.

I, [REDACTED], wish to provide clarification of my previous statement dated 19 May 2009, under oath as follows:

14 - (2c1) What was the purpose of the two step (walk-thru followed by assessment) approach?

A: A comprehensive hazard inventory for the entire facility should be maintained to assist in prioritizing industrial hygiene activities. Annual facility inspections are required to confirm that identified hazards are still present and that established controls are adequate. Results from facility inspections can be used to update the fort's hazard inventory. This inventory should be referenced during planning to determine whether industrial hygiene monitoring is required and to prioritize these efforts.

In relation to Fort Leavenworth, it was noted that facility hazards had not been consolidated and therefore was unavailable for planning purposes. It was recommended that the facility walk-through process would be a good opportunity to generate the comprehensive hazard inventory. As the inventory is thought to be critical to establish assessment priorities, it recommended that walk-through inspections be completed prior to assigning additional industrial hygiene assessment tasks.

15 - In August 2008, did the Army Corps of Engineers object to LT [REDACTED] and LTC [REDACTED] use of this approach?

A: In absence of a comprehensive hazard inventory for the Fort, the facility inspection process was deemed an effective and timely means to verify and compile identified hazards into the required inventory. Therefore, the Corps of Engineers did not object to LT [REDACTED] and LTC [REDACTED] approach.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 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.