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Exhibit 19 – KG Exhibit # 21

3 July 2007

MEMORANDUM FOR RECORD

SUBJECT: Minutes for 22 June 2007 Counseling of Karl Gibson

Personnel Present: LTC [REDACTED], 2LT [REDACTED], and Mr. Karl Gibson

1. What is the intent of the meeting? To document our discussion and answer questions concerning the dated on 9 April 2007 Performance Expectations for Karl Gibson and Mr. Gibson's dated on 25 May 2007 MFR Performance Expectations for Karl Gibson Questions.
2. LTC [REDACTED] asked who was the 25 May 2007 MFR Performance Expectations for Karl Gibson Questions document to be sent to? Mr. Gibson stated "that a hard copy had been sent to LTC [REDACTED], but I had received no response. I then e-mailed the 25 May 2007 MFR Performance Expectations for Karl Gibson Questions to document receipt of the MFR since LTC [REDACTED]'s 9 April 2007 MFR had timed requirements."
3. LTC [REDACTED] stated "that as soon as she received the 25 May 2007 MFR Performance Expectations for Karl Gibson Questions, she sent it to COL [REDACTED] and COL [REDACTED]" She also stated that "there were several false statements in the above MFR." Karl Gibson asked for her to slow down because I was taking notes. 2LT [REDACTED] stated "that your writing slowed the flow of the meeting and you (Karl Gibson) need to get a tape recorder."
4. LTC [REDACTED] stated that "in paragraph 1. b, 1.c, and 1.d. She had a problem with the sentence "The only problem that has been identified by my command is that they do not like the results." LTC [REDACTED] claimed that this was a false statement. She stated that if I (Karl Gibson) do have concerns about the command, then I need to address them directly to COL [REDACTED] and then the Commander.
5. LTC [REDACTED] stated that "in paragraph 2.d She had a problem with the sentence 'What problem is there with the current SOP except that the C, PM has not reviewed them in 2006 or 2007?'" She stated that "this was a false statement and I (Karl Gibson) had no proof that this was true."
6. LTC [REDACTED] stated "if Karl Gibson continues to make statements like in paragraph 4 or 5 above, he will receive disciplinary actions." Karl Gibson requested a stop in the meeting so he could have an union representative. Karl Gibson was told by LTC [REDACTED] that "This was only a performance and I was not authorized a Union representative - that they had no right to sit in this meeting."

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7. New Policy, LTC [REDACTED] stated "Any request for testing outside the normal basis, Karl Gibson will have to get prior approval from either 2LT [REDACTED] or LTC [REDACTED]. We are not to go out on an employee compliant just to test."
8. 2LT [REDACTED] was asked by LTC [REDACTED] about "Tell about reports?" 2LT [REDACTED] stated "that there was a need for more control on the language and or verbiage used." 2LT [REDACTED] also stated "Some of the references are broad and may be taken out of context." "You may have seen some changes I have made." Karl Gibson expressed that he was not provided with any changed memos.
9. 2LT [REDACTED] stated "that one comes to mind; in the lead memos where you state 'Employee notification. The employer must, within 15 working days after receipt of the results of any monitoring performed notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.' I can not find where it is so stated. We are going through and changing your memos and actually quoting the references directly, what the Army says to use."
10. 2LT [REDACTED] stated "another on that comes to mind is using the HUD standards for grown men. We are not going to. We will work together, not using broad interpretations, but what is best for all in this room."
11. LTC [REDACTED] asked Karl Gibson if I had any questions:
12. Karl Gibson read paragraph 2.a. from 25 May 2007 MFR Performance Expectations for Karl Gibson Questions "According to Mr. [REDACTED] GPRMC IH Program Manager, Karl Gibson is not to send samples to them. How can Karl Gibson comply with these side-by-side samples requirements?" LTC [REDACTED] stated "that these apply only to lead and asbestos samples. These should have been sent along, but only these." Karl Gibson asked "since when did Great Plains requirement come into affect, since I had never hear of this?" LTC [REDACTED] said that "she would have to get back to me on this."
13. Karl Gibson read paragraph 2.b. from 25 May 2007 MFR Performance Expectations for Karl Gibson Questions "According to paragraph 2.a.(2), Karl Gibson is to enter all sampling results into DOEHRS-IH and all statistics will be analyzed and reviewed by the GPRMC Regional IH Program Manager before results are released to appropriate activity managers. How is this to happen?" LTC [REDACTED] stated "that these apply only to lead and asbestos samples. Great Plains will contact 2LT [REDACTED] or LTC [REDACTED] and then the Command as in the last time. I (Karl Gibson) will be always kept in the loop as before. The information would come from the Commander, then LTC [REDACTED] then me (Karl Gibson)." Karl Gibson asked "since I was not informed, how am I 'kept in the loop?'" LTC [REDACTED] said that "she would have to get back to me on this."

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14. Karl Gibson read paragraph 2.c. from 25 May 2007 MFR Performance Expectations for Karl Gibson Questions "According to paragraph 2.b. "the GPRMC Regional IH will serve in the Quality Assurance role for DOEHRS-IH at Leavenworth, KS. Sample data will be entered into DOEHRS-IH and subsequent review by the GPRMC Regional IH Program Manager prior to information release." How is this to happen since DOEHRS-IH does not have this Quality Assurance role?" LTC [REDACTED] said "that came from [REDACTED] and she would have to get back to me on this."

15. Karl Gibson read paragraph 2.d. from 25 May 2007 MFR Performance Expectations for Karl Gibson Questions "According to paragraph 2.b.(4) The IHPM will develop and implement a Quality Assurance SOP within 45 days. Since the IHPM has used for years the Sampling and QA SOP that the GPRMC Regional IH Program Manager and CHPPM-west IH staff provided at the last assistance visit where they found no deficiencies in the IH program except not supported by the MEDDAC Command and not staffed for the mission -- what problem is with the current SOP except that the C, PM has not reviewed them in 2006 or 2007?" LTC [REDACTED] said "that she did not have a problem with the SOP, but this requirement came from [REDACTED] and she would have to get back to me on this."

16. Karl Gibson read paragraph 2.d. from 25 May 2007 MFR Performance Expectations for Karl Gibson Questions "According to paragraph 2.c." A complete audit of the IH equipment will be conducted within 45 working days. All equipment will be maintained IAW manufacturer's recommendations and DA PAM 40-503. The equipment inventory will be maintained in DOEHRS-IH. Who and how is this audit to be performed? The data entry was completed on 25 May 2007." LTC [REDACTED] said "this requirement came from [REDACTED] and she would have to get back to me on this. Additionally [REDACTED] will be back in July sometime and he will e-mail some guidance."

17. Karl Gibson asked "How will I be evaluated in my next Senior System Civilian Evaluation Report? What is Excellence and what is Success?" LTC [REDACTED] stated "Nothing has changed from the past. You (Karl Gibson) will be given either an Excellence or Success like your last supervisor." Karl Gibson stated "Since for the last 6 years I have been required to write my own Senior System Civilian Evaluation Report, would I do so again this year? LTC [REDACTED] "No that the past supervisors had a lack of leadership and were not doing you any favors." Karl Gibson asked again "What is Excellence and what is Success?" LTC [REDACTED] stated "I have answered this."

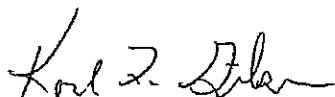
18. LTC Jefferson asked if there any other questions. All said no.

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POC is Mr. Karl Gibson, Industrial Hygienist at [REDACTED] or
[REDACTED]@cen.amedd.army.mil.



KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

Provided to [REDACTED]

on 3 July 07.

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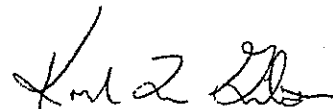
Rebuttal to above Issues

Issue 1. For LTC [REDACTED] stated that "in paragraph 1. b, 1.c, and 1.d. She had a problem with the sentence 'The only problem that has been identified by my command is that they do not like the results.'" LTC [REDACTED] claimed that this was a false statement. She stated that if I (Karl Gibson) do have concerns about the command, then I need to address them directly to COL [REDACTED] and then the Commander.

a. How can this be an issue? This is a direct quote from LTC [REDACTED] that she has used several times when addressing all 3 areas.

b. As written, Karl Gibson found each of the three areas in question to have exposures that were non-compliant. The command found that proper work procedures were followed, all equipment used were calibrated and only national accredited labs were used. As LTC [REDACTED] stated several times when discussing these surveys, "the only problem by the Command is that they do not like the results." Additionally, LTC [REDACTED] stated with this comment when questioned further, that "this meant that the Command did not like workers (military and or civilian) to be exposed to non-compliant levels."

c. Is this now false?



KG #22a

Issue 2. LTC [REDACTED] stated that "in paragraph 2.d She had a problem with the sentence 'What problem is there with the current SOP except that the C, PM has not reviewed them in 2006 or 2007?'" She stated that "this was a false statement and I (Karl Gibson) had no proof that this was true."

a. SOP was sent to LTC [REDACTED] on 19 Oct 2006

Your message

To: [REDACTED] LTC
Subject: IH Personnel Air Sampling SOP 2006
Sent: 10/19/2006 12:33 PM

was delivered to the following recipient(s):

[REDACTED] LTC on 10/19/2006 12:33 PM

b. because no response was made, 2LT [REDACTED] asked for the SOPs to be resent for 2007 date:

Your message

To: [REDACTED]
Subject: IH Personnel Air Sampling SOP 2007
Sent: 1/31/2007 12:33 PM

was delivered to the following recipient(s):

[REDACTED] 2LT on 1/31/2007 12:33 PM


c. To date, no response has been given to SOPs.

Issue 3. 2LT [REDACTED] stated "that there was a need for more control on the language and or verbiage used." 2LT [REDACTED] also stated "Some of the references are broad and may be taken out of context." "You may have seen some changes I have made." Karl Gibson expressed that he was not provided with any changed memos. 2LT [REDACTED] stated "that one comes to mind; in the lead memos where you state 'Employee notification. The employer must, within 15 working days after receipt of the results of any monitoring performed notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.' I can not find where it is so stated. We are going through and changing your memos and actually quoting the references directly, what the Army says to use."

a. The memo in question states: a. "Employee notification. The employer must, within 15 working days after receipt of the results of any monitoring performed notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees. The US Army MEDDAC, Fort Leavenworth received the Schneider Laboratories Inc. lab results on 16 April 2007. The US Army MEDDAC, Fort Leavenworth received AFIOH lab results on 23 April 2007. [Regulatory, 29 CFR 1910.1025, Lead paragraph (d)(8) Employee notification (reference 2)]. (RAC 2)"

b. OSHA standard 29 CFR 1910.1025, Lead paragraph (d)(8) Employee notification states:

**Regulations (Standards - 29 CFR)
Lead. - 1910.1025**

 [Regulations \(Standards - 29 CFR\) - Table of Contents](#)

| | |
|--------------------|---|
| • Part Number: | 1910 |
| • Part Title: | Occupational Safety and Health Standards |
| • Subpart: | Z |
| • Subpart Title: | Toxic and Hazardous Substances |
| • Standard Number: | <u>1910.1025</u> |
| • Title: | Lead. |
| • Appendix: | <u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> |

1910.1025(d)(8)

Employee notification.

1910.1025(d)(8)(I)

The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.

1910.1025(d)(8)(II)

Whenever the results indicate that the representative employee exposure, without regard to respirators, exceeds the permissible exposure limit, the employer shall include in the

written notice a statement that the permissible exposure limit was exceeded and a description of the corrective action taken or to be taken to reduce exposure to or below the permissible exposure limit.

1910.1025(d)(9)

Accuracy of measurement. The employer shall use a method of monitoring and analysis which has an accuracy (to a confidence level of 95%) of not less than plus or minus 20 percent for airborne concentrations of lead equal to or greater than 30 ug/m³.

(See Enclosure 1)

c. The original memorandum is written quoting OSHA directly with the location of standard. How can this be "too broad"?

Issue 4. 2LT [REDACTED] stated "another on that comes to mind is using the HUD standards for grown men. We are not going to. We will work together, not using broad interpretations, but what is best for all in this room."

a. As I sent to LTC [REDACTED] and 2LT [REDACTED] by e-mail on 10 May 2007. OSHA uses HUD standards:

Hello LTC [REDACTED],

I am sorry that someone has miss informed you. There are more requirements to meet than just the PEL. As a trained and licensed Lead Professional, I am trained in looking at all the lead hazards and using the correct standards.

In OSHA's:

In 29 CFR 1910.1025(h) Housekeeping - 1910.1025(h)(1)
"Surfaces. All surfaces shall be maintained as free as practicable of accumulations of lead."

In 29 CFR 1910.1025(i)(4) Lunchrooms. 1910.1025(i)(4)(iv)
"The employer shall assure that employees do not enter lunchroom facilities with protective work clothing or equipment unless surface lead dust has been removed by vacuuming, down draft booth, or other cleaning method."

In 29 CFR 1926.62 at Section 1926.62(h)(1) state that "All surfaces shall be maintained as free as practicable of accumulations of lead."

In 29 CFR 1926.62(i)(4)(ii) requires that "The employer shall assure that lunchroom facilities or eating areas are as free as practicable from lead contamination..."

In the OSHA letter below, OSHA declared "the Compliance Directive for the Interim Standard for Lead in Construction, CPL 2-2.58, OSHA recommends the use of HUD's acceptable decontamination level of 200 ug/ft² for floors in evaluating the cleanliness of change areas, storage facilities, and lunchrooms/eating areas."

HUD has accepted the EPA's lead hazard levels of 40 ug/ft².

This letter constitutes OSHA's interpretation.

January 13, 2003

Mr. Frank White
Vice President
Organization Resources Counselors, Inc.
1910 Sunderland Place, NW
Washington, DC 20036-1608

Dear Mr. White:

Thank you for your letter of November 2, 2000 to the Occupational Safety and Health Administration's (OSHA) Directorate of Compliance Programs. In your letter, you requested guidance specifically on 29 CFR 1926.62(h)(1), 1926.62(i)(2)(i), and 1926.62(i)(4)(ii), regarding allowable levels of lead-contaminated dust on workplace surfaces. Please excuse this long delay in response, but be assured that this issue has received thorough evaluation in an effort to provide an appropriate answer.

The paragraphs you referenced in your letter are from the Lead-in-Construction Standard, 29 CFR 1926.62, and concern housekeeping and hygiene. Your questions had to do with the level of measurable lead contamination which meets the definition of practicable for areas such as rafters.

The requirements of 29 CFR 1926.62 at Section 1926.62(h)(1) state that "All surfaces shall be maintained as free as practicable of accumulations of lead." Section 1926.62(i)(2)(i) of this standard requires that "The employer shall provide clean change areas for employees whose airborne exposure to lead is above the permissible exposure level ..." Section 1926.62(i)(4)(ii) requires that "The employer shall assure that lunchroom facilities or eating areas are as free as practicable from lead contamination..." Also, in the Compliance Directive for the Interim Standard for Lead in Construction, CPL 2-2.58, OSHA recommends the use of HUD's acceptable decontamination level of 200 ug/ft² for floors in evaluating the cleanliness of change areas, storage facilities, and lunchrooms/eating areas.

The term "practicable" was used in the standard, as each workplace will have to address different challenges to ensure that lead-surface contamination is kept to a minimum. It is OSHA's view that a housekeeping program which is as rigorous as "practicable" is necessary in many jobs to keep airborne lead levels below permissible exposure conditions at a particular site. The intent of the standard was that this be accomplished primarily by vacuuming floors, rafters, and other surfaces, or by methods equally effective in preventing the dispersal of lead into the workplace. Re-entrainment of lead dust is an additional source of exposure and one that engineering controls are not generally designed to control. Clean-up is an exceptionally important provision of the standard as it minimizes the re-entrainment of lead dust into the air.

The proposed language for this provision required that "surfaces...be maintained free of accumulation of lead which, if dispersed, would result in airborne concentrations above the permissible exposure limit." This requirement would be very difficult for the employer to comply with, and OSHA to enforce, because it would be nearly impossible to objectively determine when the condition in the standard would occur. OSHA's view, therefore, is that a rigorous housekeeping program is absolutely necessary to keep airborne lead levels below permissible limits but that the obligation should be measured by "practicability." As you are aware, the requirement to maintain surfaces "as free as practicable" is performance-oriented. No quantitative levels of lead in dust are identified by the standard. The requirement is met when the employer is vigilant in his efforts to ensure that surfaces are kept

free of accumulations of lead-containing dust. The role of the Compliance Safety and Health Officer (CSHO) is to evaluate the employer's housekeeping schedule, the possibility of exposure from these surfaces, and the characteristics of the workplace.

In situations where employees are in direct contact with lead-contaminated surfaces, such as working surfaces or floors in change rooms, storage facilities and, of course, lunchroom and eating facilities, OSHA has stated that the Agency would not expect surfaces to be any cleaner than the 200-ug/ft² HUD level. As discussed above, for other surfaces such as rafters, no specific level can be set to define how "clean is clean" nor what level of lead contamination meets the definition of "practicable." The intent of this provision is to ensure that employers regularly clean and conduct housekeeping activities to prevent avoidable lead exposure, such as those potentially caused by re-entrained lead dust.

You also inquired whether contaminated surfaces (such as rafters) must be cleaned or whether the employer can address the potential exposure through alternative methods, such as sealing the lead in place. The intent of the "as-free-as-practicable" requirement is to ensure that accumulations of lead dust do not become sources of employee lead exposures. Therefore, any method that achieves this end is acceptable.

We hope you find this information helpful and thank you for your interest in occupational safety and health. OSHA requirements are set by statute, standards, and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretations of the requirements discussed. Note that our enforcement guidance may be affected by changes to the OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at OSHA's website at <http://www.osha.gov>. If you have any further questions, please feel free to contact the Office of Health Enforcement at (202) 693-2190.

Sincerely,

Richard E. Fairfax, Director
Directorate of Compliance Programs

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=25617

Hope this helps,

Karl Gibson
IH
(See Enclosure 2)

b. 2LT Derivan deleted this email with out reading.

c. LTC Jefferson sent the following email on 10 May 2007

Classification: UNCLASSIFIED
Caveats: NONE

For all lead sampling we will continue to use IAQ testing. Wipe sampling is not an acceptable testing method per OSHA. It is used with EPA/HUD for those facilities such as child care, and residential dwellings. Also used more frequently with known lead exposures in the above settings.

Our testing for lead is to OSHA standards.

I need for you both to mark your calendar's and on my return from leave and possible TDY 23/24 May 07, I want us to meet and discuss this issue. In the mean time Karl wipe sampling is a "no go".

Let's meet 30 May 07 -Wed, @ 0900hrs.

Thanks,

LTC [REDACTED]
Classification: UNCLASSIFIED
Caveats: NONE

d. in DA Pam 40-503

1-8. Standards

Standards applicable to the DA OSH program are noted below. Industrial hygienists must use the information contained in 29 CFR 1910 and the documentation of other standards to evaluate employee exposure to hazardous chemical, biological, and physical agents. Where OSHA permissible exposure limits (PELs) exist, they must be used. The other standards described below, except for those published in U.S. Army Medical Department (AMEDD) policy documents, are subject to the application of professional IH judgment. The written record of the IH evaluation must contain the justifications for any deviations from the non-OSHA standards described below.

a. Occupational Safety and Health Administration standards. The OSHA standards are enforceable by law and apply to DA workplaces that are comparable to that of the private sector. The OSHA regulates health hazard exposures with PELs. Some standards such as those for lead, asbestos, and chemical hygiene mandate medical surveillance, controls, records, notification, and other actions, in addition to PELs.

b. National consensus standards. Consensus standards, such as those of the American Conference of Governmental Industrial Hygienists (ACGIH), should be applied to DA workplaces that are comparable to the private sector; however, they are not enforceable by law. The ACGIH uses threshold limit values (TLVs)TM to manage health hazard exposures. Because consensus standards do not have to undergo the full public comment and response process before use, they are usually more current and reflect the state-of-the-art in the scientific/medical application of health-based exposure standards. The DA mandates the use of ACGIH TLVs when they are more stringent than OSHA regulations or when there is no PEL.

c. Military-unique standards. The DA has many unique operations in research, munitions, and chemical demilitarization which neither OSHA nor ACGIH cover. To regulate these operations, DA develops military-unique standards such as DODI 6055.1.

d. Alternate standards. In those rare instances when neither OSHA, ACGIH, nor military-unique standards exist, DA endorses appropriate professional IH use of alternate standards such as those developed by the—

- (1) National Institute for Occupational Safety and Health.
- (2) U.S. Environmental Protection Agency.

- (3) U.S. Department of Transportation.
- (4) Chemical/substance manufacturer.
- (5) American Society of Heating, Refrigerating and Air Conditioning Engineer.
- (6) American National Standards Institute (ANSI).
- (7) Department of Housing and Urban Development for lead dust levels to be applied in the lead abatement program.

e. Threshold limit values. TLV™ is a registered trademark of the American Conference of Governmental Industrial Hygienists, Cincinnati, Ohio. Use of trademarked names does not imply endorsement by the U.S. Army but is intended only to assist in identification of a specific product.

(See Enclosure 4)



DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f)

13 July 2007

MEMORANDUM FOR RECORD

SUBJECT: Meetings on 12 July 2007

1. Meeting on 12 July 2007 at 1100 hrs. with 2LT [REDACTED] and Karl Gibson.
2. What was the meeting about? I was to meet with 2LT [REDACTED] to discuss the events of the 22 June counseling.
3. I was handed a page memo to read. I informed 2LT [REDACTED] that there were several false statements.
4. LT [REDACTED] said she (LTC [REDACTED]) doesn't understand my job and is learning what it is about like him.
5. Issue in Paragraph 3. It stated that "LTC [REDACTED] informed Mr. Gibson that the CMDR, first and foremost responsibility is to the safety of her staff and that of the patients that utilizes MAHC on a daily basis. Decisions are made by her based on Mr. Gibson's results, however she must ensure that every abnormal finding or non-compliant finding be addressed before making a decision, such as, closing down a building. If this means Mr. Gibson is to retest or a private firm is contracted, it does not imply that the CMD or CMDR does not like his results."
6. I informed that this statement was false. I then pulled out the minutes from the 22 June counseling and read paragraph 4. I read "LTC [REDACTED] stated that 'in paragraph 1. b, 1. c, and 1. d. She had a problem with the sentence 'The only problem that has been identified by my command is that they do not like the results.'" LTC [REDACTED] claimed that this was a false statement. She stated that if I (Karl Gibson) do have concerns about the command, then I need to address them directly to COL [REDACTED] and then the Commander." from the Minutes for 22 June 2007 Counseling of Karl Gibson. I questioned 2LT [REDACTED] that she had not said these things, but had said what I recorded why was I requested to sign these false statements? Additionally, I requested to know when I had ever recommended "closing down a building?"
7. 2LT [REDACTED] then stated that "this kind questioning attitude was unprofessional and that they considered my recording their counseling as to what they were saying was producing a hostile work environment." I informed that I had a right to have documentation of events. They are always saying one thing then denying have say it and their "you can not prove it" attitude was creating a hostile work environment. I then asked him directly, "Did you remember her saying this?" LT [REDACTED] said he could not remember. I read him:

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SUBJECT: Meetings on 12 July 2007

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a. *How can this be an issue? This is a direct quote from LTC [REDACTED] that she has used several times when addressing all 3 areas.*

b. *As written, Karl Gibson found each of the three areas in question to have exposures that were non-compliant. The command found that proper work procedures were followed, all equipment used were calibrated and only national accredited labs were used. As LTC [REDACTED] stated several times when discussing these surveys, "the only problem by the Command is that they do not like the results." Additionally, LTC [REDACTED] stated with this comment when questioned further, that "this meant that the Command did not like workers (military and or civilian) to be exposed to non-compliant levels."*

c. *Is this now false?*

d. I asked him if he had remembered her saying this? How is that I was quoting LTC [REDACTED] own words and phrase, How could this be false? He pointed out that he was a 2LT and she was his LTC rater and even if he did remember it, he could not say so.

8. Issue in Paragraph 4. It stated that "Mr. Gibson was informed that if he continues to make false statements about the C, PM was that IH SOPs had not been reviewed for 2006 or 2007. This is false. As the C, PM it is my responsibility to review all PM SOPs."

9. I informed LT [REDACTED] that this statement was false. I pointed out that I had sent LTC [REDACTED] by e-mail on 19 October 2006 the IH SOPs. They were delivered, but never read. Later I sent the SOPs in January 2007 to LT [REDACTED] and he requested me to put 2007 dates on them. I did so and sent to LT [REDACTED] on January 31, 2007. Each of these SOPs require my and LTC [REDACTED] C, PM signatures. As of 12 July 2007, I have received no feed back from 2LT [REDACTED] or LTC [REDACTED] concerning any SOP. 2LT [REDACTED] said she had. I requested documentation of this since I was requested to write a Sampling and QA SOP in April 2007 that she had supposal had reviewed in October 2006 and February 2007. I requested her signature or initials on hard copies, so there is documentation for JCAHO.

10. LT [REDACTED] stated that he could not respond and we needed to meet with LTC [REDACTED] that afternoon. LT [REDACTED] refused to allow me to copy the counseling.

MCXN-PM (40-5f)
SUBJECT: Meetings on 12 July 2007

13 July 2007

11. Meeting on 12 July 2007 at 1450 hrs with LTC [REDACTED] 2LT [REDACTED] and Karl Gibson.
12. What was the meeting about? I was told that it was a continued from the 1100 hrs meeting.
13. 2LT [REDACTED] handed me a copy of the Memorandum for Record Subject: Use of Appropriate Voice and Tone in the Work Place, dated 12 July 2007. I read this document. I non-concurred and signed as ordered. I requested a witness and Union Rep.
14. I was ordered by LTC [REDACTED] to sit down and informed that I did not have a right to have a witness or union repartition.
15. LTC [REDACTED] then handed me a MFR Subject: Counseling Karl Gibson referencing his MFR dated 25 May 2007, dated 11 July 2007
16. Issue in Paragraph 3. It stated that LTC [REDACTED] had added "Late note added 7/12/07 after speaking with Mr. Gibson about the CMDR's response to his statement 'LTC [REDACTED] was told the CMDR, first and foremost responsibility is to the safety of her staff and that of the patients that utilizes MAHC on a daily basis. Decisions are made by her based on Mr. Gibson's results, however she must ensure that every abnormal finding or non-compliant finding be addressed before making a decision, such as, closing down a building. If this means Mr. Gibson is to retest or a private firm is contracted, it does not imply that the CMD or CMDR does not like his results."
17. I informed both that this statement was false. I then pulled out the minutes from the 22 June counseling and read paragraph 4. (See paragraph 6. above) LTC [REDACTED] claimed that she had never said any such thing and I could not prove she had. I informed her that everyone in this room had heard her say this and if I had the witness or union rep that I requested there would be a person who would document what she had said on several occasions. LTC [REDACTED] said "then you can't prove it." Additionally, I requested to know when I had ever recommended "closing down a building?" They had no reply.
18. Issue in Paragraph 4. It stated that "Mr. Gibson was informed that if he continues to make false statements about the C, PM was that IH SOPs had not been reviewed for 2006 or 2007. This is false. As the C, PM it is my responsibility to review all PM SOPs.
19. I informed LTC [REDACTED] and 2LT [REDACTED] that this statement was false. I pointed out that I had sent LTC Jefferson by e-mail on 19 October 2006 the IH SOPs. They were delivered, but never read. Later I sent the SOPs in January 2007 to 2LT [REDACTED] and he requested me to put 2007 dates on them. I did so and sent to 2LT [REDACTED] on January 31, 2007. Each of these SOPs require my and LTC [REDACTED] C, PM signatures. As of 12 July 2007, I have received no feed back from 2LT [REDACTED] or LTC [REDACTED] concerning any SOP. LTC [REDACTED] said she had. I

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13 July 2007

SUBJECT: Meetings on 12 July 2007

requested documentation of this since I was requested to write a Sampling and QA SOP in April 2007 that she had said to had reviewed in October 2006 and February 2007. LTC [REDACTED] just went on saying that she had and I had no right to have documentation of her review. I asked LTC [REDACTED] what was I to say if questioned by JACHO or OSHA if my SOPs were looked at? Was it no professional courtesy to inform the Chief of the Dept. that SOPs looked good or what might not be understood and needed changes? I requested her signature or initials on hard copies, so there is documentation for JCAHO. LTC [REDACTED] informed me that it was none of my business about the IH SOPs and she would handle all documentation.

20. Issue in Paragraph 5. I asked for clarifications because it was unclear. The line "Mr. Gibson was informed that any outside testing beyond his responsibility for the fort needs prior approval by his first line supervisor before testing is to occur." I informed them that I was responsible for IH for all of Fort Leavenworth. Since IH was required to survey every work location every year and even though I was not staffed to accomplish this mission, was this referring to this one required by regulations or any additional surveys over and beyond? It is still unclear what this truly means, because neither could explain. They thought but were unsure that it meant that surveys requested that had not been scheduled for the year. Since I inform 2LT [REDACTED] of all surveys, this may be a mute issue.

21. New Issue, LTC [REDACTED] complained that I had written "*IH scheduled to survey the USDB, but conflicts between LTC [REDACTED] and USDB management did allow them to start on 4 June 2007 as planned.*" on the monthly report. I asked her if it was true? I have been informed by 2LT [REDACTED] that the USDB had issues with her 3 day per survey requirement and did not want to assist in the DOEHS-IH shop recording. LTC [REDACTED] stated that she had never spoke to them and therefore could not have a conflict with them. I turned to 2LT [REDACTED] and asked him had he not informed me that this was the issue and lastly, that we all were waiting for Scott Bentley to come and resolve this conflict? 2LT [REDACTED] said that is what he had told me. I asked since I had written this same line on all my weekly IH action reports and I had not been informed anything was different, how would I know if anything was changed? I asked why she had not assisted in the IH-USDB schedule problems, since it lowered my work load count and I needed to document why I had not done the scheduled IH work? LTC [REDACTED] claimed that "she was to busy to worry about it and my lower work load did not worry her."

22. I noted some of my non-concurs on the MFR document.

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SUBJECT: Meetings on 12 July 2007

13 July 2007

23. POC is Mr. Karl Gibson, Industrial Hygienist at [REDACTED]@cen.amedd.army.mil.

Karl L. Gibson

KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

Provide to [REDACTED]

on 13 July 2007

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Exhibit 19 – KG Exhibit # 23



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

MCXN-PM (40-5f)

1 August 2007

MEMORANDUM FOR RECORD

SUBJECT: Meetings on 1 August 2007

1. Meeting on 1 August 2007 at 1500 hrs. with LTC [REDACTED] 2LT [REDACTED] and Karl Gibson to provide a verbal summary of the visit during the week of 16-18 July, PM had the services of Mr. [REDACTED] GPRMC IH.

2. I started the tape recorder as I was directed to do, but LTC [REDACTED] refused to allow any recording of the meeting even though she and 2LT [REDACTED] had directed I get a tape recorder and use it. She declared she did not want a recording made of what they said. I turned it off.

3. 2LT [REDACTED] stated that he would go through the verbal summary.

4. Mr. [REDACTED] had visited the Pharmacy and Lab at Munson and reviews all the reports as of March 2007.

5. According to 2LT [REDACTED] [REDACTED] had problems ventilation.

- a. Problem with how I used the "velometer".
- b. Problem with using my "CO2 machine" to measure Air Changes.
- c. Felt I needed additional training on ventilation measurements.

6. According to 2LT [REDACTED] [REDACTED] had problems not with findings, but my interpretations.

- a. The days of having 14 page reports are over.
- b. My written interpretations and use of RAC codes, he disagreed with some of my reports.
- c. Using "shotgun methods" of sampling.

7. As of now, all reports would go through [REDACTED] or CHPPM. All IAQ surveys are on hold and I am to use the old methods for measuring Air Changes along with my "CO2 machine". I will be having a visit lasting 2 weeks by either [REDACTED] or CHPPM to train me.

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SUBJECT: Meetings on 1 August 2007

1 August 2007

8. I was asked if I had any questions. I said I did.

9. On the issue 1, "Problem with how I used the 'velometer'. I asked how was I evaluated since I had not used a 'velometer' during his visit? 2LT [REDACTED] stated that it was the "hood thing I used in the lab." I asked if he then meant the Accubalance balometer? I asked what issue did he have? 2LT [REDACTED] stated that [REDACTED] felt that I should have used a 4' x 4" hood for vents instead of the 2'x2' hood. I expressed confusion. [REDACTED] had stated that he had observed no problems with Karl Gibson's IH techniques or procedures. I expressed that in my training, there are several ways to measure air flows and according to my training, none were more correct than any other.

10. On the issue 2, "Problem with using my "CO2 machine" to measure Air Changes." 2LT [REDACTED] stated that [REDACTED] had never used that kind of technology and liked to just measure the air flows at each grill. I stated that [REDACTED] had questions on how a piece of equipment (the AQ 5000 pro) worked. I showed him how this system worked and provided the manual for his reading. He called the manufacturer to understand it better. [REDACTED] told me that they had explained the system, but he did not trust using machines. I asked him how does he do this kind of survey? [REDACTED] said that they measure the incoming air flows. Then they measure the room height, width, and length. They then calculate the Outside Air air changes by assuming that the system is providing 20% of Outside Air. I had told him that that might be a good assumption where he is from, but not at Fort Leavenworth. Besides, the AQ 5000 using the actual conditions to calculate Outside Air air changes.

11. On the issue 3, "Using the Days of 14 page reports are over." I asked them, "What does this mean?" 2LT [REDACTED] stated that they were too long. I asked that since I was writing memorandums in the new format that you - my supervisors require of me and using the examples you - my supervisors provided for me to follow, how am I to write these memos now? 2LT [REDACTED] stated that he did not know. But,

a. I should write to look something like the memo [REDACTED] provided. I stated that I have lots of questions about this so-called "memo" and [REDACTED] had refused to talk to me about them.

b. 2LT [REDACTED] asked me if I had a copy of examples of the drawings, not art that [REDACTED] had talked about. I stated that I had not received any such example as per my e-mails I had sent to them on 18 July 2007. I asked if he had ever seen any? 2LT [REDACTED] said no. I expressed concern that I was not hired to be an artist and have had not education on how I could draw these kinds of reports, so requested to 2LT [REDACTED] that I receive professional education on how to do this. When and where will I receive education to draw this kind of art?

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1 August 2007

SUBJECT: Meetings on 1 August 2007

12. On the issue 4, "My written interpretations and use of RAC codes, he disagreed with some of my reports." I asked to see an example of where he had disagreed with these. I asked if he had reviewed the reports as I had written them or ones that some unnamed editor had rewritten? They claimed that none of my memos had been edited. I disagreed stating I knew of Bldg 77's Bldg 132's and several others had. I pointed out that in the employee notification had been changed. They then claimed that they had made corrections to fix my mistake. I asked them to show me my mistake. 2LT [REDACTED] said he would after this meeting. They could not provide a single example of my alleged mistakes. 2LT [REDACTED] asked me where I get my use of RAC codes from? I stated that I use for my findings and monitoring results the RAC code system found in DA Pam 40-503, Industrial Hygiene Program. For the recommendations, I use the RAC code examples that you - my supervisors that they got from [REDACTED] had provided. I asked if they had problems with the examples they had provided? They were silent.

13. On issue 5, "Using "shotgun methods" of sampling." I asked what was meant by this. 2LT [REDACTED] stated that I should know what chemicals are in each shop and only test for these. I informed them that I was with the additional guidance concerning spending. This commander as others in the past have strongly expressed that they want the mission of monitoring to happen, but in the most fiscally responsible manor. I said that as an example, I need to monitor for about 10-12 organic chemicals in Pathology. I could only test for these chemical at \$35. per chemical or \$350-\$420. I instead use the certified laboratory panel of 25 chemicals (that include all 10-12 organic chemicals that need monitored) for only \$90. And since I don't do just one test, there is a significant money difference between the two for the same results. I feel that it would be waste and fraud - as well as violate the Commander's order to not cheaper testing route. Additionally, as I explained to [REDACTED] I have not seen any OSHA, DOD, or DA policy that we can hide results from any testing I do. Have they seen anything stating we can hide results? 2LT [REDACTED] said no he had not. I reminded that I had also asked this to [REDACTED] who could not provide written policy on hiding results.

14. On the issue 6, "as of now, all reports would go thru [REDACTED] or CHPPM. All IAQ surveys are on hold and I am to use the old methods for measuring Air Changes along with my "CO2 machine"." I asked to please explain. I was told to wait until the written report from [REDACTED] came.

MCXN-PM (40-5f)
SUBJECT: Meetings on 1 August 2007

1 August 2007

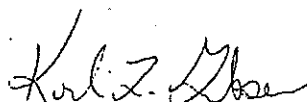
15. I asked about the IH survey of the USDB, when could I get started? LTC [REDACTED] stated that this was being worked on, but because I had conflict with the USDB there were some things I would not do. I asked about this conflict and why was I not allowed to attend the meeting with the USDB. 2LT [REDACTED] stated that I was asked not to be present at the meeting. I asked if this was the USDB's idea or theirs since LTC [REDACTED] was the first C, PM that purposefully excluded the IH Program Manager from meeting concerning the IH program. LTC [REDACTED] stated that "Since you were wrong in your USDB reports, you were not wanted to be there." I asked how could I defend myself or answer questions about my work if I am not allowed to hear their questions or defend my work? 2LT [REDACTED] said they would defend my work if they felt it was needed. I asked that since you both claim not to know how to do my job, don't like your own memo format, etc - what kind of defense did they provide or did they just assume I was always wrong? They remained silent. I asked then, when do I start doing my job? LTC [REDACTED] stated that they had agreed with the USDB that I did not need to measure lighting or noise in the living areas. I asked what about ventilation and temperature? LTC [REDACTED] said I was to still do them except in the TU since they were installing a new ventilation system. I said ok, but what about the PM requirements in AR 190-47, The Army Corrections System and survey of the shops? I was told that I had to wait for the [REDACTED] report.

16. So, I asked when can I do my job? 2LT [REDACTED] stated that nothing was stopping, but I should limit what I do since everything needs to wait on the [REDACTED] report and additional visit from either [REDACTED] or CHPPM.

17. I asked what was the status of command support for the DOEHRS-IH since the USDB, TRAC, and NSC were refusing to provide the required information. LTC [REDACTED] asked that I e-mail her the POC names for TRAC & NSC and what information I needed. After the meeting I provided LTC [REDACTED] and 2LT [REDACTED] by e-mail.

18. Following the meeting, I took a copy of the BLDG 132 memo that I had written, the edited version of this memo, and the OSHA regulation to 2LT [REDACTED]. I showed him the error in the edited version and how my wording was word-for-word IAW OSHA regulation. His only reply was "Oh, we could not find that and it will be corrected." I asked him how memos that had already been sent out be corrected? He was silent.

19. POC is Mr. Karl Gibson, Industrial Hygienist a [REDACTED]@cen.amedd.army.mil.


KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

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Exhibit 19 – KG Exhibit # 24



DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f)

31 August 2007

MEMORANDUM FOR RECORD

SUBJECT: Meetings on 21-29 August 2007

1. Issue with DOIM, Bldg 136. They informed me that they were looking at the October and April reports. [REDACTED] said that we would be doing side-by-side samples. [REDACTED] and crew came to "see" and repeat the same survey I had done. After they interviewed the XO of DOIM, they found conditions had changed from earlier report surveys. In the past weeks, the contractor had removed carpet and asbestos tiles/mastic. They used a mastic remover and workers complained about odors. DOIM asked that a noise survey be done as well. During the survey: Because they did not know how to set up the balometer, I assisted in the setting it up for them. As I had warned them, they were not able to complete the air change survey that they had insisted could be done. They measured in the same manor as I had when I was told that I was wrong. Because they did not bring noise level measurement equipment, I provided. Because they did not know how to take noise measurements, I was asked to do this for them and did it for them. Because they did not bring a camera, I provided. They choose not to measure respirable particulate. They measured temperature, RH and Carbon Dioxide levels at one point in time about 1400 hrs. They measured less than 700 ppm of CO2 even though all outside air was shut off to the areas in question. During July visit, [REDACTED] had said this was impossible. Additionally, they wanted to test for Ozone. I questioned why they would test for ozone since they had no MSDSs stating it was present in the work places. They thought the servers or computers might be emitting ozone even though it could not be smelled. Because they did not bring anything to test for ozone, I was asked to provide. I provided a Dräger with current ozone chip (does spot check) and passive ozone badges (does TWA monitoring). I was told that they knew how to operate. On 22 August, they could not operate drager system and did not take the passive badges to obtain TWA results. At the end of the day, I got the system operational for 23 August. At 1030 on the 23rd, I took [REDACTED] (assistant) and was requested to measure the nonexistent ozone in the building. I did so, and there was less than 25 ppb of ozone in the air. We returned to PM offices by 1115 and I down loaded the basement pictures for them. They not do side-by-side samples, repeat the same survey I had done, or test for asbestos even though broken asbestos tiles were present in the work place. On 24 August, they went to the USDB and I was not allowed to attend. I was not allowed in the in briefing or out briefing.

2. What I learned according to [REDACTED]

a) LTC [REDACTED] and LT [REDACTED] do not like the report format that they require and have ordered me to use. Yet, they refuse to provide an example of what they now want. [REDACTED] said that he would provide an example of what he thought was best, but so far he has not.

KG#24

MCXN-PM (40-5f)

31 August 2007

b) IHs are to always side with management. I asked where was that in writing?

c) When they checked the files, my results and the file results match. They did not know how to use the DA provided Industrial Hygiene Statistics Spread sheet, I showed them how (even though it has been available for Army His to use before 2000). They did not know how to use the Quest 5001 pro or software; I showed them how. They appear to not trust proven technical measures that even CHPPM uses.

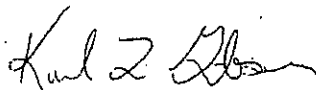
3. Meeting on 29 August 2007 at 1500 hrs with LTC [REDACTED] 2LT [REDACTED] and Karl Gibson to provide a verbal summary of the visit during the week of 21-29 August, PM had the services of Mr. [REDACTED] GPRMC IH.

a) I started the tape recorder as I was directed to do, but LTC [REDACTED] refused to allow any recording of the meeting even though she and 2LT [REDACTED] had directed I get a tape recorder and use it. She declared she did not want a recording made of what they said. I turned it off. I stated that I wanted a Union Witness. They refused to allow.

b) 2LT [REDACTED] read the MFR Subject: Deferment of Indoor Air Quality and Occupational Exposure Testing. I asked for examples of errors. They had none. I asked for examples of improper use of sampling techniques. They had none. I asked for examples of misuse of regulatory standards & IH guidelines. They had none. I asked for examples of inappropriate of sample results. They had none.

c) I non-concurred and was told I could not non-concur.

4. POC is Mr. Karl Gibson, Industrial Hygienist at [REDACTED]@cen.amedd.army.mil.



KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

Provided to [REDACTED]

on 31 Aug 07.

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Exhibit 19 – KG Exhibit # 25



DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f)

7 November 2007

MEMORANDUM Thru Commander, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR 1LT [REDACTED] Supervisor, USA MEDDAC, Fort Leavenworth, Kansas 66027

SUBJECT: Appeal of Karl Gibson Evaluation July 2006 thru October 2007

1. On 6 November 2007, 1LT [REDACTED] provided me, Karl Gibson with LTC [REDACTED]'s and his Senior System Civilian Evaluation Report.
2. Clearly the evaluation for Karl Gibson does not comply with Article XVIII Performance Evaluation and Acceptable Level - all 4 sections. It is not a fair, accurate or objective evaluation of my performance.
3. 1LT [REDACTED] informed me that the "evaluation reflects their 'new' standards that have as yet to be communicated to me."
4. I have 14 performance objectives. 1LT [REDACTED] evaluated 3 as Excellence, 9 as Success, 1 as failed and 1 as NI. This differed from the counseling: During the 14 March 2007 counseling, 2LT [REDACTED] stated that I was doing well and there was just a few things he wanted to add to my duties. On 22 June 2007 where LTC [REDACTED] stated the I, Karl Gibson, will be given either an Excellence or Success like your last supervisor." I have been top rated and top blocked since I have worked at Fort Leavenworth in January 1990.
5. On the one "failed" performance objectives which stated "Perform at least 350 operations in the workplace per fiscal year. As resources permit, provide consultation and education on worksite hazards, to monitor hazards to insure thorough follow-up with reports and consultations to the installation safety, fire, and environmental personnel to include Emergency Response Operations."
 - a. As stated in my List of Significant Contributions: I have "Performed 3,527 workplace operations surveys in the rating period." I have outperformed this standard by over 10 times. This information was provided in Monthly end-of-month reports as well.
 - b. 1LT [REDACTED] wrote "Multiple indoor air quality reports included results that were not properly calculated or reported resulting in the unnecessary expenditure of hundreds of thousands of dollars."

KG #25

MCXN-PM (40-5f)

7 November 2007

SUBJECT: Appeal of Karl Gibson Evaluation July 2006 thru October 2007

c. 1LT [REDACTED] stated that this was because of 4 IAQ surveys I performed that they disagreed with. They were Bell Hall Asbestos, Trolley Building, MEDDAC Commander's office, and SAAF Hanger lead. It should be noted that 3 of the 4 surveys were not indoor air quality surveys and all had other hazards besides IAQ issues that were non-compliant to Safety and Health standards.

d. Concerning the four surveys: As I clearly pointed out in my 25 May 2007 MFR that rebutted these false allegations - LTC [REDACTED] and 1LT [REDACTED] could not prove any wrong doing or improper actions on my part. Because they refused to sign acceptance of this MFR, I e-mail it to them on June 8, 2007. I received an angry response from LTC [REDACTED] I provided further classification on the MFR dated 14 June 2007. We met on 22 June 2007 and I prepared the minutes in MFR dated 3 July 2007. Again they could not rebut my position and instead attacked me and refused me Union representation as per my request. On 12 July 2007, 1LT [REDACTED] provided a rebuttal concerning the 25 May 2007 MFR. I non-concurred and provided a rebuttal in the 13 July 2007 MFR. They provided no examples of error or rebuttal to my 13 July 2007 MFR.

e. Additionally, I was awarded a time off award for outstanding performance with the MEDDAC's Joint Commission Survey. My survey work lead to a 99.4 score out of 100 for the USDB ACA 2006 evaluation.

6. On the one as NI, which stated "Professional. Be proactive and evaluate monthly or as needed supplies and equipment status as to whether ordering is needed or necessary."

a. As stated in my List of Significant Contributions:

1) I have "Served as Chief, Preventive Medicine in July and August 2006 while LTC [REDACTED] was deployed to Fort Sill."

2) I have "100 % of surveys were conducted IAW DA PAM 40-503, Army IH Program. 100% of surveys have used appropriate health standards IAW AR 40-5."

3) I have never been unable to perform my IH job due to the lack of supplies or equipment.

4) I have "since 1990, have established and maintained the IH equipment maintenance and insured calibration that maintains manufacturers; DOD and DA maintenance and calibration requirements and scheduled for 100% of equipment. Program received multiple audits and no deficiencies were found. 100% of equipment has been calibrated even though TMDE made major changes and no longer service and calibrate 15 different types of equipment used by the Fort Leavenworth IH Program."

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7 November 2007

SUBJECT: Appeal of Karl Gibson Evaluation July 2006 thru October 2007

b. 1LT [REDACTED] wrote "Needs to ensure appropriate tone of voice toward supervisors when discussing matters with which he does not concur."

c. 1LT [REDACTED] stated that it was because I would not agree with everything they (the Commander, LTC [REDACTED] and him) wanted. He referred to the 12 July 2007 counseling but did not respond to my rebuttal dated 13 July 2007.

7. Performance objectives. The others:

a. Manage and coordinate the comprehensive IH Program & To assess the availability of IH resources:

1) I was awarded a time off award for outstanding performance with the MEDDAC's successful Joint Commission Survey. My survey work lead to a 99.4 score out of 100 for the USDB ACA 2006 evaluation. I maintained \$377,000. worth of equipment and an annual budget of \$215,000. Performed 3,527 workplace operations surveys in the rating period. Performed surveys on 3,022 operations and conducted 505 repeat surveys. These were throughout the installation and the United States Disciplinary Barracks. These surveys include all JC and ACA required evaluations and monitoring, confined space evaluations, exposure assessments, asbestos, noise measurement and dosimetry, lead and lead-based paint exposure monitoring, ergonomics, and indoor-air-quality. I have worked late and came in early as mission required.

2) 1LT [REDACTED] rated these as success.

b. Provide consultation to the installation safety personnel....

1) I have "Performed surveys on 3,022 operations and conducted 505 repeat surveys. These were throughout the installation and the United States Disciplinary Barracks. These surveys include all JC and ACA required evaluations and monitoring, confined space evaluations, exposure assessments, asbestos, noise measurement and dosimetry, lead and lead-based paint exposure monitoring, ergonomics, and indoor-air-quality. I have worked late and came in early as mission required." For IAQ, I have "provided the evaluation of operations where the potential for non-industrial indoor air pollution exists. Coordinate with CAC Safety and DIS to evaluate existing ventilation systems and recommended improvements. Provided required information and additional testing for 21 IAQ investigations."

2) 1LT [REDACTED] rated this as success.

MCXN-PM (40-5f)

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SUBJECT: Appeal of Karl Gibson Evaluation July 2006 thru October 2007

c. Do Noise dosimetry for 20 noise hazardous areas.

1) I have performed "noise dosimetry for all 167 noise hazardous areas."

2) 1LT [REDACTED] rated this as success.

d. Fit test 50 workers.

1) I have "performed fit tests on 136 workers."

2) 1LT [REDACTED] rated this as success.

e. Perform confined space hazard evaluation and classification review annually.

1) I have performed "annually identified all 2,531 permitted required confined spaces."

2) 1LT [REDACTED] rated this as success.

f. Conduct lead investigations for the protection of children...

1) I as a licensed and certified Kansas lead risk assessor, lead inspector, and lead supervisor, I performed "2 EBL Risk Assessments" as needed. I provided expert advice to the SJA. KDHE experts reviewed my work and evaluated it as excellent.

2) 1LT [REDACTED] rated this as success.

g. Maintain an IH survey and work log that is both weekly and monthly.

1) I have done an annual IHIP schedule, monthly, and weekly as well. I have provided this to my supervisor.

2) 1LT [REDACTED] rated this as success.

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7 November 2007

SUBJECT: Appeal of Karl Gibson Evaluation July 2006 thru October 2007

h. "Memorandum produced to report results from IH surveys will not exceed 3 MD in size and sent by e-mail to supervisor."

1) I have "established and maintained the 3 megabytes electronic file sending limits by establishing procedures by which compressed survey files were placed in a supervisor's review file on the shared PM J drive and sending alerts to supervisor."

2) 1LT [REDACTED] rated this as success.

8. Additional mistakes on document:

a. Block g should 16

b. Part IV Duty Description was changed from my duty description.

c. I was not provided 1LT [REDACTED] version prior to LTC [REDACTED] senior rater evaluation.

9. LTC Jefferson wrote "Quality of work does not reflect high professional standards."

a. There is no factual basis for this statement.

b. I have kept my supervisors inform of all actions.

c. I assisted the Munson Army Health Center in preparing for and successfully accomplish the 2007 Joint Commission survey. The survey was a success and I was awarded a Time Off Award for outstanding performance.

d. I managed and coordinated an effective, comprehensive IH program that reduced FECA costs to be at goal and lower in Environmental Differential pay costs. All my work (100%) and surveys were conducted IAW DA PAM 40-503, Army IH Program. All my work (100%) and of surveys have used the appropriate health standards IAW AR 40-5.

e. At the direction of LTC [REDACTED] C, Preventive Medicine and supervisor, changed survey report format to meet their new requirements without a clear example of what they wanted. The fact that 1LT [REDACTED] and LTC [REDACTED] are 170 memorandums behind and refuses to provide reasons for the delay in approving or what problems there might be has not been communicated to me. They have changed results, findings, and recommendations without my knowledge.

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7 November 2007

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f. I have performed 139 training sections for workers and supervisors. These have be highly professional and requested by multiple supervisors through out Fort Leavenworth. These areas included asbestos, respiratory protection, fit testing, Confined Space, Hazwoper, air monitoring and indoor air quality

10. LTC [REDACTED] wrote "Lacks the ability to communicate with credibility and confidence." ."

a. There is no factual basis for this statement.

b. I assisted the Munson Army Health Center in preparing for and successfully accomplish the 2007 Joint Commission survey. The survey was a success and I was awarded a Time Off Award for outstanding performance.

c. I managed and coordinated an effective, comprehensive IH program that reduced FECA costs to be at goal and lower in Environmental Differential pay costs. All my work (100%) and surveys were conducted IAW DA PAM 40-503, Army IH Program. All my work (100%) and of surveys have used the appropriate health standards IAW AR 40-5.

d. At the direction of C, Preventive Medicine and supervisor, changed survey report format to meet their new requirements without a clear example of what they wanted. The fact that 1LT [REDACTED] and LTC [REDACTED] are 170 memorandums behind and refuses to provide reasons for the delay in approving or what problems there might be has not been communicated to me. They have changed results, findings, and recommendations without my knowledge.

e. I have performed 139 training sections for workers and supervisors. These have been highly professional and requested by multiple supervisors through out Fort Leavenworth.

f. I served as Chief, Preventive Medicine in July and August 2006 while LTC [REDACTED] was deployed to Fort Sill. I oversaw the CGSC in-processing clinic. Developed the medication protection plan due to a multi-hour post wide power failure that threatened the integrity of the medication.

g. I served as the principle advisor, consultant, and competent person as per 29 CFR 1926.1101 and 29 CDR 1910.1001 to the Command, Asbestos Control Manager and for DA operations involving personnel on the installation concerning asbestos projects. I have successfully retrained and successfully passed all Kansas State and EPA required examinations to maintain qualifications as an Asbestos Supervisor and Asbestos Inspector.

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h. I provided the evaluation of operations where the potential for non-industrial indoor air pollution exists. I coordinated with CAC safety and DIS to evaluate existing ventilation systems and recommended improvements. I provided required information and additional testing for 21 indoor air quality investigations.

i. I provided the command with essential information of the IH program's duties, abilities, and accomplishments. I provided support and guidance to commanders and supervisors to ensure that health hazard control measures are implemented.

j. I established and maintained a weekly and monthly log of all surveys and IH work done. I provided monthly and later weekly reports as required by supervisor.

k. I provided all e-mail and verbal requests from all customers in the MEDDAC and CAC & Fort Leavenworth units to LTC [REDACTED] (first supervisor) until informed that supervisor had changed on 7 December 2006. Then provided all materials and requests to new supervisor, 2 LT [REDACTED] I sent all answers to asked questions from CAC Safety or commands to supervisors for pre-approval before sending/answering.

l. I have an excellent working partnership with the installation safety office to provide an effective safety and occupational health program for Fort Leavenworth.

m. I provided guidance for lead poisoning prevention by identification of lead hazards, exposure reduction, and lead recommendation activities. I assisted PAO and DIS in implementing a comprehensive educational program and Lamp newspaper articles. I have performed 2 EBL Risk Assessments for the protection of lead poisoned children in Ft Leavenworth homes from lead. The state of Kansas reviewed my risk assessments for quality and described the work and reports to be excellent. I successfully retrained and successfully passed all Kansas State and EPA required examinations to maintain qualifications and licenses as a Lead Supervisor, Lead Inspector, and Lead Risk Assessor.

n. I managed and coordinated an efficient protocol to manage the IH resources in accordance with Federal, State, and Department of the Army laws and regulations to meet community needs and the IH program requirements. For the Pharmacy 797 environmental testing – (without training or supervisor guidance – “just do it”) I self taught myself to established the requirements justifications, the contract coordination, ordered supplies for testing, establish work procedures to manage the system, and after a year, I was sent to training and successfully completed training in using the Wide Area Workflow (WAWF) for Inspectors and Acceptors. I was able to successfully enter all supply and services invoices so contractor could be paid for FY 2007.

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11. IAW the 19 April 2007 Performance Expectations for Karl Gibson:

a. "Fully successful performance will require that air samples be collected on three consecutive days so that outliers can be identified. In the interim, you will be required to collect side-by-side samples." Since 19 April 2007, 3 day samples and requested side-by-side samples were performed. Side-by-side samples were stopped by, LTC [REDACTED], C, Preventive Medicine and supervisor after first survey.

b. "A minimum of six (6) samples will be collected to ensure statistical analyses can be completed." Since 19 April 2007, a minimum of six samples were collected for all sample groups.

c. Industrial Hygiene Quality Assurance Program. Since 1990, the IH QA Program was established and has been maintained IAW OSHA, DOD, and DA standards. The program was updated on 19 October 2006 and 1 February 2007. Though inspected multiple times by MEDDAC and Great Plains Regional Medical Center, no deficiencies in program were found.

d. Industrial Hygiene Equipment Maintenance & Calibration schedule. Since 1990, have established and maintained the IH equipment maintenance and insured calibration that maintains manufacturers', DOD and DA maintenance and calibration requirements and schedule for 100% of equipment. Program received multiple audits and no deficiencies were found. 100% of equipment has been calibrated even though TMDE made major changes in no longer servicing and calibrating 15 different types of equipment used by the Fort Leavenworth IH program. Had to establish new contact and calibration procedures with manufacturers' approved service centers to maintain and calibrate 73 pieces of IH equipment. Entered all equipment and current calibration and service records into the DOEHRS-IH database.

e. GPRMC Staff Assistance Visits. During the September 2006 visit covering Asbestos and Bell Hall, Mr. [REDACTED] noted no deficiencies in work or procedures were noted. During the July 2007 and August 2007 visits, Mr. [REDACTED] spent very little time with IHPM and spent most of the visit time with the Command and supervisors. IHPM was not presented with findings of his work, but edited versions of reports were reviewed by Mr. [REDACTED]. IHPM was prohibited from asking questions about so-called findings by management.

f. Follow-up and Documentation. "These tasks will be reviewed quarterly and feedback provided and documented." The tasks were responded to by Karl Gibson on 25 May 2007 and because supervisors refused to acknowledge receipt, it was e-mailed on 8 June 2007. Supervisors refused to review tasks or provide feedback.

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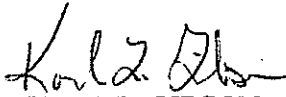
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12. They have made personal attacks on me because I am a competent older, white, male DAC with over 17 years of excellent service as the sole Industrial Hygienist at Fort Leavenworth. I am being retaliated for identifying safety and health problems, clearly in violation of AR 385-10 and AR 40-5. The retaliation started when I identified unsafe electrical problems with the office space provided to me to use when I was moved to Hoge Annex. Even though Management and union agreed at a 15 February 2007 meeting, to have area of concern checked by a electrician and LTC [REDACTED] sign a MFR on the required actions if found. Electrical hazards were found and changes were found to be required. Changes had to be made to provide a safe environmental. The Commander is mad because I was correct. LTC [REDACTED] has refused to sign agreed upon MFR.

13. POC is Mr. Karl Gibson, Industrial Hygienist, ext. [REDACTED]
[REDACTED]@cen.amedd.army.mil.

encl


KARL L. GIBSON
GS 11, USA MEDDAC