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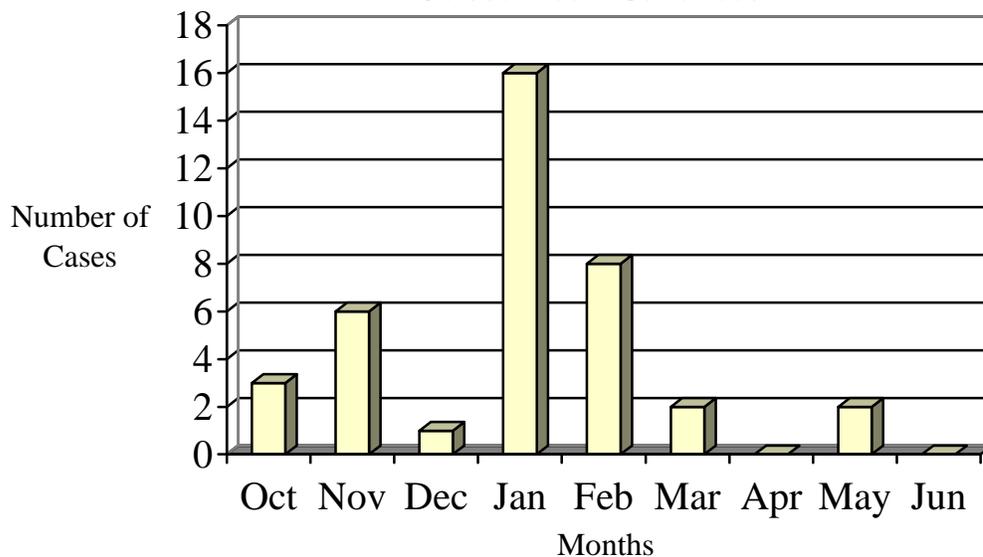
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were therefore unaware of the pending water quality risks that existed at Camp Q-West before February 1, 2006.

From October 2005 through June 2006, the local brigade medical sick-call records showed 38 cases²⁰ that an attending medical official said could be attributed to water, such as skin abscesses, cellulitis, skin infections, and diarrhea. Of the 38 cases, 24 (or 63 percent) were diagnosed in January and February 2006. The following figure illustrates an increase in medical problems during that period.

**Figure 2. Q-West Medical Cases
October 2005 - June 2006**



On January 20, 2006, the local medical personnel informed MNC-I Preventive Medicine personnel of an increase in bacterial infections, causing preventive medicine to begin testing water at point-of-use storage containers. On February 1, 2006, preventive medicine determined that KBR had used ROWPU wastewater to supply personal hygiene facilities. The discovery resulted in KBR superchlorinating²¹ the water storage tanks and redirecting the wastewater output lines. In addition, preventive medicine increased its oversight monitoring of water quality at point-of-use storage containers.

Emergency Response Procedures. KBR did not have standard emergency response procedures to execute if water became unsafe. We documented three examples of potential water quality issues: (1) a false positive reading for mustard gas at Kalsu in October 2006, (2) the direct use of treatment wastewater in personal hygiene facilities at Camp Q-West, and (3)

²⁰ The attending physician stated that these cases were from the local brigade surgeon sick-call clinic and not reported into the disease non-battle injury databases through the camp troop medical clinic.

²¹ Superchlorinating is the sanitizing of a water container (tank or truck) using water with a 100 mg-per-liter chlorine concentration for at least one hour.