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Oversight of Water Quality

Oversight of the military units did not occur as required. Specifically, preventive medicine officials did not perform oversight visits to all water supply operations. Oversight officials from the MNF-I Office of Resources and Sustainment, MNC-I Preventive Medicine and its detachments, DCMA Iraq/Afghanistan, LOGCAP, and KBR lacked comprehensive inventories of water storage containers, without which they were unaware of all water storage sites, and their locations, to visit. Additionally, the organizations did not coordinate their oversight efforts. TB MED 577 requires command surgeons to oversee the implementation of preventive medicine instructions and procedures to achieve the established water quality standards. Preventive medicine personnel are responsible for providing oversight of field water operations and for preventing waterborne illness and disease. DCMA is responsible for oversight of the contractor operations. We reviewed MNC-I Preventive Medicine records of the water operation sites that we visited. Preventive medicine personnel provided monthly oversight visits to the three KBR water operation sites that we visited. However, they did not provide consistent oversight visits to the military water operation sites.

Oversight Coordination. Oversight of water systems in Iraq is fragmented because both military and civilian organizations purify water, and several organizations are responsible for monitoring its quality. DCMA, Military Preventive Medicine, KBR, and Veterinary Services are the organizations responsible for conducting oversight activities, but they do not coordinate their actions. Within those organizations, we observed a lack of awareness of problems associated with water purification. For example, the required daily water quality monitoring at point-of-use containers was not completed at Camp Ar Ramadi because of a false assumption that individual unit field sanitation teams were performing the tests. TB MED 577 states that individual military unit field sanitation teams are responsible for checking and maintaining the quality of bulk water supplies that they receive for their units. However, in Iraq, individual military units do not receive bulk water deliveries. Instead, KBR delivers the bulk water to common point-of-use storage containers and is therefore responsible for testing and maintaining the quality of that water. Additionally, preventive medicine personnel did not always accomplish the required monthly oversight visits and water quality tests because of stated personnel shortages. The oversight organizations knew of their own internal operations and difficulties but were not aware of problems that other organizations were experiencing or of the effect those problems had on the quality of water provided to U.S. forces.

Oversight Visits. The preventive medicine personnel responsible for oversight visits to the military water production site at Camp Ali could not provide documentation supporting oversight visits from June through December 2006. Preventive medicine detachments are responsible for providing oversight of all field water supply operations. Their oversight responsibilities include monthly inspections of all water production sites and all storage containers. The monthly inspections should include tests of water during production and water stored at all locations to ensure that chlorine residual levels are appropriate. The lack of documentation existed because the MNC-I Preventive Medicine personnel did not perform