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**Report No. D-2008-060**

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- MNC-I officials did not perform monthly oversight visits to all military water purification units as required by TB MED 577.
- Organizations responsible for water quality oversight – Preventive Medicine, Defense Contract Management Agency (DCMA), and Veterinary Services – did not coordinate their efforts, preventing comprehensive oversight of water supplies.
- Oversight entities lacked inventories of water storage containers to ensure that all water supplies received proper testing.
- Army water purification personnel at LSA Anaconda and Camp Ali did not consistently perform and maintain records of the quality control testing required by TB MED 577.
- Army water purification personnel at LSA Anaconda and Camp Ali did not maintain records of the amount of water issued, or the organizations receiving the water, as required by TB MED 577.
- The MNF-I command did not have a standard troop education procedure to inform U.S. forces of the proper uses of the different types of water provided in Iraq.

MNF-I officials must reduce the potential for water contamination and resultant adverse effects by:

- improving quality control and recordkeeping procedures at military production sites,
- establishing coordination among oversight offices,
- verifying that all water production and storage sites receive oversight visits, and
- increasing troop awareness of water safety standards.

Because of corrective actions taken, contractor processes for providing potable and nonpotable water were adequate as of November 2006. Internal quality control procedures and oversight personnel from military preventive medicine detachments, Defense Contract Management Agency (DCMA), and military Veterinary Services were operationally in place. The procedures and oversight provided quality assurance for the processes of water production, production site storage, distribution, and storage at point-of-use facilities. However, military water purification units at LSA Anaconda and Camp Ali did not perform required quality control tests and did not maintain appropriate records of water produced, stored, and issued. Therefore, water suppliers exposed U.S. forces to unmonitored and potentially unsafe water. However, the military medical databases for reportable illness and diseases showed only 26 disease non-battle injury cases<sup>6</sup> among the 137,000 average monthly U.S. forces in Iraq. The 26 cases included food and waterborne diseases, including hepatitis, giardiasis, and typhoid fever. Although there was no way to determine whether water provided by the contractors and military water purification units caused the diseases, contractors and military units responsible for water operations must always ensure that water provided to the forces meets all established standards and is safe to use.

On March 31, 2007, we issued six memoranda to MNF-I, MNC-I, DCMA, and The Army's Logistics Civil Augmentation Program (LOGCAP) officials for their action on the conditions

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<sup>6</sup> Not all disease non-battle injury cases were reported in the military medical databases. See report section titled "Treatment and Oversight at Camp Q-West."