My name is Ben Carter, and for the last twenty years I have worked as a water purification specialist. I currently reside in Cedar City, Utah. From January 2005 through early April 2005, I worked for Halliburton subsidiary KBR at Camp Ar Ramadi in Iraq, also known as Junction City. Ar Ramadi is home to between 5,000 and 7,000 troops at any given time, served by roughly 70 KBR personnel.

During my time at Ar Ramadi, I served as the acting foreman of the reverse osmosis water purification unit, also known as the ROWPU. The ROWPU is a standard piece of equipment, roughly the size of two shipping containers, that purifies water by separating out any dissolved solids and other impurities. Ar Ramadi needed a ROWPU to decontaminate highly polluted water from the Euphrates River, which was then pumped to the base for both potable and non-potable uses.

Potable water is used for cooking and drinking purposes, and requires a higher level of purification and cleaner delivery systems. At Ar Ramadi, non-potable water was used for all other purposes, including bathing, showering, shaving, laundry, and cleaning. I sometimes saw people use non-potable water to make coffee and brush their teeth, simply because it was more convenient than using bottled water. Management occasionally warned against such practices, but failed to post signs reminding people of the dangers associated with consuming non-potable water.

Although not intended for drinking or cooking, even non-potable water must meet certain minimum safety standards widely accepted in the water purification industry and adopted by the Army in their operations manuals. When you shower, bathe, or shave, you can’t help but be exposed to any contaminants in the water, whether through your eyes, nostrils, mouth, or open cuts or wounds. Water treatment specialists design safe delivery systems and test regularly to ensure that non-potable water meets these minimum standards. Their job is to protect the health and safety of the people who use that water.

Although I was hired to work as a water treatment specialist, I was not allowed to inspect the Ar Ramadi water delivery systems until more than a month after I arrived at the base. Until then I volunteered for whatever other work I could find, often in the
carpenters’ shop — where I mostly built home entertainment units for other KBR employees, who didn’t have enough work to keep them busy and instead passed their days watching DVDs and playing Nintendo.

After a month, I was finally allowed to work with the ROWPU unit. Two weeks later, the usual ROWPU foreman returned to the States on leave and I became the acting ROWPU lead. For the first time, I had full access to all of the water treatment equipment and documentation. Shortly thereafter, on March 23, 2005, another KBR employee reported to management that he had discovered an organism in his toilet bowl. On inspection, I confirmed that there was what appeared to be a larva swimming in the toilet bowl.

I had been told by the usual ROWPU lead that the water was chlorinated, and knew that such an organism could not survive in chlorinated water. I decided at that point to test the water in the employee’s bathroom for chlorination. The test results indicated zero presence of chlorine. I then tested at several other locations in the KBR section of the base, and discovered no chlorine at those sites either. I then tested the non-potable water storage tank and, to my shock, realized that the water in the tank tested negative for chlorine; that the access lid of the tank was not in place, let alone secure; and that the air vents to the tank were turned upward and left unscreened, leaving the water supply vulnerable to contamination from dust, insects, rodents, or even enemy attack. I was stunned. No trained water treatment specialist could claim that the water was fit for human use.

Having come to that conclusion, and despite the resistance of KBR site management, I immediately chlorinated the non-potable water tank supplying KBR personnel. I also made a public announcement over the KBR radio network that all personnel should run their taps to move the chlorine through the water distribution system. I then informed site management that we needed to notify the military that they should immediately chlorinate their water storage tanks, which drew from the same source. I was told by Suzanne Raku-Williams, the KBR site manager, that the military was none of my concern. I was ordered to concern myself only with the health and safety of KBR personnel.

Leaving Suzanne in disgust and disbelief, I continued with securing the KBR water supply. KBR employees began to arrive back at their living facilities, to run their water as instructed, and started asking questions about the water quality. Many had health concerns. I explained to them that I had discovered that the water was not being chlorinated, and that I had immediately and manually chlorinated the water.

After answering their questions, I drove out to the ROWPU site at the Euphrates River. I notified the ROWPU operator, a sergeant, that there was no chlorine in the water. Until that point I had assumed that we were experiencing a temporary equipment malfunction or human error — that something had just gone wrong. In fact, I was told, they had never chlorinated the water. I later learned that it was KBR’s responsibility to
test the water quality three times a day to confirm the presence of chlorine. To my knowledge, such testing never occurred.

To make matters worse, the sergeant admitted to me that he was not using sub-micron cartridge filters in the ROWPU process. That meant water from the Euphrates River — collected less than a mile downstream from a raw sewage outlet — was passing through only a multi-media filter before being pumped into our non-potable water storage tank. The same water was being pumped into the Army’s non-potable water storage tank.

On returning to the base, I was approached by Harold Orr, known as Mo, who was the KBR Health, Safety and Environment coordinator. I was surprised to hear that he had only just learned of my discovery. Mo had been critical of health and safety violations at the camp, and management had apparently failed to inform him of my conclusions. Mo instructed me to prepare a detailed incident report of what had occurred that day, which he wanted on his desk that night. When KBR site management learned that I was preparing a report, they insisted on approving its contents before I sent it to Mo. I did, and they offered comments questioning my conclusions. I have brought a copy of that e-mail exchange with me today.

I made the required corrections and sent my incident report to Mo, who in turn sent it to KBR management in Al Asad, Iraq. At that point, Suzanne, the KBR site manager in Ar Ramadi, instructed me that I should not e-mail anyone off the base. She and the director of operations then stopped talking to me altogether. That weekend, without informing me or Mo, they scheduled a meeting to address the concerns of KBR employees regarding the quality of water at the camp. They invited a medic from another camp to speak, which he did, emphasizing that we were now chlorinating the water, that there were many ways someone could get sick other than the water, and that he was sure KBR would offer to test all employees for Hepatitis on their return to the States.

That day I knew that I had to quit KBR and leave Iraq.

After returning from Iraq, Ken May forwarded to me internal documents and correspondence that confirmed my findings in Ar Ramadi. In one message, Wil Granger, then the KBR Water Quality Manager for all of Iraq and Kuwait, wrote that KBR had exposed the entire camp to water twice as contaminated as raw water from the Euphrates River. I later spoke with Granger and asked him how the water could be twice as contaminated. He told me that KBR was apparently taking the waste water from the ROWPU process, which should have been dumped back in the river, and using that as the non-potable water supply. Such problems had been happening for more than a year, but Granger knew of no effort to inform the exposed population.

More disturbingly, I learned from Granger that, as late as September 2005, the same problems existed throughout Iraq. Granger also told me of a 21-page report he had written, detailing the nationwide problems. He said that Halliburton was worried sick that I might have a copy. I asked him to publicly confirm my story. Granger was reluctant and told me that, after a group named Halliburton Watch asked the company
about his report, Halliburton lawyers grilled him about our communications and threatened to hold him personally liable for any damage the company incurred. Although I do not have a copy of Granger’s report, I do have an e-mail message in which he writes, “I have yet to find an installation that does the required testing let alone has such documents to support their testing activities.”

I accepted a position with Halliburton with the belief that my particular skills would be of service to the troops in Iraq. But when I tried to notify the troops that they may be exposed to a serious health risk, I was told that the military was none of my concern, and to keep my mouth shut. I don’t know how bad the problem might be — how many troops may have been exposed to untreated water, and how many might have gotten sick as a result. I can’t know, because Halliburton apparently has no records and refuses to acknowledge there might be a problem. I do know that I have been diagnosed with an unidentified organism in my digestive tract, and that I sometimes suffer from gastrointestinal problems that I did not experience before going to Iraq.

Let me conclude by saying that I’m here today because I believe that supporting the troops has to be more than a slogan. Our men and women overseas deserve the best our taxpayer dollars can buy, and it saddens me to report that we’re falling short on something as simple and essential as providing them with clean, safe water.