My name is Matthew B. Harrison, D.D.S., and I served in the U.S. Army Dental Corps as a captain from June 2002 until June 2005. I was assigned to the 101st Forward Support Battalion of the 1st Brigade Combat Team, 1st Infantry Division out of Ft. Riley, Kansas, in October 2003. I arrived in Ar Ramadi, Iraq on December 7, 2003 to replace the brigade dental surgeon that was originally assigned to the unit for the deployment. The unit had been deployed to Iraq since September of 2003. By the time I arrived at Camp Ar Ramadi, the permanent dining facility had been constructed, there were makeshift showers, portable toilets, and abandoned buildings in which to live. The water supply for our unit was provided by a “water buffalo” (a portable water tank on a trailer) and by a large rubber bladder that was situated behind our living quarters. The buffalo and bladder were refilled approximately once a week from a common water source used by the entire camp.

On arrival in Kuwait, en route to Iraq, we were briefed that all non-bottled water was non-potable. I never knowingly drank any water from any source other than bottled water during my deployment, although I did use the water buffalo water to rinse my mouth after brushing my teeth the first night I was in Ramadi. The dentist I was replacing suggested that I probably should not use that water to rinse, and I never used it again. I personally only used the non-potable water for showering, washing my face and hands, and laundering clothes. In our dental clinic, we used the non-potable water for scrubbing our instruments of debris before placing them in the autoclave for sterilization. I estimate—conservatively—that I washed my hands an average of 10 to 15 times a day. We never used the non-potable water for intra-oral procedures or allowed patients to rinse with it. We used bottled sterile water for those procedures.

Within the first two months of being at Camp Ar Ramadi, I developed a gastrointestinal disorder. Prior to my deployment, I had not experienced any gastrointestinal problems, other than the occasional stomach virus that everyone contracts from time to time. In Ramadi I began to have multiple daily “loose” stools with periodic diarrhea (roughly four or five times a week). I experienced no pain, no weight loss, or any other symptoms. After a few weeks, I mentioned my symptoms to the medical staff,
and they suggested that my problems were related to the change in diet and environment that I was experiencing. I accepted this diagnosis as a plausible cause for my symptoms. I continued to have the loose stools, but the diarrhea became much less frequent. These symptoms continued throughout the rest of my deployment, which ended in September 2004. I do not know if any other soldiers at Ar Ramadi experienced the same problems.

When I returned to the U.S., I continued to have the same symptoms of multiple, daily loose stools. I did not worry about it for two to three months because I assumed that it would take time for me to adjust to the change in diet/environment upon my return from deployment. I did mention my symptoms to a nurse during a doctor’s visit for another issue. She said it was probably just change in diet but that something else, like a parasite, could be causing my problems. After the symptoms continued, the medical clinic performed a test to check for blood in my stool. The test result was negative, so they ruled out any bleeding in my gastrointestinal tract. No further tests were done. A colleague of mine in the dental clinic at Fort Riley also experienced the same symptoms as me. He had served in Baghdad as a dentist from April 2003 until December 2003. The medical clinic at Fort Riley told him that he probably just had Irritable Bowel Syndrome, and no tests were done. Like me, his symptoms continue even now.

I separated from the Army in June 2005. I am still afflicted with the same daily loose stools (three to four times a day) with occasional diarrhea (four to five times a month, sometimes verging on uncontrollable). I do not have any other medical conditions or post-war problems of any kind. I saw a local physician several months ago, and he did a cursory exam and checked for blood in my stool. All of his findings were normal, and he recommended no further tests. My condition at the present is not debilitating. It is more accurate to characterize it as a daily annoyance, but one that I had not experienced until I deployed to Ar Ramadi. I had just learned to live with my condition until I saw an article in the local paper that suggested that the water supply in Ar Ramadi might have been contaminated while I was stationed there. I think that this is a possible explanation for my condition due to the timing and nonspecific nature of my symptoms, especially considering my hand washing and hygiene routine. Although I did not knowingly drink the non-potable water, it is impossible to completely stop it from entering the body through the nose, mouth, or mucous membranes while performing normal daily tasks such as showering or washing your face.

I am uncertain if my condition is a result of the water I used at Camp Ar Ramadi or if my symptoms were caused by something else. I do know that, if there is a chance that the water was contaminated, I would like the opportunity to be tested to determine if I was exposed to something in Ramadi that has made me sick. I would obviously prefer not to live the rest of my life with this condition, and I fear that my symptoms could worsen over time.