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September 12, 2008

The Honorable Robert Gates
Secretary of Defense
1000 Defense Pentagon
Washington, DC 20301-1300

The Honorable Pete Geren
Secretary of the Army
101 Army Pentagon
Washington, DC 20310-1600

Dear Secretary Gates and Secretary Geren:

I write to you today to request that the Department of Defense (DOD) further investigate whether members of the Indiana National Guard (INARNG) were properly tested for Hexavalent Chromium exposure during their 2003 tour of duty at the Qarmat Ali Water Treatment Plant in Iraq.

Despite DOD assertions that soldiers were tested and “no specific abnormalities attributable to possible exposures were identified, and no long-term health effects are expected,” I am concerned that the Army did not use appropriate standards to judge whether potentially harmful amounts of chromium were taken into servicemembers’ bodies. It does not appear that the testing was conducted within the appropriate amount of time to gauge the possible health effects on members of the INARNG.

According to Army staff, the blood tests were conducted on INARNG soldiers within 30 days of their last exposure to the Hexavalent Chromium. I understand that the life of a red blood cell is 120 days. According to Army documents, INARNG soldiers were first deployed in late April. Given that tests were not conducted until October, I do not see how tests conducted up to six months after the original exposure would show the accurate exposure to the Hexavalent chromium.

Further, according to Hexavalent Chromium experts, normal levels of Chromium in red blood cells are generally measured at one microgram per liter (1 ug/L). According to Army staff, “testing did not confirm that a substantial amount of chromium was taken into the body.” However, the Occupational Safety and Health Administration (OSHA) lowered Chromium standards from 100 uG/M3 to 5 uG/M3 after incidents of cancer occurred in the 30-40 uG/M3 range several years ago. I am concerned that the Army used standards that are out of date.

Lastly, I remain concerned that there appear to be no procedures within USCENTCOM Force Health Protection policy that ensure non-deployed, rear area units such as a home state Adjutant Generals or U.S. Army Forces Command are notified of any hazardous material exposures to deployed servicemembers.

As I understand, the environmental health threats that INARNG soldiers faced at Qarmat Ali are not unique. In July 2005, Dr. Kilpatrick testified before the House Committee on Government Reform about numerous incidents involving potentially hazardous materials. These included Al Tuwaitha Nuclear Research Center in Iraq, with possible excessive exposure levels of ionizing radiation; Al-Samawah in Iraq, with depleted uranium and exposure to toxic chemicals; Ash Shuaiba Port in Kuwait, with industrial pollution at a large port; Camp War Eagle in Iraq, with possible airborne lead exposures; Baghdad, with an exposure to sarin; various locations in theatre with severe eosinophilic pneumonia in CENTCOM; Kharsi Khanabad in Uzbekistan, with suspected environmental radiological and chemical agent contamination; and Al Mishraq Sulfur Plant in Iraq, with airborne combustion products from a sulfur fire.

For these reasons, I am requesting a formal investigation into this matter and answers to the following questions:

1. What standards did the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) use for their Occupational and Environmental Health (OEH) determination at Qarmat Ali? Were the standards against which results were compared up to date at the time of the OEH survey?
2. What regulations, policies, and procedures does the Army have in place to ensure documentation of the level of exposure? How does 10 USCS § 1074f apply in this situation? Given that the Qarmat Ali incident is but one of a number of incidents where servicemembers may have been exposed to highly toxic contaminants, is the Army establishing an active registry for each servicemember exposed? What are the Army's plans to ensure there are ongoing medical evaluations relevant to exposure? Is legislation needed to ensure that the Army establishes an active registry for each servicemember exposed?
3. Why does USCENTCOM Force Health Protection policy not have any procedure through which non-deployed, rear area units are notified of any possible exposure during deployments? Given that it is these units, such as the INARNG, that deal first hand with any remaining health concerns of returning servicemembers and their families, shouldn't there be a formal notification process that allows these units to properly plan for any potential adverse health outcome? As you both know, there has been significant press coverage of this incident. INARNG leadership has been attentive to the needs of at-risk soldiers and their families though they were never formally notified about the incident.

I look forward to expeditiously receiving your answers to these questions. In order to honor the men and women who volunteer to serve our nation in uniform, we must offer them the best protection possible when deployed in harm's way and the best available care when they return. The Qarmat Ali situation represents a threat that our soldiers should have never had to face.

Under your tenures, the Department of Defense has continually sought to improve its care of servicemembers and their families. I look forward to working with you to ensure that the dangers that Hoosier Guardsmen confronted during their 2003 deployment are controlled and that similar incidents averted in the future.

Thank you for your continued service.

Sincerely,

A handwritten signature in blue ink, appearing to read "Evan Bayh". The signature is fluid and cursive, with a large initial "E" and a long, sweeping underline.

Evan Bayh
United States Senator