

**Senate Democratic Policy Committee Hearing**  
**“The Exposure at Qarmat Ali: Did the Army Fail to Protect**  
**U.S. Soldiers Serving in Iraq?”**

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Thank you, Mr. Chairman.

Honorable members of the Committee: my name is Russell Kimberling. I served as Captain, Infantry Company Commander of Charlie Company 1-152 Infantry, 76<sup>th</sup> Separate Infantry Brigade at the Qarmat Ali water treatment facility, near Basrah, Iraq, from April 2003 through August 2003. Thank you for giving me the opportunity to share what I saw at Qarmat Ali and the health problems I’ve struggled with since that time.

While in Iraq, I was the Company Commander for 120 to 160 soldiers. I was the Officer in Charge of Security for Task Force RIO (Restore Iraqi Oil). Our mission was to provide security for KBR (Kellogg Brown and Root). We would protect KBR employees as they travelled from their hotel in Kuwait to oil facilities throughout southern Iraq. This included the Qarmat Ali water treatment facility, where we secured the site location while the contractors did repairs. Our bottom line mission was to protect contractors so they could get the oil fields back up and running.

When I arrived at Qarmat Ali, it appeared run down and had been abandoned for quite some time with unsanitary conditions throughout. In my position as Company Commander, I was routinely stationed in each area of the facility. What stuck out when I moved throughout the plant was the presence of orange dust everywhere, spread all over the ground, covering the dirt and sand. It appeared as if some chemical had been strewn

throughout the entire facility, staining the concrete a bright orangish-red shade. I later learned that the orange dust was sodium chromate.

Even if you weren't standing next to a pile of dust, it was almost impossible to avoid contact with the chemical. Our company was responsible for securing all areas of the facility, including the perimeter. During the mission, there were frequent sandstorms (every one to two weeks). During these storms, the orange dust and sand would fly everywhere, getting on our clothes, faces, exposed skin, and food.

At no time during our deployment were we told to wear face masks or chemical gear. When we were assigned to Qarmat Ali, KBR told us that according to their risk assessment, no personal protective equipment (PPE) was necessary. We didn't have any PPE and our military-issued protective gear was limited to the standard operating procedure (SOP) uniform (fatigues, boots, helmet and vest). The only addition to our standard uniform was our chemical gear, but we did not wear our chemical gear at Qarmat Ali.

Within the first week of my assignment at Qarmat Ali, I began experiencing symptoms. The first symptoms were sinus-related, which included headaches and a bloody nose. Within the first two months of my assignment, the irritation had progressed to a nasal infection that caused a perforation in my nose from the inside out. Upon examination, you could shine a light into my nasal cavity through a hole that had eaten through to the outside of my nose. My nose was bright red, painful to the touch, and had red spots on the outside of the nose to the cheek.

Because the infection was so severe, I was medevaced from Iraq to Lanstuhl Medical Center in Germany. The Ear, Nose, and Throat (ENT) doctor at Lanstuhl lanced

the wound, drained the pus, and put me on antibiotics. I had to stay in Germany for two weeks while the infection cleared before returning to duty at Qarmat Ali. Even when I returned from the hospital in June 2003, KBR and the Army still didn't provide PPE.

I wasn't the only soldier affected by the sodium dichromate. The other soldiers of Charlie Company also had symptoms consistent with exposure occurring -- nosebleeds, body rashes, persistent coughing -- within approximately one week at the site. The severity of these symptoms affected the soldiers' abilities to perform their daily duties. These symptoms affected approximately half of Charlie Company, a total of about 60 to 70 men.

Anyone who has served in the military realizes that an infantryman does not complain to the chain of command about bloody noses, or coughs, or what are seemingly minor ailments. This is a deployment to a desert region where you are told that it's likely that under normal circumstances you might suffer from a dry throat or maybe a nosebleed. You assume that if you are really in danger that you will be told or it will make it down the chain of command.

I'd also like to state that while technically under my command, medics reported to headquarters and were not required to present medical information to my chain of command or to me. I knew how many soldiers went to sick call, but not the nature of the calls.

I did not observe PPE onsite until my commander, Ltc. James Gentry, said that I needed to escort him and a group of civilians to Qarmat Ali (I'm sorry to report that Jim Gentry is currently battling terminal lung cancer, most likely caused by his exposure to sodium dichromate, and has entered hospice care). This escort assignment took place in

August 2003. We accompanied these individuals, who wanted to view the orangish dust that had been at this site. Upon arrival at the site, I stepped out of my vehicle and walked forward and kicked the ground where some of the reddish-orange marks were and the dust clouded up. I turned around and noticed that the civilians were emerging from the vehicles in full white PPE. They did not see fit to inform us that for safety purposes we should have been doing the same -- since our arrival at the site four months earlier. They did see fit to protect themselves. At that time, my soldiers, who had also witnessed the civilians in PPE attire asked what was happening. I replied, "I do not know, but it can't be good."

It wasn't until later that same month, August 2003, that we were finally told that the reddish-orange dust was sodium dichromate. We were told that the KBR chain of command stated that sodium dichromate was a mild irritant and that one would have to literally bathe in it for any toxicity to occur. The Iraqis onsite, however, stated that the powder caused sickness as they had witnessed this before.

The military began testing Charlie Company in October 2003. By the time we were tested in October though, KBR had already cleaned up the facility. Testing was not mandatory and we never received our written results. Instead, we were told that the testing was done to establish a normal baseline and that according to the military no one was exposed enough to cause any harm. Approximately, seventy percent of Charlie Company volunteered to be tested.

When I returned to the U.S. from Iraq in February 2004, the symptoms I experienced in theater continued. These included but were not limited to: severe sinus problems, excruciating sinus headaches, and frequent tearing from my eyes. Further, I

experienced and continue to experience aches in my joints, have tested low for testosterone, and experience a constant, overall malaise. While in Iraq, the Army told me that my sinus issues were military service-connected, but they did not inform me that these symptoms may have been related to my exposure to sodium dichromate.

Since returning home, I have continually been dealing with the same issues that I experienced during deployment. I might add that prior to deployment, I did not experience any of the symptoms exhibited during my assignment at Qarmat Ali. I still have spots on my face, aching joints, general malaise and the sinus problems.

While the Veterans Administration has been very accommodating with medical care, the VA is not knowledgeable about exposure to sodium dichromate or its health consequences. Every Charlie Company soldier who was at Qarmat Ali that I have spoken to has experienced symptoms.

This exposure has affected my ability to obtain life insurance. Insurance companies deem this to be a pre-existing condition. I am also concerned that I may develop cancer as I have a much greater chance of developing the disease than those not exposed. I am also concerned about being able to provide for my four-year-old son, who was conceived after I returned home from Iraq, and whose DNA may also be affected by the exposure. I am hesitant to have another child because I could be passing on genetic defects to him or her. If I do develop cancer, I am concerned about the financial situation of my loved ones who would be left behind.

In conclusion, I would implore Congress to:

- 1) Investigate KBR and this issue and hold them accountable for this unnecessary negligent exposure to a chemical that is one of the most lethal carcinogens. Charlie

Company was placed in harm's way as a result of war -- to put us in further, unnecessary jeopardy was unconscionable.

2) The men of Charlie Company should be given continuous health care and screenings. I believe that the VA should contact leading experts in sodium dichromate to make sure they understand the health consequences of this exposure.

3) Congress should also provide an opportunity for the soldiers of Charlie Company to acquire life insurance to assure the protection of their loved ones.

Senators, I am a common man from humble origins. I am one of four children and the son of a preacher. I chose the military as a way to serve my country and further my education. I was proud to wear the uniform and serve in theater when called to do so as were all of the men in my company and my commanding officer. General Douglas MacArthur famously said, "Old soldiers never die, they just fade away." My men and I are growing old well before our time. Do not let sodium dichromate become the Agent Orange of the Iraq War. Do what you know in your hearts is right and honorable: take care of the soldiers the government placed in harm's way, first in the theater of battle and a second time in the theater of contractor negligence.

Thank you for your patience and I stand ready to answer your questions.