

**Senate Democratic Policy Committee**

**“Are Burn Pits in Iraq and Afghanistan Making Our Soldiers Sick?”**

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Mr. Chairman, members of the committee, I thank you for the invitation and opportunity to give my testimony before you today. My name is Leon Russell Keith and I am from Huntsville, Alabama. I have been a Nationally Registered Paramedic for 17 years. I served as a Remote Duty Paramedic with KBR from March 2006 until July 2007 at Joint Base Balad in Iraq. I deployed again to work for KBR from April 2008 until June 2009 in Basra.

I have been answering 911 calls for Medic and Rescue calls in Houston, Texas and Northern Alabama for over 20 years, most recently for American Ambulance in Cullman and Falkville, Alabama. I am here today because I am concerned about the long-term health damage suffered by members of our Armed Services, civilian workers, and support personnel as a result of exposure to toxins from the unregulated burn pits in Iraq.

While I was stationed at Balad I experienced the effects of the massive burn pit that burned 24 hours a day, 7 days a week. The ten-acre pit was located in the northwest corner of the base. An acrid, dark black smoke from the pit would accumulate and hang low over the base for weeks at a time. Every spot on the base was touched by smoke from the pit; everyone who served at the base was exposed to the smoke. It was almost impossible to escape, even in our living units. Ash from the smoke would seep into the air conditioning systems and our living areas would be covered in a coating of dark soot. Our rooms had what looked like dark-colored flour spread over everything, including our beds, our clothing and the floor. We called this

“Iraqi talcum powder.” There was no way to keep the powder out of our living quarters. I could often taste the smoke in the air at the base, both inside and outside.

There was nothing that KBR would not put in the burn pits. I have never heard of any KBR restrictions on what could be burned in the pit. The color of the smoke would change depending on what was burned. Sometimes the smoke was a yellowish color. But the worst was when the smoke would be a dark greenish color. On these days, the KBR medical clinic where I worked could expect an increased number of patients, all complaining of burning throats and eyes as well as painful breathing. The thick smoke was especially difficult for those working at the military mail office, which was directly across the road from the pits. I also noticed that the smoke would be especially bothersome to new employees who had not yet experienced what we referred to as the “Iraqi Crud.” The acute symptoms of exposure to burn pit smoke included, but were not limited to, nausea, vomiting, lung and sinus irritations, congestion, diarrhea and associated dehydration, and even some cases of individuals coughing up blood.

At the KBR clinic, we provided lung decongestants and oral steroids. Unfortunately, I had patients who were so sick from the smoke that we had to take them to the Air Force Hospital or send them to Kuwait for advanced diagnostics and treatment. If their health did not improve, these individuals would be sent home. In my estimation, at least 30 to 40 percent of the total patient traffic at the medical clinic was generated by the poor air quality. The effects that the smoke had on Third Country Nationals at the base will most likely never be known.

The medical waste generated by the KBR clinic included used needles, gloves, bandages as well as body fluids. The waste was disposed of by turning it over to the Air Force Hospital at Balad. Since there were no incinerators when I was deployed at Balad from March 2006 to July 2007, the only disposal option was to burn the medical waste in the burn pit. I was told on more

than one occasion that the medical waste was soaked with jet fuel and then burned in the open air pits.

There were staggering amounts of medications purchased by KBR for the Balad medical clinic, much of which would expire so we were forced to throw away hundreds of bottles of still-sealed medications. Some of these medications were expensive non-steroidal, anti-inflammatory drugs like Celebrex capsules, which retail here for approximately \$3.00 per capsule. While working for KBR, I had to toss out hundreds of thousands of dollars worth of expired medications, products and supplies. I threw out tens of thousands of Celebrex, penicillin, and amoxicillin pills which I believe were burned in the burn pit. I was concerned about the harmful reactions that could occur when the chemicals in the medications were burned. It is a travesty that these medications were wasted, but this waste pales in comparison to the harm that was being done to the residents of the base.

It was during this time that I began to have difficulty moving the small finger on my left hand. Typing was getting more difficult with my left hand. I mentioned this odd development to my co-worker who half-jokingly stated, "You will probably be on the news one day because they found the lost chemical weapons under your living quarters."

During my second deployment with KBR, I worked at the medical clinic at Camp Harper in Basra, which was under British control until June of this year. It is a small base with less than 100 KBR employees; I was responsible for their treatment. During my deployment, Basra was under constant barrage by insurgent fire, but even so I noticed a vast difference between Basra and Balad when it came to disposing of waste. At Basra we had an incinerator operated by Third Country Nationals. The incinerator was controlled by a subcontractor who burned materials a few times a week. The clinic at Basra had a noticeable decrease in respiratory complaints.

There were days when we had no patients, and most of my duties were giving vaccinations and administering general care.

Unfortunately, the wasteful medical purchases by KBR were similar to the situation at Balad. We had enough equipment, medication and supplies to accommodate a much larger base. I found myself having to toss thousands of dollars worth of supplies and medications every month due to the expiration of the expensive medicine and medical supplies.

When I was getting ready to take R & R, I advised KBR officials that I was experiencing difficulty with the functioning of my left leg and arm. I advised them that I would see a doctor during my vacation at home. Upon my arrival home, I visited my physician. She immediately noticed tremors on my left side and sent me for a neurological exam. After a series of tests that included brain-scans, nerve conductivity surveys and MRI's, my neurologist advised me I had suffered neurological damage and was exhibiting the signs and symptoms of Parkinson's disease. He explained to me that my particular case is atypical for several reasons. At the time of my diagnosis I was 16 years younger than the usual age for the onset of non-traumatic Parkinson's. In addition, I have a large discrepancy between the functioning of my right and left sides, which suggests damage from toxins. I also have no family history, going back five generations, of Parkinson's disease. I was sent to University of Alabama - Birmingham where experts concurred with my doctor's diagnosis. It is my doctor's expert opinion that due to the atypical nature of my neurological problems, my debilitating illness was most likely caused by exposure to one or more environmental toxins while I was working in Iraq for KBR.

I was approved for a medical leave of absence that lasted 70 days. Now I am medically disqualified from returning to Iraq because of my condition and the medication I will have to take for the rest of my life. I have made a claim for compensation under the Defense Base Act

because I no longer have health insurance to cover the enormous costs associated with this disease. I am especially concerned because my condition will progressively worsen over time.

The pain I have from the muscular contractions can be excruciating.

I am here today because after spending almost three years in Iraq, in the heat and stench, going without electricity or running water at times, I am disappointed by what I received in return for my service. As you might imagine, there is no need for a paramedic who is experiencing neurological problems and weakness on one side of his body. Please do not let the exposure to burn pit smoke become the next Agent Orange or Gulf War Syndrome. Please press the military and KBR to use healthier methods to dispose of waste. My health condition was preventable and prompt action can prevent others from suffering a similar fate.

Thank you for your time and attention. It has been my honor to address you today.