

Camp LeJeune Bipolar and Breast Cancer and Death and Discrimination

Andrew Straw <andrew@andrewstraw.com>

Wed 02/19/2020 1:51 AM

To: Price, Elizabeth <EFPPrice@ncdoj.gov>; Hicks, Faison <Fhicks@ncdoj.gov>; lance.steahly@va.gov <lance.steahly@va.gov>; casework_@young.senate.gov <casework_@young.senate.gov>; U.S. Senator Mazie K. Hirono (imailagent) <casework@hirono.senate.gov>; 'CLWater' <clwater@usmc.mil>; VAFSC CLFMP <vafsc.cfm@va.gov>; Randall Russell <randall.russell@navy.mil>; Attorney General's Office <ncago@ncdoj.gov>; Eric Holcomb <eholcomb2@indgop.org>; weinzapfelforag@gmail.com <weinzapfelforag@gmail.com>; s4@iga.in.gov <s4@iga.in.gov>; benjamin.jones@atg.in.gov <benjamin.jones@atg.in.gov>; Patricia McMath <Patricia.McMath@atg.in.gov>; steve.creaseon@atg.in.gov <steve.creaseon@atg.in.gov>

Cc: Jason Lee Straw, Captain, U.S. Air Force (ret) <jason.straw@hotmail.com>; Phil Straw <pstraw1@comcast.net>; Andrew Straw <andrew@andrewstraw.com>; Ava Straw <avastraw@yahoo.com>; Manu Straw <manuudstraw@gmail.com>; leslie.balmes.castigador@gmail.com <leslie.balmes.castigador@gmail.com>; Angie Ordway <angie.ordway@courts.in.gov>; Michael Witte <michael.witte@courts.in.gov>; heather.falks@courts.in.gov <heather.falks@courts.in.gov>; loretta.rush@courts.in.gov <loretta.rush@courts.in.gov>; steven.david@courts.in.gov <steven.david@courts.in.gov>; mark.massa@courts.in.gov <mark.massa@courts.in.gov>; geoffrey.slaughter@courts.in.gov <geoffrey.slaughter@courts.in.gov>; christopher.goff@courts.in.gov <christopher.goff@courts.in.gov>; terry.harrell@courts.in.gov <terry.harrell@courts.in.gov>; AAPD <communications@aapd.com>; AAPD REV UP Campaign <programs@aapd.com>; Isabel Hodge <ihodge@uscd.org>; William Goren <wgoren@williamgoren.com>; ncd@ncd.gov <ncd@ncd.gov>

Not everybody can say and show that they were born on a toxic waste dump that became an EPA Superfund site:

NAME OF CHILD		FIRST	MIDDLE	LAST
1. ANDREW		"U"	"D"	STRAW
THIS BIRTH—SINGLE, TWIN, TRIPLE, ETC. (SPECIFY)		IF NOT SINGLE BIRTH— GIVE FIRST, SECOND, THIRD, ETC. (SPECIFY)		DATE OF BIRTH
2a. SINGLE		2b.		4a. MARCH 19, 1969
PLACE OF BIRTH		USUAL RESIDENCE OF MOTHER		
COUNTY 5a. ONSLOW		STATE 6a. NORTH CAROLINA		
CITY OR TOWN 5b. CAMP LEJEUNE		CITY OR TOWN 6c. JACKSONVILLE		
NAME OF HOSPITAL IF NOT IN HOSPITAL GIVE STREET AND NUMBER		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET ADDRESS OR R.F.D. NO.	
5c. NAVAL HOSPITAL		5d. NO	6d. 1243 DAVIS STREET	

<https://cumulis.epa.gov/supercpad/cursites/csinfo.cfm?id=0403185>

Not everyone has proof that a US Navy doctor ordered exposure to the toxic water on day #2 of their life.

Standard Form 508
 Rev. January 1966
 Promulgated
 By Bureau of the Budget
 Circular A-32

CLINICAL RECORD		DOCTOR'S ORDERS <i>(Sign all orders)</i>			
DATE AND TIME		R _x <small>(Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked here)</small>	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
			ROUTINE NEWBORN ORDERS		
3/24/69		1.	ADMIT TO NORMAL NEWBORN NURSERY		
		2.	OBTAIN AND RECORD VITAL SIGNS AND MEASUREMENTS.		
		3.	IF RECTAL TEMPERATURE IS 97 OR OVER, BATHE INFANT USING 3% PHISOXEL SURGICAL DETERGENT AND WATER.		
		4.	IF RECTAL TEMPERATURE IS UNDER 97, POSTPONE BATH AND INFANT IN ARMSTRONG INCUBATOR UNTIL TEMPERATURE HAS REACHED 97-98- THEN BATHE AS ABOVE.		PUT
		5.	INSTILL TWO (2) DROPS OF SILVER NITRATE IN EACH EYE THEN IRRIGATE WITH STERILE WATER.		
		6.	VITAMIN K1 - 1 MG IM.		
		7.	NOTE AND RECORD TIME AND APPEARANCE OF FIRST STOOL AND URINE.		
		8.	APPLY ALCOHOL TO THE UMBILICAL CORD Q-8 HRS. (0800-1600-2400)		
		9.	WEIGH EVERY OTHER DAY EXCEPT THAT INFANTS WEIGHING UNDER 5 LBS. 8 OZ. WILL BE WEIGHED DAILY.		
		10.	BEGIN 5% GLUCOSE WATER FEEDINGS AT 12 HOURS OF AGE. OFFER 1-2 OZ. Q 4-HRS X 3. THEN FEED <u>Infant</u> (20 CAL/OZ) FORMULA <u>2-4</u> OZ. Q 4 HRS.		
		11.	IF NURSERY COURSE HAS BEEN UNEVENTFUL, INFANT MAY BE TRANSFERRED TO MOTHERS ROOM AFTER AT LEAST 24 HOURS OF OBSERVATION.		
				<i>H. Mangrove</i> NURSERY MEDICAL OFFICER	<i>J. Leonard</i>
				<i>Mangrove</i>	<i>x. Koller</i>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO. <i>20</i>
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390-130 N 19 MAR 69 PROT
 D/S LCPL USMC 241 54 25
 19 MAR 69 N.C.
 STRAW.

DOCTOR'S ORDERS
 Standard Form 508
 508-107

Not everybody is DENIED Camp LeJeune Family Member Program health care when they have one of the listed conditions (bipolar - neurobehavioral effect) and their mother died (breast cancer) of

another, both exposed in the base hospital for 4 days when I was born and through 18 months of base access privileges while my father was stationed there.

Straw v. Wilkie, 18-7129 (U.S. CAVC)

- ▶ Bladder cancer
- ▶ Breast cancer
- ▶ Esophageal cancer
- ▶ Female infertility
- ▶ Hepatic steatosis
- ▶ Kidney cancer
- ▶ Leukemia
- ▶ Lung cancer
- ▶ Miscarriage
- ▶ Multiple myeloma
- ▶ Myelodysplastic syndromes
- ▶ Neurobehavioral effects
- ▶ Non-Hodgkin's lymphoma
- ▶ Renal toxicity
- ▶ Scleroderma

National Academy of Sciences:

clinicians should resolve in favor of the Camp Lejeune veteran or family member,” the committee recommends that VA consider including adolescent and adult illicit drug use and bipolar disorder as neurobehavioral effects in the Camp Lejeune clinical guidance and in algorithm B-1.

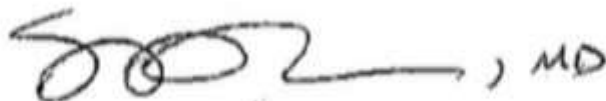
Bipolar, Psychiatrist:

Dear Mr. Straw:

You are currently in treatment for bipolar I disorder and anxiety not elsewhere classified. I have seen you twice in clinic. First was 3/10/15 and 10/20/15. Based on information gathered at our appointments it appears you have had a history of recurrent manic episodes with psychotic features in the past, as well as depressive episodes and you have reportedly had several psychiatric hospitalizations in the past as a result of these episodes. Your most recent episode was bipolar depression, and anxiety.

Thank you for including us as members of your health care team. If you have any questions or concerns, please don't hesitate to call.

Sincerely,



Sittanur Shoush, MD

Bipolar, IU Health:



Goshen Physicians

Goshen Urgent Care
400 W Lincoln Ave
Goshen, IN 46526-4723
Phone: (574)533-7600
Fax: (574)533-7666

07/12/2016

Andrew Straw
1900 E Golf Rd Ste 950
Schaumburg, IL 60173-5034

To whom it may concern,

Andrew Straw is my patient and has 2 service dogs who help him with activities of daily living due to his bipolar disorder, anxiety disorder, depression and migraine headaches. He should be allowed to have them live with him to maintain his health.

Should you require additional information, feel free to contact our office.


Sincerely,

Provider: Ann M. Cuthbert NP 07/12/2016 08:03 AM

Breast cancer, mother's death certificate:

1. DECEASED—NAME (First, Middle, Last) Sandra K. Stevens		2. SEX Female	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 48	5b. UNDER 1 YEAR Months: Days:
6a. WAS DECEDENT A U.S. VETERAN? NO		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	
7a. FACILITY NAME (if not institution, give street or 2 number) 310 Wabash Street		7b. CITY, TOWN, OR LOCATION Plainfield	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) James A. Stevens		12a. DECEDENT'S USUAL OCCUPATION (done during most of working life) Computer program
13a. RESIDENCE—STATE Indiana		13b. COUNTY Hendricks	13c. CITY, TOWN OR LOCATION Plainfield
13a. ZIP CODE 46168	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc)
18. FATHER'S NAME (First, Middle, Last) Gerald Leroy Isaacs		18. MOTHER'S NAME Hope DeV	
20a. INFORMANT'S NAME (Type/Print) James A. Stevens		20b. MAILING ADDRESS (Street and Number or R.F.D.) 310 Wabash St. Plainf	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, other place) March 1, 1997 Maple Hill Cemetery	
22a. EMBALMER'S NAME Gregory K. Monnett		22b. EMBALMER'S LICENSE NO. FD08700507	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Mark C. Baker</i>		24b. LICENSE NUMBER (of Licensee) FD29400072	25. NAME OF FUNERAL HOME Hal 330 Pl
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac arrest, shock, or heart failure. List only one cause for each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Breast Cancer DUE TO (OR AS A CONSEQUENCE OF)			

And my law license suspended 3 years because an ADA coordinator attacked this "mental illness:"

Brenda Rodeheffer Your Name (Please type or print in ink)	Return to:
30 S. Meridian St., Suite 500 Address	Indiana Supreme Court Disciplinary Commission 30 South Meridian Street, Suite 850 Indianapolis, IN 46204-3520 Phone (317) 232-1807 TDD for Deaf (317) 233-6111
Indianapolis, IN 46204 City/State/Zip	
317 234-3936 Telephone	
I wish to submit the following Request for Investigation and information concerning the following attorney:	
Attorney's Name <u>Andrew U.D. Straw</u>	
Attorney's Address <u>1900 E. Golf Road, Suite 950A, Schaumburg, IL 60173</u>	
Date Employed <u>not applicable</u>	Purpose for Employing _____
Cause Number of Case <u>multiple</u>	Court _____
Agreed Attorney's Fee <u>n/a</u>	Total Fees Paid _____
Nature of complaint against the attorney (use additional pages if necessary; do not write on the back). Please be specific as to dates, names, and events. Include copies (not originals) of documents that support your complaint: Andrew U. D. Straw is physically and mentally disabled. His physical disabilities do not impact his ability to practice law, but his mental health problems have become sufficiently severe that I believe he is not competent to practice law. He has filed multiple lawsuits in the last month that are nonsensical. He is currently advertising that he takes ADA cases in Illinois (he is	

in Retaliation against my own ADA complaint:

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PETITION FOR REDRESS OF GRIEVANCES

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Andrew U. D. Straw
241A Brittany Dr
Streamwood, IL 60107-1389
Tel. (574) 971-0131
Fax (877) 310-9097
andrew@andrewstraw.com
Petitioner, Pro Se

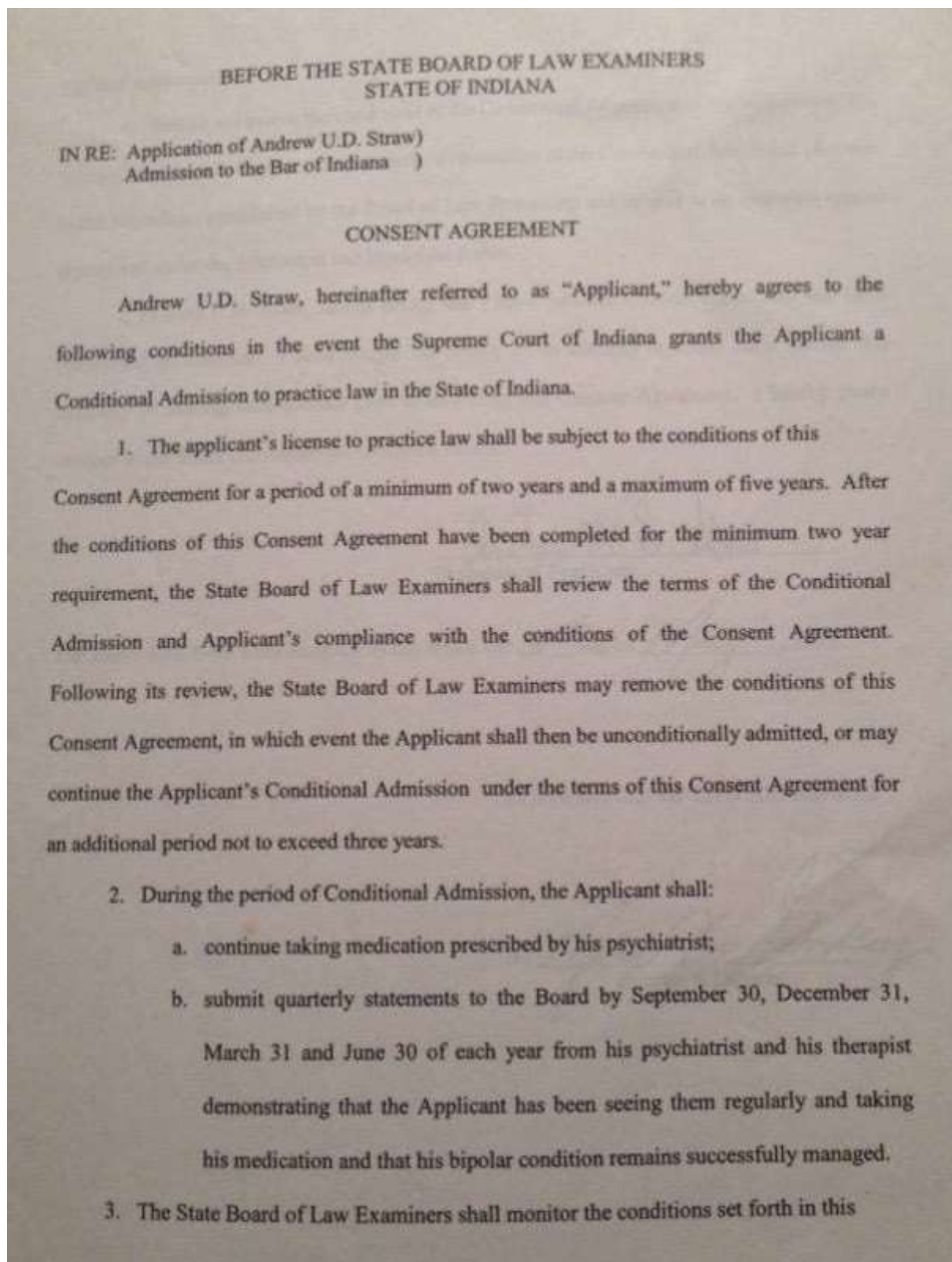
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Comes now Petitioner, Andrew U. D. Straw, and seeks relief from this Honorable Court regarding disability-based discrimination against him in his application to become a member of the Indiana bar and during his time working as a staff member of the Indiana Supreme Court Division of State Court Administration.

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I applied to take the February 2002 Indiana bar exam to the Indiana State Board of Law Examiners. I answered the questions on the application dutifully, fully, and honestly. The questions included

Not everybody is forced to reveal the bipolar to their employer as a condition of having a law license and encumbered by it, or forced to talk about all symptoms to colleagues in a hearing:



But I experienced all of this and much more. Like some of my family being in denial about the causation when my doctor says:

HAVE A HOME HEALTH AIDE AND MEDICINE

Andrew U. D. Straw has bipolar disorder, depression, migraines causing blindness and social anxiety (including sensitivity to light and sound). All of these can be considered neurobehavioral effects consistent with industrial solvent poisoning as an infant and should be covered under any health insurance. Mr. Straw has no health insurance in the

Respectfully,

s/ Andrew U. D. Straw
700 12th ST STE 700
PMB 92403
Washington, DC 20005
(847) 807-5237
andrew@andrewstraw.com
<http://links.andrewstraw.com>