

ANDREW U. D. STRAW
ORGAN SYSTEMS AFFECTED & CAUSATION/LINK PROOFS
CAMP LEJEUNE TOXIC WATER

ORGAN/SYSTEM	ISSUE	EVIDENCES
Heart (& hypertension) CL TOXIN LINK: TCE TCE #2	VSD – cardiac birth defect HYPERTENSION LETHARGY	U.S. Navy Medical Records , 1969 Repeated Abnormal EKGs (St. Louis University Hospital, 2010); Bauan Doctors
Nose CL TOXIN LINK: TCE & PCE	Nasal passages blocked by bone, repaired after car accident crushing nose bones & skull (Chronal atresia)	Dr. Kaehr, 2001 <i>Straw v. LinkedIn</i> , 5:22-cv-7718-EJD (N.D. Cal.) (Dkts. 22-26, 22-27, 22-28)
Lungs CL TOXIN LINK: TCE TCE #2	COPD – LUNG DAMAGED	Dr. Lewis , New Zealand, 2003-2010
CL TOXIN LINK: TCE	CHRONIC SEVERE INFECTIONS	Dr. Lewis , New Zealand
CL TOXIN LINK: TCE	ASTHMA	South Bend Clinic; IU Student Health Center; Dr. Lewis
CL TOXIN LINK: TCE	BRONCHITIS	South Bend Clinic; IU Student Health Center; Dr. Lewis

<p>CL TOXIN LINK: TCE TCE #2 TCE #3 TCE #4 TCE #5</p>	<p>ALLERGIES, WHEEZING, COUGHING</p>	<p>South Bend Clinic; IU Student Health Center; Dr. Lewis</p> <p>27 years 18 years of allergy shots</p>
<p>CL TOXIN LINK: TCE</p>	<p>PNEUMONIA</p>	<p>Warsaw General Hospital, 1983</p>
<p>Skin</p> <p>CL TOXIN LINK: TCE/PCE</p>	<p>ALLERGIES, IRRITATION</p>	<p>South Bend Clinic 27 years 18 years of allergy shots</p>
<p>Eyes</p> <p>ORGANIC SOLVENTS PCE & TCE</p> <p>PCE & TCE</p>	<p>MYOPIA; SEVERE LIGHT FLASHES; FLOATERS (Rt. Eye); SENSITIVITY TO FLUORESCENT LIGHT; ITCHINESS & REDNESS</p>	<p>Target Optical (purchased glasses)</p>
<p>Liver</p> <p>CL TOXIN LINK: TCE TCE #2 TCE #3 TCE #4 VINYL CHLORIDE</p>	<p>HIGH TRIGLYCERIDES</p>	<p>Dr. Lewis, New Zealand, 2003-2010; Bauan Doctors General Hospital (Philippines) Blood Tests, 2021</p>

<p>Kidneys</p> <p>CL TOXIN LINK: TCE TCE #2 TCE #3 TCE #4 TCE #5</p>	<p>GFR falling over time; blood/protein in urine</p>	<p>Dr. Lewis, New Zealand, 2003-2010;</p>
<p>Gall Bladder</p> <p>CL TOXIN LINK: TCE TCE #2</p>	<p>17 gall stones discovered; high risk of cancer; gall bladder removed</p>	<p>IU Health, Goshen, Indiana, 2012</p>
<p>Spine & Neck</p> <p>CL TOXIN LINK: PCE PCE & TCE</p>	<p>Severe pain and stiffness, chronic</p> <p>Diagnosis of mild scoliosis</p> <p>(associated with bipolar disorder)</p>	<p>Multiple doctors (X-rays needed) Age 8 forward</p>
<p>Both legs, pelvis, ribs, nose, and facial bones & skull broken</p> <p>CL TOXIN LINK: PCE-BIPOLAR-ACCIDENTS</p>	<p>Broken bones from car accident, 2/22/2001, 66% more likely due to PCE-caused bipolar disorder</p>	<p>Dr. Kaehr, OrthoIndy; Dr. Lewis; Dr. Dimalibot; x-rays & MRI</p> <p><i>Straw v. LinkedIn</i>, 5:22-cv-7718-EJD (N.D. Cal.) (Dkts. 22-26, 22-27, 22-28)</p>

<p>Upper thigh</p> <p>CL TOXIN LINK: PCE-BIPOLAR-ACC</p>	<p>SEVERED NERVE FROM CAR ACCIDENT SURGERY, CHRONIC NUMBNESS</p>	<p>Dr. Kaehr</p> <p><i>Straw v. LinkedIn</i>, 5:22-cv-7718-EJD (N.D. Cal.) (Dkts. 22-26, 22-27, 22-28)</p>
<p>Throat, nose, & ear infections</p> <p>CL TOXIN LINK TCE PCE PCE #2 PCE #3</p>	<p>INFECTIONS</p> <p>CHRONIC NOSEBLEEDS</p> <p>CHRONIC EAR INFECTIONS</p>	<p>Dr. Lewis; Dr. Dimalibot; HHA</p>
<p>Stomach & Intestines</p> <p>CL TOXIN LINK: TCE PCE</p>	<p>CHRONIC PAIN AND INFECTIONS; VOMITING & DIARRHEA (Frequent)</p>	<p>Dr. Lewis; South Bend Clinic; IU Student Health; HHA; Dr. Dimalibot</p>
<p>Esophagus</p> <p>CL TOXIN LINK: TCE</p>	<p>HEARTBURN, ESP. AFTER CHRONIC VOMITING</p>	<p>Dr. Dimalibot; HHA</p>
<p>Gonads</p> <p>CL TOXIN LINK: TCE VINYL CHLORIDE</p>	<p>ACHING PAIN</p> <p>GAMETE ISSUES</p>	<p>HHA</p>

<p>Brain</p> <p>CL TOXIN LINK: PCE PCE #2</p> <p>VINYL CHLORIDE</p> <p>TCE</p> <p>TCE & PSYCHOSIS VINYL CHLORIDE</p>	<p>BIPOLAR DISORDER (extremely high risk of suicide; 11-20 year loss of lifespan)</p> <p>SLEEP DISTURBANCE</p> <p>SLEEP APNEA</p> <p>PSYCHOSIS/ HALLUCINATIONS</p> <p>“SOCIAL DEATH”</p> <p>“SOCIAL DEATH” – The Lancet</p>	<p>Dr. Estrada; Oaklawn Hospital; SLU Hospital; Dunedin Hospital; Wakari Hospital; Dr. Shoush; Dr. Bory; Dr. Lee; NP Cuthbert; Dr. Dimalibot; TRAUMA NURSE</p> <p>SLEEP APNEA DIAGNOSED BY IU HEALTH GOSHEN</p> <p>Dr. Shoush</p> <p>TRAUMA NURSE; HHA</p>
<p>CL TOXIN LINK: TCE/PCE/VINYL CHLORIDE (VOCs)</p>	<p>ANXIETY DISORDER</p>	<p>Dr. Estrada; NP Cuthbert</p>
<p>CL TOXIN LINK: TCE/PCE</p> <p>TCE/PCE/VINYL CHLORIDE (VOCs)</p> <p>VINYL CHLORIDE</p>	<p>DEPRESSION</p>	<p>Dr. Estrada; Dr. Shoush; Dr. Lewis; SLU; NP Cuthbert; Dr. Dimalibot</p>
<p>CL TOXIN LINK: PCE</p>	<p>SCHIZOPHRENIA</p>	<p>Dr. Bory (scientific testing)</p>

<p>CL TOXIN LINK: TCE TCE #2 TCE #3 TCE #4 VINYL CHLORIDE</p>	<p>MIGRAINES WITH AURAS & BLINDNESS</p>	<p>Dr. Lewis; NP Cuthbert; HHA</p>
<p>CL TOXIN LINK: TCE</p>	<p>“AUTISTIC THINKING”</p>	<p>Dr. Bory (scientific testing)</p>
<p>Teeth CL TOXIN LINK PCE - BIPOLAR</p>	<p>SEVERE TOOTH DECAY FROM LITHIUM TREATMENT 4/27/2023 – one molar gone and 2 rotting.</p>	
<p>Body PCE PCE #2 PCE #3 VINYL CHLORIDE VINYL CHLORIDE2 BENZENE BENZENE #2 BENZENE #3</p>	<p>OVERWEIGHT 127kg</p>	
<p>Toes CL TOXIN LINK: PCE-BIPOLAR-ACCIDENTS</p>	<p>FUNGAL INFECTIONS, NAILS, CHRONIC (FROM POOR CIRCULATION DUE TO BROKEN LEG)</p>	<p>HHA</p>
<p>Wounds CL TOXIN LINK: PCE-BIPOLAR-ACCIDENTS</p>	<p>ORANGE SKIN DISCOLORATION AROUND SURGERY WOUNDS</p>	<p>HHA</p>

NO CANCER SCREENING YET DUE TO LACK OF HEALTH COVERAGE AND FUNDS

NO HEALTH INSURANCE OR COVERAGE

SSDI = **Total Income** of **\$1,386 per month**, artificially low because of discrimination and failure to thrive in law career once my bipolar became known to the Indiana Supreme Court, my former employer.

CAMP LEJEUNE CONTAMINANTS

MAIN 4:

PCE

TCE

VINYL CHLORIDE

BENZENE

OTHERS, PER EPA SUPERFUND SITE FOR CAMP LEJEUNE

[https://cumulis.epa.gov/supercpad/SiteProfiles/index.cfm?fuseaction=sec
ond.contams&id=0403185](https://cumulis.epa.gov/supercpad/SiteProfiles/index.cfm?fuseaction=second.contams&id=0403185)

ANDREW U. D. STRAW

583 Days of Camp LeJeune Exposure ([12/19/1968 – 7/24/1970](#))

[Born in the Base Hospital](#), 1969

www.andrewstraw.com

OTHER FAMILY MEMBERS

Mother CL TOXIN LINK: TCE/PCE/VINYL CHLORIDE	Migraines Depression Breast/Brain Cancer Death	1968-1997 1968-1997 1994-1997 1997
Father CL TOXIN LINK: TCE/PCE/VINYL CHLORIDE	Torso & Brain Tumors	2021-2022 Camp LeJeune MCAS New River Veteran for 19 Months
Brother	Migraines Learning Disabilities Dyslexia PTSD	
Daughter	Scoliosis, SEVERE, Requiring Open Spine Surgery at Age 13	

LAW CAREER ISSUES

Burdened in law licensing with specific focus on bipolar, 2002.

- <http://consent.andrewstraw.com>

Lost 5 law licenses because ADA coordinator attacked my bipolar as mental disability.

- <http://rodeheffer.andrewstraw.com>

Indiana bans all people with disabilities from having a law license.

- <http://ban.andrewstraw.com>

NAVY JAG CLAIMS

- [CLS 23-004519](#) – Infant Brain Injury, Etc.
- [CLAIM 2](#) – Law Career Destruction

APR 10 1969

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

REGISTRATION DISTRICT NO. 67-00 LOCAL NO. _____ BIRTH NO. - 132 69-020204

1. NAME OF CHILD ANDREW		LAST STRAW		SEX MALE
3. THIS BIRTH—SINGLE TWIN, TRIPLE, ETC. (SPECIFY) SINGLE		4. DATE OF BIRTH MONTH MARCH DAY 19 YEAR 1969		5. HOUR OF BIRTH 11:23 A.M.
6. PLACE OF BIRTH COUNTY ONSLOW		7. USUAL RESIDENCE OF MOTHER STATE NORTH CAROLINA COUNTY ONSLOW		
8. CITY OR TOWN CAMP LEJEUNE		9. CITY OR TOWN JACKSONVILLE		
10. NAME OF HOSPITAL, IF NOT IN HOSPITAL, GIVE STREET AND NUMBER NAVAL HOSPITAL		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) NO	12. STREET ADDRESS OR R.F.D. NO. 1243 DAVIS STREET	
13. NAME OF FATHER PHILLIP		LAST STRAW		14. AGE (AT TIME OF THIS BIRTH) 22
15. MOTHER'S NAME SANDRA		LAST KAY		16. AGE (AT TIME OF THIS BIRTH) 20
17. INFORMANT'S NAME SANDRA KAY STRAW		18. RELATION TO CHILD MOTHER		19. HAS MOTHER INSPECTED CERTIFICATE FOR ACCURACY? (SPECIFY YES OR NO) YES
20. SIGNATURE <i>[Signature]</i>		21. ATTENDANT—M.D., M.D., OTHER (SPECIFY) M. D.		22. DATE SIGNED MARCH 26, 1969
23. DATE REC'D BY LOCAL REG. 4/2/69		24. SIGNATURE OF REGISTRAR <i>[Signature]</i>		25. DATE NAME ADDED
26. (TYPE OR PRINT) J. M. REED, LCDR MC USN		27. ADDRESS NAVAL HOSPITAL, CAMP LEJEUNE, N. C.		
28. DATE AMENDED		29.		



* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

008118

Local No. 32-91-97

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) Sandra K. Stevens		2 SEX Female	3a TIME OF DEATH 7:00 A.M.	3b DATE OF DEATH (Month, Day, Yr) Feb. 26, 1997
4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years) 48	5b FINDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) August 23, 1948
7 BIRTHPLACE (City and State or Foreign Country)	8a WAS DECEDENT A U.S. VETERAN? NO			
8b YEAR LAST SERVED IN U.S. ARMED FORCES N/A		8c PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9a FACILITY NAME (If not mentioned, give street and number) 310 Wabash Street		9b CITY, TOWN OR LOCATION OF DEATH Plainfield		9c COUNTY OF DEATH Hendricks
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) James A. Stevens	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use plural) Computer programmer/analyst		12b KIND OF BUSINESS/INDUSTRY Hunt Corp.
13a RESIDENCE—CITY/PT Indiana	13b COUNTY Hendricks	13c CITY, TOWN OR LOCATION Plainfield	13d STREET AND NUMBER 310 Wabash Street	
13e 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.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12) College (1, 4 or 5 +) 12 2		18 FATHER'S NAME (First, Middle, Last) Gerald Leroy Isaacs		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Hope DeVere Johnson Raeder		20a INFORMANT'S NAME (Type/Print) James A. Stevens		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 310 Wabash St. Plainfield, Indiana 46168		20c Relationship Spouse		
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, crematory, or other place) March 1, 1997 Maple Hill Cemetery		21c LOCATION—City or Town, State Plainfield, Indiana
22a EMBALMER'S NAME Gregory K. Monnett		22b EMBALMER'S LICENSE NO. FDO8700507		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24 SIGNATURE OF FUNERAL DIRECTOR Mark C. Baker		24a LICENSE NUMBER (of Licensee) FD29400072	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Hall-Baker Funeral Home #89200014 339 East Main Street Plainfield, IN 46168	
26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Breast Cancer</u>		Approximate Interval Between Onset and Death <u>1 3/4 years</u>
b. _____		DUE TO (OR AS A CONSEQUENCE OF)		
c. _____		DUE TO (OR AS A CONSEQUENCE OF)		
d. _____		DUE TO (OR AS A CONSEQUENCE OF)		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER Raymond M. Markham M.D.		29c MEDICAL LICENSE NO. 31621	29d DATE (Month, Day, Year) 3/3/97	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Raymond Markham M.D. 3266 N. Meridian St. Indianapolis, Indiana 46222				
31 HEALTH OFFICER'S SIGNATURE David M. ...				32 DATE FILED (Month, Day, Year) 3-3-97
33 MANNER OF DEATH		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED				

My mother's death certificate showing breast cancer as cause of death.



Mom, Christmas 1996, 2 months before her death on 2/26/1997.

I graduated law school at IU-Maurer on 12/31/1997, but have no photos because I did not go to my graduation.



Mom and me when I was born at Camp LeJeune. The writing on the pillow said, "Camp LeJeune Naval Hospital." Marine Family, poisoned:



DECEMBER 19, 1968 – JULY 24, 1970
 CAMP LEJEUNE & MCAS NEW RIVER

PermPers				SUPPORT				
MAD, NATTC, JAXFLA	22Nov68	Tr		AB(A) Scol	4.7	4.7	M.R. Zane	By Dir
HMH-461, MAG-26				6241				
MCAS(H), NR, JAXNC	19Dec68	Jd		A/CElecSys			SE. [Signature]	By Dir X
HMH-461 MAG-26 MCAS	690605	To/To		CH-57A Sch				
New River, JAXNC	690704	Fr		6241				
HMH-461, MCAS, MAG-26	690704	To Du		A/CE les Sys			[Signature]	126-69 By Dir
HMH-461, MAG-26	690731	Semi-Ann		A/CElecSys	4.2	4.6	4.6 C. S. Redman	
MCAS(H), NR, JAXNC								
HMH-461 MAG-26 MCAS(H)	691005	To TAD		Group Guard			[Signature]	By Dir
New River, JAX NC	700110	To Lv		ANNUAL				
HMH-461 MAG-26 MCAS(H)	700138	To Du		A/CElecSys			[Signature]	By Dir
New River, JAX NC	700131	Semi-Ann		A/CElecSys	4.2	4.7	4.7 C. S. Redman	
HMH-461 MAG-26 MCAS(H)	700724	Tr		A/CElecSys	4.9	4.9	R. Z. Shinn	X
New River JAX NC								
2nd Repl CO, Stag Bn	0082	Jd		Repl				By Dir
MCB, Camp, Calif	700516	Tr		Earl	NOT OBSERVED		[Signature]	By Dir
(2nd Repl CO, Stag Bn								
MCB, Camp, Calif	700921	Jd		6242			[Signature]	
HMH-461, MAG-16, 1st MAW				A/CElecSystech				
IPCO, STRAN 96602								

Station locations for Marine Phillip Straw. 583 days at MCAS New River. Excerpt from the full service record provided by the National Archives.

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

No. **021** Page **402**

1. LAST NAME - FIRST NAME - MIDDLE NAME STRAW, Phillip "U" "D"		2. SERVICE NUMBER XXXXXXXXXX		3. SOCIAL SECURITY NUMBER XXXXXXXXXX	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC		5. GRADE, RATE OR RANK SGT	6. PAY GRADE E-5	7. DATE OF ENLISTMENT DAY: 01 MONTH: Sep YEAR: 70	8. DATE OF BIRTH DAY: 16 MONTH: Jan YEAR: 47
9. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PLACE OF BIRTH (City and State or Country) Goshen, Indiana			
11. SELECTIVE SERVICE NUMBER 12 18 4 0014	12. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB #18, Goshen, Indiana				
13. DATE OF TRANSFER OR DISCHARGE 21 Sep 71		14. REASON FOR TRANSFER OR DISCHARGE transferred to the Marine Corps Reserve			
15. REASON AND AUTHORITY 6012.6 MARCORSEPMAN and MCO 1900.2G		16. DATE OF ENTRY INTO CURRENT ACTIVE SERVICE DAY: 07 MONTH: Sep YEAR: 71			
17. TYPE OF SERVICE RE-1A		18. TYPE OF CERTIFICATE ISSUED N/A			
19. TYPE OF ENTRY RE-1A		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chicago, Illinois			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) RT #7 Box 222 Elkhart, Indiana 46514		22. STATEMENT OF SERVICE			
23. SPECIALTY NUMBER & TITLE 6242-A/CelectSys Tech		24. RELATED CIVILIAN OCCUPATION AND I.D.T. NUMBER 710.281-Instrument Man			
25. DECORATIONS WITH E. HONORABLE COMMENDATIONS, CITATIONS AND CAMPAIGN MEDALS AWARDED OR AUTHORIZED National Defense Service Medal Vietnam Service Medal w/1* Vietnam Cross of Gallantry w/palm & frame		26. CAMPAIGN MEDALS AWARDED OR AUTHORIZED Good Conduct Medal Vietnam Campaign Medal w/device Rifle Marksman Badge			
27. EDUCATION AND TRAINING COMPLETED College, 2 years Liberal Arts, 1967 MAD, NATTC, JAXFLA., AE(A) Scol, 1968 MCAS(H), New River, JAXNC., General Military Subjects Crs., 1969 MCAS EL TORO, SANTA ANA, CALIF., ELECAINST SYS COURSE, 1969 MCAS EL TORO, CALIF., Auto. Flight Sys, 1969 MCAS(H), New River, JAXNC, Transistor Fundamentals, 1969		28. AMOUNT OF ALLYMENT N/A			
29. DAYS ACCRUED LEAVE PAID 28 days		30. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> NONE <input checked="" type="checkbox"/> \$15,000		31. REMARKS Good Conduct Medal Period Commences 26Oct70 RVN: 21Sep70 - 12Jun71	
32. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) See item #21		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Phillip U. D. Straw			
34. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER L. E. GEORGE, CWO-2, USMC, OIC		35. SIGNATURE OF AUTHORIZING OFFICER [Signature]			

FORM DD FORM 214 MC (1980) PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

RECEIVED BY: [Signature]
DATE: [Signature]

FILED IN RECORD
573781
19 10 AM '73

DD-214 of Phillip Straw, showing honorable discharge and MCAS New River duty station noted.



Poisoned U.S. Marine and his Poisoned Son.
Phillip U. D. Straw & Andrew U. D. Straw



Scoliosis of Camp LeJeune Poisoned Marine's Granddaughter.



1992 IU Graduation, B.A.
Reminder of what Law School graduation could have been like.

CAMP LEJEUNE JUSTICE

“POISON US, DO WE NOT DIE?”



www.andrewstraw.com