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**The Pentagon's War on America Part II: The Marines**

Written by Adam Sarvana  
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**Poisoned Patriots: The Cover-up.**

When someone applies to the VHA for health coverage benefits, they are evaluated by either an Administration doctor or, if one is not readily available, a non-government private practice physician on a contract basis. The customary practice, according to Jim Vance, the director of the VHA office in Boise, Idaho, is for a petitioner to specify the condition for which they need medical attention when they first apply.

The problem for Townsend, Sims, and countless other Camp Lejeune veterans is that the VHA has no well-established protocol for handling claims of toxic exposure except in cases of Agent Orange, Vance said. Rather, in cases like Camp Lejeune, "When someone says, 'I was exposed to fill in the blank,' we ask if they want to file a claim. If they say yes, the disability they claim" — that is, the specific symptoms they are required to outline during the initial application — "is what the VA doctor at the medical center tests for." Doctors know to look for diabetes, since that condition is a leading indicator that Agent Orange is present in the system, Vance said. But no similar indicators exist for claims of TCE or any other contamination. The doctor listens to the patient and then, in theory, evaluates the patient's health based on this conversation, Vance said.



Lexington Veterans Affairs Medical Center

Photo by Russell and Sydney Poore

That is not always what happens.



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According to private files Townsend made available for this story, he specifically asked his examining doctor — like Sims', a non-government contractor from a private practice — to evaluate his neuropathy, an uncommon nervous system disorder that his personal physician had decided was likely due to his chemical exposures at Camp Lejeune. The examining doctor, Adam Browning, made a note for his assistant not to bother: “The veteran has made a claim for neuropathy due to chemical exposure as well. You are not to consider that claim at this time because we have not confirmed his exposure. This exam is exclusively to determine if he has a service related radiculopathy.” In the margin of the file noting this decision, Townsend wrote, “The exposure [at Camp Lejeune] date[s] back to 1957-1987 per ATSDR/CDC public health data. Where have you been? I have lost a son and a wife to this government-generated water system. To boot I have severe neuropathy diagnosed as ‘most likely caused by this exposure.’ This was a FAKE EXAM by the VA and you knew it!”

Such sentiments extend in the Camp Lejeune community far beyond Townsend. According to a House Science and Technology oversight subcommittee report released in March, *The Agency for Toxic Substances and Disease Registry: Problems in the Past, Potential for the Future?*, “the U.S. Veterans Administration has specifically cited the flawed [1997] ATSDR public health assessment to deny at least one veteran” — a woman named Denita McCall — “medical benefits for illnesses they believe were due to



Veterans Affairs Logo

toxic exposures while based at Camp Lejeune on several occasions.” Jeff Dimond, a CDC spokesman, said using the 1997 report in that way is a misrepresentation of its findings. Indeed, he said, “We’ve told the VHA that denying benefits based on that report is a misuse of science.” ATSDR Deputy Director Tom Sinks, according to Dimond, sent a letter to the VHA in March spelling out ATSDR’s position and demanding that the Administration reverse course.

But even ostensibly favorable benefits rulings can come at a cost. Although his PTSD diagnosis helped Sam Sims receive benefits, he called it a mixed blessing: based on Sims’ accounts of his Camp Lejeune experiences, the non-military contract doctor who evaluated him declared him to be delusional and potentially dangerous to himself. Sims admitted that many veterans commit suicide based on “something they thought they did,” which can cover a host of real or imagined sins; however, sounding perfectly calm during an interview, Sims said that, whatever his doctor believed, “I’m mad, but I’m not crazy enough to kill myself.” Indeed, rather than delusional, he sounded like a man who wanted to live to see a resolution. “There’s a lot of people walking around with spina bifida, or [mental health problems], and people just

need to know” about the environmental health history of Camp Lejeune, he said. “They run it on TV for one day and you don’t hear about it any more. You can pass people in the street and tell them about it, and a lot of people don’t react.”

How do former residents themselves react when the facts are before them? One of the most powerful feelings veterans experience when they learn about the water contamination, strangely enough, is relief. Sims now sees himself primarily as “a victim of circumstance” rather than somehow responsible, as he feared he was. “I’m just relieved to know [it wasn’t me]. I’ve been walking around for 35 years with this monkey on my back.” Townsend said much the same:



Two CH-46 "Sea Knights" perform an evacuation exercise at Camp Lejeune.

Photo by Cpl. Aaron Rooks

when he saw a notice 10 years ago that ATSDR was looking to speak with mothers who bore children at the base between 1968, when medical records were first computerized, and 1985, “it relieved the guilt in my heart that I’d done something to [my son].” At the same time, before his wife died she “was relieved. It got the guilt out of her system.”

Whatever guilt has been relieved, the legal and medical battles continue. The Navy legal office says more than 1,500 former Camp Lejeune residents have filed claims totaling approximately \$33.8 billion in damages. Those claims, it says, will not be addressed until ATSDR completes a study of TCE and PCE fetal effects at Camp Lejeune, which will likely not happen for years. That assessment will depend heavily on a separate ATSDR study, just now getting underway, attempting to model the path and volume of chemically contaminated water during the years in question. Because that time is by now more than two decades past, relevant records will be difficult to locate. Although ATSDR says it hopes to have results by next summer, Dimond called that “a real loose target at this point” because of the complexity of the information needed. “When we try to model water from 30 years ago — how, where and when chemicals got into the water supply — it’s a huge study.” It may take longer than hoped to complete it, he said, because “there’s a period in there where [Marine Corps] data on the pumps is missing from the late 1980s. We don’t have an answer about why. All kidding aside, why the Marine Corps has or doesn’t have documents I wouldn’t touch with a 10-foot pole.”

Once ATSDR has some idea of where the contaminated water got to, the next step will be figuring out who actually lived in the vicinity and when, which Dimond called “a daunting task” in its own right. At the height of the Vietnam War, “We ran a lot of bodies through that area, a highly transient population,” he said, and investigators face the prospect of tracking down “non-Marines who lived there, divorced wives, widows, people who changed their names.” Although federal health officials believe Camp Lejeune contamination is indeed responsible for many of the health problems former residents attribute to it — “We’re pretty

sure women in the first trimester of pregnancy who drank the water, their kids have a higher propensity for non-Hodgkins lymphoma,” he pointed to as one example — there is no list of medical conditions that the government can officially recognize as related or unrelated to residence at Camp Lejeune.

Based on just such scientific obstacles, the National Academy of Sciences released a Marine Corps-funded report June 13 declaring, essentially, that an expert panel could not reach any conclusions about whether Camp Lejeune residents have a case: “There were divergent views among the committee members about the probability that each would assign to whether adverse health effects have in fact



Camp Lejeune High School

Photo from the Dept. of Energy website

occurred,” it stated, “but there was consensus among them that scientific research is unable to provide more definitive answers to that question.” The committee was not sanguine about the possibility of better news, declaring in the report summary, “Limitations in population size, data availability, and data quality cannot be overcome. . . . Even if ATSDR’s planned work goes forward successfully, the outcome of the efforts is unlikely to determine conclusively whether Camp Lejeune residents were adversely affected by exposure to water contaminants.” This collection of uncertainties and long waits is what stands between former residents’ petitions for damages and any Navy decision to grant them.

But curiously missing documents and inconclusive studies are not the only hurdles these families face.

Coming Up Next: PART III – Poisoned Patriots: Running the Gauntlet

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