

OCT 05 2023

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA  
SOUTHERN DIVISION

PETER A. MOORE, JR., CLERK  
U.S. DISTRICT COURT, EDNC  
BY *[Signature]* DEP. CLK

No. 7:23-cv-162

IN RE: CAMP LEJEUNE  
WATER LITIGATION

\_\_\_\_\_ /

THIS DOCUMENT RELATES TO:

JURY TRIAL DEMANDED

ANDREW	U. D.	STRAW	
<small>Plaintiff First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>

**SHORT-FORM COMPLAINT**

The Plaintiff named below, or Plaintiff’s representative, files this Short Form Complaint against Defendant United States of America under the Camp Lejeune Justice Act of 2022 (“CLJA”). Pub. L. No. 117-168, § 804, 136 Stat. 1802, 1802–04 (2022). Plaintiff or Plaintiff’s representative incorporates by reference the allegations contained in the Master Complaint (DE \_\_\_\_\_) on file in the case styled *In Re: Camp Lejeune Water Litigation*, Case No. 7:23-cv-897, in the United States District Court for the Eastern District of North Carolina. Plaintiff or Plaintiff’s representative files this Short-Form Complaint as permitted by Pretrial Order No. 2, Dkt. 23

Plaintiff or Plaintiff’s representative alleges as follows:

**I. INSTRUCTIONS**

<p>1. On THIS FORM, are you asserting a claim for injuries to YOU or to SOMEONE ELSE you legally represent?</p> <p><input checked="" type="checkbox"/> To me</p> <p><input type="checkbox"/> Someone else</p>	<p>This form may only be used to file a complaint for ONE PERSON’S injuries. If you intend to bring claims for multiple individuals’ injuries—for example, a claim for yourself and one for a deceased spouse—you must file ONE FORM FOR EACH INJURED PERSON.</p>
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## II. PLAINTIFF INFORMATION

If you checked "To me" in Box 1, YOU are the Plaintiff. Complete this section with information about YOU.

If you checked "Someone else" in Box 1, THAT PERSON is the Plaintiff. Complete this section with information about THAT PERSON.

2. First name: ANDREW	3. Middle name: U. D.	4. Last name: STRAW	5. Suffix:
6. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		7. Is the Plaintiff deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If you checked "To me" in Box 1, check "No" here.</i>	
<b>Skip (8) and (9) if you checked "Yes" in Box 7.</b>			
8. Residence city: BAUAN		9. Residence state: BATANGAS, REGION IV-A, THE PHILIPPINES	
<b>Skip (10), (11), and (12) if you checked "No" in Box 7.</b>			
10. Date of Plaintiff's death:	11. Plaintiff's residence state at the time of their death:	12. Was the Plaintiff's death caused by an injury that resulted from their exposure to contaminated water at Camp Lejeune? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## III. EXPOSURE INFORMATION

If you checked "To me" in Box 1, complete this section with information about YOU.

If you checked "Someone else" in Box 1, complete this section with information about THAT PERSON.

13. Plaintiff's first month of exposure to the water at Camp Lejeune: DECEMBER 1968	14. Plaintiff's last month of exposure to the water at Camp Lejeune: JULY 1970
15. Estimated total months of exposure:  19	16. Plaintiff's status at the time(s) of exposure (please check all that apply): <input type="checkbox"/> Member of the Armed Services <input checked="" type="checkbox"/> Civilian (includes in utero exposure)
17. If you checked Civilian in Box 16, check all that describe the Plaintiff at the time(s) of exposure: <input checked="" type="checkbox"/> Civilian Military Dependent <input type="checkbox"/> Civilian Employee of Private Company <input type="checkbox"/> Civil Service Employee <input checked="" type="checkbox"/> In Utero/Not Yet Born <input type="checkbox"/> Other  USMC CAMP LEJEUNE VETERAN FATHER NAME: PHILLIP U. D. STRAW USMC SVC# 2415425 RANK: E-2 (at CL) SEL SVC# 12-18-47-14	18. Did Plaintiff at any time live or work in any of the following areas? Check <u>all</u> that apply. <input type="checkbox"/> Berkeley Manor <input type="checkbox"/> Hadnot Point <input checked="" type="checkbox"/> Hospital Point 4 days, CLNH, March 19-22, 1969 <input type="checkbox"/> Knox Trailer Park <input type="checkbox"/> Mainside Barracks <input type="checkbox"/> Midway Park <input type="checkbox"/> Paradise Point <input type="checkbox"/> Tarawa Terrace <input type="checkbox"/> None of the above <input checked="" type="checkbox"/> Unknown  BIRTH OF Andrew U D Straw Father, USMC E-2, Phillip U D Straw, worked at MCAS NR 12/19/1968 - 7/24/1970 - I had base access with USMC Privilege Card Number N7-051-397

Likely temp housing on base, 12/19/1968 to FEB/  
MAR 1969 N7,051,397

## IV. INJURY INFORMATION

If you checked "To me" in Box 1, complete this section with information about YOU.

If you checked "Someone else" in Box 1, complete this section with information about THAT PERSON.

19. Identify the illnesses or conditions the Plaintiff suffered as a result of exposure to contaminated water at Camp Lejeune.

I may have other conditions that proper screening would reveal. -AS

Injury	Approximate date of onset
<input type="checkbox"/> Adverse birth outcomes (Plaintiff is the PARENT of an individual who died in utero or was stillborn or born prematurely)	
<input type="checkbox"/> ALS (Lou Gehrig's Disease)	
<input type="checkbox"/> <b>Aplastic anemia or myelodysplastic syndrome</b>	
<input type="checkbox"/> <b>Bile duct cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Bladder cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Brain / central nervous system cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Breast cancer</b>	
<input checked="" type="checkbox"/> <b>Cardiac birth defects (Plaintiff was BORN WITH the defects)</b> VSD	1968-1969
<input type="checkbox"/> <b>Cervical cancer</b>	VSD in birth records; later abnormal EKGs.
<input type="checkbox"/> <b>Colorectal cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Esophageal cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Gallbladder cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Hepatic steatosis (Fatty Liver Disease)</b> POSSIBLE, UNDIAGNOSED	
<input checked="" type="checkbox"/> <b>Hypersensitivity skin disorder</b> Allergic Reactions, Severe	
<input type="checkbox"/> <b>Infertility</b>	
<input type="checkbox"/> <b>Intestinal cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Kidney cancer</b> POSSIBLE, UNDIAGNOSED	
<input checked="" type="checkbox"/> <b>Non-cancer kidney disease</b> GFR Reduction	2003
<input type="checkbox"/> <b>Leukemia</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Liver cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Lung cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Mutiple myeloma</b> POSSIBLE, UNDIAGNOSED	
<input checked="" type="checkbox"/> <b>Neurobehavioral effects</b> ***See below for specific illnesses	1969
<input checked="" type="checkbox"/> <b>Non-cardiac birth defects (Plaintiff was BORN WITH the defects)</b>	1969
<input type="checkbox"/> <b>Non-Hodgkin's Lymphoma</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Ovarian cancer</b>	
<input type="checkbox"/> <b>Pancreatic cancer</b> POSSIBLE, UNDIAGNOSED	
<input checked="" type="checkbox"/> <b>Parkinson's disease</b> SOME SYMPTOMS; UNDIAGNOSED	1997
<input type="checkbox"/> <b>Prostate cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Sinus cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Soft tissue cancer</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Systemic sclerosis / scleroderma</b> POSSIBLE, UNDIAGNOSED	
<input type="checkbox"/> <b>Thyroid cancer</b> POSSIBLE, UNDIAGNOSED	

\*\*\* I reserve the right to add other conditions given the government has opposed me (Dkt. 16) having cancer screening and health care for conditions like bipolar associated with the toxins in the base water, especially PCE. I have made a separate Navy JAG claim for all other conditions I may have but presently have no way to determine through proper medical screening. I have no health coverage now. See also: <http://organs.andrewstraw.com> for medical studies showing associations.

The Camp Lejeune Justice Act does not specify a list of covered conditions.

If the Plaintiff suffers or previously suffered from a condition not listed above, and the Plaintiff alleges that the condition was caused by exposure to the water at Camp Lejeune as required under the Act, please check "Other" and describe the condition on the following lines.

Note in particular that the Board of Veterans' Appeals of the U.S. Department of Veterans Affairs (the "VA") has approved benefits in connection with Camp Lejeune for conditions beyond those listed above.

<input checked="" type="checkbox"/> Other:	"AUTISTIC THINKING"	Approximate date of onset
BIPOLAR DISORDER / SCHIZOPHRENIA		1997/1998/1999
DEPRESSION		1969
SIDE-EFFECTS OF PSYCH MEDICATIONS (TOOTH DECAY); DISCRIMINATION; CAREER & POLITICAL DESTRUCTION; REPUTATION DAMAGE (MENTALY ILL)		1999
MIGRAINES (With SEVERE VOMITING)		1976
ANXIETY		1969

SEVERE ALLERGIES AFFECTING LUNG/THROAT/NOSE/EARS/ASTHMA/PNEUMONIA	1969	(Vomiting)
Gall bladder removal (17 gall stones)	2012	
Car Accident, 2 broken legs, pelvis, skull (assoc. with bipolar/PCE)	2001	
Obesity (125 kg @ 6'1" height) (related to psych medicines, bipolar)	2002	
Tonsillitis: Tonsils Removed via surgery	~1974	
Tooth decay	1973	
Earaches	1973	Myopia 1975

<b>20. Representative First Name:</b>	<b>21. Representative Middle Name:</b>	<b>22. Representative Last Name:</b>	<b>23. Representative Suffix:</b>
<b>24. Residence City:</b>		<b>25. Residence State:</b>	
		<input type="checkbox"/> Outside of the U.S.	
<b>26. Representative Sex:</b>			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
<b>27. What is your familial relationship to the Plaintiff?</b>			
<input type="checkbox"/> They are/were my spouse. <input type="checkbox"/> They are/were my parent. <input type="checkbox"/> They are/were my child. <input type="checkbox"/> They are/were my sibling. <input type="checkbox"/> Other familial relationship: They are/were my _____ <input type="checkbox"/> No familial relationship.			
<b>Derivative claim</b>			
<b>28. Did the Plaintiff's death or injury cause the Plaintiff's spouse, children, or parents mental anguish, loss of financial support, loss of consortium, or any other economic or non-economic harm for which you intend to seek recovery?</b>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

The natural object of my earnings as a lawyer would have been to support my children, but the discrimination and stigma from Indiana courts have ruined my children's financial situation from me. That State Supreme Court where I used to work not only fired me and discriminated based on my Camp LeJeune bipolar and stole my property. It also injured my children and alienated them from me.

**VI. EXHAUSTION**

<p>29. On what date was the administrative claim for this Plaintiff filed with the Department of the Navy (DON)?</p> <p><i>mm/dd/yyyy</i></p> <p style="text-align: center;">08/17/2022</p>	<p>30. What is the DON Claim Number for the administrative claim?</p> <p style="text-align: center;">CL523-4519</p> <p><input type="checkbox"/> DON has not yet assigned a Claim Number</p>
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**VII. CLAIM FOR RELIEF**

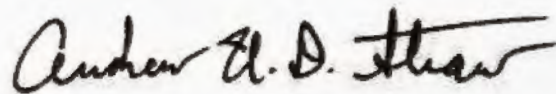
Plaintiff respectfully requests that pursuant to subsection 804(b) of the CLJA the Court enter judgment against the Defendant and award damages and all other appropriate relief for the harm to Plaintiff that was caused by exposure to the water at Camp Lejeune.

**VIII. JURY TRIAL DEMAND**

Plaintiff demands a trial by jury of all issues so triable pursuant to Rule 38 of the Federal Rules of Civil Procedure and subsection 804(d) of the CLJA.

Dated: *mm/dd/yyyy*

09/29/2023



s/ Andrew U. D. Straw  
Plaintiff, Pro Se

712 H ST NE, PMB 92403  
Washington, D.C. 20002

(847) 807-5237  
andrew@andrewstraw.com

NB: This is a revised and refiled Short Form Complaint because the Court's case management ORDER number 2 asks for these short form complaints to be filed within a certain time AFTER that ORDER. Hence the refiling with adjustments.