

Written Testimony of James L. Watters
Prepared for the Committee on Science and Technology
September 16, 2010

I start today by thanking the Members of this Congressional Committee for taking the time to address this important issue and permitting me the honor of appearing before you to tell my story.

My name is James Watters and I am a retired U.S. Navy Medical Service Corps Commander who served at the Naval Regional Medical Center, Marine Corps Base Camp Lejeune from June, 1977 until November, 1979. Prior to my Naval service I served in the U.S. Army infantry in Vietnam from November, 1969 until I was wounded in combat while walking point for my infantry company on September 6, 1970. When I was wounded, my commanding officer, Captain Allen G. Vitters ran and crawled through enemy fire to drag me to safety. That is what a leader does.

In November, 2007 I was diagnosed with advanced (stage 3, almost stage 4) renal cell carcinoma (RCC). I had a kidney removed in December, 2007 and in January, 2008 was told by my oncologist I had about a year to live.

My initial thought about the cause of the cancer was my exposure to agent orange because there is no history of renal cell carcinoma in my family. My research showed no link between agent orange and RCC.

In approximately July, 2008 I received an envelope from the IRS which contained a letter from a Marine Corps General advising me I had been exposed to trichloroethylene (TCE) and other hazardous chemicals while serving at Camp Lejeune. It is important to note that this letter came 21 years after the USMC and the Department of the Navy knew, in 1987, that I and many others had been exposed to volatile organic compounds. (VOCs) I researched the possible link between TCE and RCC and found a probability of the link between TCE and RCC. I then filed a claim with the Department of Veterans Affairs (VA) in order to obtain benefits for my family for after my death.

The VA of course denied my claim. I resubmitted my VA claim including additional information about the link between TCE and RCC. The claim was again denied in March of 2009. I then consulted three science faculty, two of whom are toxicologists who work at the medical school where I work as an Assistant Dean for Graduate Medical Education. They wrote strong letters of support for my VA claim and I requested a hearing with a Decision Review Officer (DRO) at the VA Regional Office in Waco, Texas.

I was granted the opportunity to appear before the DRO in June, 2009 to present my case. The evidence I presented met the VA criterion "as likely as not" so the claim was decided in my favor and I was granted 100% service connected disability for the RCC as a result of my exposure to TCE at Camp Lejeune. Receiving this disability rating made my wife and my adult disabled son eligible for CHAMPVA insurance coverage for the rest of their lives. (CHAMPVA is very similar to TRICARE.)

I would have appreciated being notified by the USMC even 18 months before the July, 2008 notice. It would have made a difference in when my RCC was diagnosed and my prognosis.

As I researched the Camp Lejeune situation I was horrified to find out how many people the USMC had poisoned and the obstructionist tactics the USMC and the Department of the Navy have used to avoid responsibility and avoid providing any type of assistance with health care or any financial assistance to those they have sickened, and to the families of those whose deaths they have caused. Examples of obstructionist tactics include the USMC's failure to cooperate with the State of North Carolina's efforts to analyze and address the problem in the 80s, the 21 years it took for the USMC to notify those they poisoned, the intense pressure it took to have the USMC fund the ATSDR study, the failure of the USMC to turn over critical documents until forced to do so and numerous other examples that the USMC's and Department of the Navy's strategy is to deny and delay as long as possible. I firmly believe this strategy is based upon financial considerations and I do not know what role the Department of Defense has in this strategy. It is possible the USMC and Department of the Navy senior leaders are "just following orders."

It is my firm belief that the USMC and Department of the Navy leadership have abandoned and betrayed their wounded from Camp Lejeune, including women and children, and left them to suffer and die!

I am very sensitive to caring for the wounded because in the U. S. Army we were trained to never leave our wounded behind. I saw men wounded and killed in Vietnam trying to recover our wounded. The U.S. Soldier's Creed specifically states "I will never leave a fallen comrade." If the Marines have a similar creed their senior leaders seem to think it does not apply in this case.

Suggestions for immediate action:

1. Because it is crystal clear there is a leadership vacuum at the USMC and the Department of the Navy on this issue I suggest Congress step in immediately to pass legislation to provide health care to those who have been sickened by the Camp Lejeune poisonings. Everyone in this room knows this is morally and ethically the right thing to do. The USMC and the Navy have proven they will not and cannot be trusted to do the right thing. Time is of the essence so political party differences should not be permitted to delay taking effective action.
2. The Department of Veterans Affairs should immediately consider how they can streamline the disability claims process for those who have been sickened by the Camp Lejeune poisons. The only reason I was able to "win" my claim was because of the resources at my disposal in the school of medicine where I work Very few veterans have such resources available to them.

Eventually the VA will develop a list of presumptive illnesses for those exposed at Camp Lejeune. It should not take 10 or 15 years as it did for agent orange. People are sick and they and their families need help now.

Also, the VA should publicize this matter in their outpatient clinics and hospitals to alert those who were poisoned. I have tried for over one year to have my local VA Hospital in Amarillo, Texas post notices of the Camp Lejeune situation to alert veterans who may have been exposed. Thus far they have refused to post any notices including VA information regarding this matter.

Lastly, as you hear from the USMC and the Department of the Navy about all they have done to address this matter I would urge you to consider the evidence of the steps the USMC and the Department of the Navy have taken to obstruct resolution of this very serious environmental disaster. This is basically a "friendly fire" incident in slow motion and every possible measure has been taken by the USMC and the Department of the Navy to deny and delay providing any assistance whatsoever to their victims. The Marines claim to have spent \$22,000,000 to address this but I would point out that this amount over 20 - 25 years is a pittance and I would ask you to consider what amount of this total was the USMC compelled to spend and how much was spent on obstructing any efforts to provide any assistance whatsoever to the USMC's victims.

Thank you for listening.