



Mr. Thomas Townsend
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The enclosed story of the short life of Christopher Townsend was written by Anne Townsend, his mother, at a time after we had found out (~~1996~~²⁰⁰⁶) that our drinking water at Marine Corps Base, Camp Lejeune had been contaminated with chemical pollutants -

The document was typed by Anne and placed away in a three ring binder that was stored in a generally unused bookshelf. I had never seen it until 2-3 days ago. I think Anne wrote it because the burden she carried for his death had been lifted when we found out about the contamination and this was a re-living of those terrible days when she was alone to carry the burden of family -

Annie was a very private person, she encouraged me to fight the battle for justice, and maybe she just left this story for me to find years later.

I am grateful for her love, her thoughtfulness, and her caring so much for her family - She was a lady to the very end of her own life.

Chris, our much loved second son, was born at the right time for us in between Vietnam tours, but at the wrong place for the time. I knew Chris only for several weeks before I was sent off to Vieques Island, Puerto Rico for duty. Left the day Chris and Anne went for his six week check up only to learn disaster was at hand. He is with God, his tomb at Arlington will be a final tour for all of us some day. Rest in peace my little Christopher Thomas Townsend.

Christopher's Years
- 1967
2000----



Christopher Thomas Townsend 1967
A beloved second son, Camp Lejeune N.C.

In the fall of 1965 my husband, Tom had just returned from the now escalating Viet-Nam action. Our new duty station was Camp LeJeune, North Carolina, where we had begun our married life (and family) in 1955.

The rapid deployment of regular personnel to Southeast Asia (Reserve military were not called-up for this war) made it possible for us to move directly into quarters on the base--normally an unprecedented opportunity for junior officers. Our "Cracker Box" housing was not spectacular, but most welcome because it allowed our 10 year old son to enter 6th grade with^{out} changing schools during the school year. Our 4½ year old daughter would be in playmate paradise.

Shortly after our arrival at LeJeune, Tom was promoted to the field-grade rank of Major, which made us eligible for larger quarters should they become available. Life aboard the base was a pleasure, close proximity to Commissary, Post Exchange and Naval Hospital plus a short work commute for Tom. The base, because of the escalating Viet-Nam action, was being taxed to the limit and the working hours for the men were long and frustrating.

June 1966 saw a family reunion at our quarters--Tom's Marine brother and family of six would visit enroute from Quantico, Virginia to the family's new residence in Wyoming (while Dad was in Viet-Nam). Tom's dad, a retired Navy Captain and mother traveling from Florida, would complete the gathering. After the reunion his parents would remain to assist us with the move to newly assigned field-grade quarters.

The "double-deckers" were located near the Officer's Club, with its swimming pool and outdoor movies---presenting a larger range of friends for both children. The most appealing aspect to me was the relative grandeur of three huge bedrooms, two and a half baths and a complete maid's quarters near the enclosed double garage. The only drawback--the necessity of moving ourselves, however the base would provide us with suitable vehicles to facilitate the move. Tom's parents, (old hands at the moving game) were a major help with packing and the logistics of the undertaking.

These new quarters were the grandest living we had ever experienced, but shortly after settling-in I began to feel unusually tired-- which was explainable in a few weeks. I was pregnant. A past history of difficulty in conceiving made this a joyous event. We looked forward to our third child's arrival in early March.

Life in this big house settled into an easy routine -- the 11 year old son spent most of his days enjoying the proximity of the swimming pool and the challenge of gigging crab on the nearby shoreline. Aimee, the 4½ year old soon found a group of girls as playmates so her days were busy. Tom's schedule was incredibly hectic, but it was good to know that he would be home each evening for time with the family. We knew that within a short time he would again be returning to Viet-Nam

The pregnancy was officially confirmed and preparations for a new member of the family began in the winter of 1966. By the seventh month of gestation my size had increased markedly, indicating that I might be carrying twins. This possibility was dismissed when an X-ray revealed only one developing fetus. Still, I had an uneasy feeling about this pregnancy, but was assured that all was going well.

Following daughter Aimee's 5th birthday in late February I settled down to await the birth. My excessive weight gain and size caused me more concern than the physicians who saw me on a weekly basis. When the weight inexplicably began to drop in the final weeks of pregnancy they were pleased--at last I was doing something right. I was worried. Two weeks overdue by mid-March, the Marine Corps was more than anxious for this delivery. Tom was slated to be posted to the island of Vieques as the C.O. of Camp Garcia, a remote U.S. holding for Navy and Marine Corps maneuvers.

On 16 March, after the evening meal, Tom and I departed for the Family Hospital. This was the era of no paternal presence for the birth process and in this case it was best. Our 5# 8oz son Christopher arrived rapidly (no time for any medication). His lack of respiratory response upon birth prompted the attending doctor to leave me and to assist the corpsman who was working with the baby. When I heard the pitifully frail cry of my son my prenatal fears were realized-- something was indeed wrong. Other hospital personnel quickly arrived upon the scene and whisked my son away. The attending M.D. returned to my needs and audibly noted that the placenta had a break-down prior to delivery--he had never seen such a "mess". My post delivery problems (excessive bleeding) continued until well after the six-week exam.

Christopher Thomas was two days old before I was allowed to hold him-- nurses told me that he was being "observed", and I was so dumb that I didn't think to demand the reason for this order. Rooming-in for the following two days alerted me to his strange little cry, but the physicians making rounds gave me no cause for concern. When discharged we were given no cautions.

My appointment for the six-week exam was scheduled for the day preceding Tom's departure for Vieques; it confirmed that my system was still not back to normal. The new birth control pill, with its hormones, was prescribed to cure the problem. At 5 AM the following day Tom departed for his three months in Vieques. At 9 AM Christopher was at the Clinic for his scheduled six-week exam. He barely cried when the first DPT shot was administered and quietly awaited the MD's examination. That moment will never leave my memory-- the physician tapped and listened, then said "Sit-down, Mrs. Townsend, I have something to tell you". What followed was my worst nightmare-- my son had a heart defect and Pneumonia and must be admitted to the hospital immediately.

It is a service unwritten rule that says "everything falls apart when the men leave home on assignment" -- but this was a bit too fast for me. Five-year old Aimee was at home with a cold, baby-sitting herself for the supposedly short time required for the exam. Mark was

at school and Tom would be unreachable for several days. Communication at Vieques was limited to Ham radio contact at certain hours and on two days each week. The possibility of his return home was nil.

A Red Cross volunteer stayed with me during the rest of the day-- the admittance procedure was long, and required numerous necessary tests and X-rays. She helped me notify my neighbor who graciously cared-for Aimee for the remainder of the day and also assisted in finding diapers and bottles of formula. I had not prepared for an all-day stay, so was in need of these as the day progressed. By 4 PM Christopher was breathing easily in an isolette on the Pediatric ward of the Naval Hospital and I was ready to brave the "going-home" traffic. A poor driver at best, this was the worst--and I silently prayed that the Chrysler New Yorker station wagon (only slightly smaller than a boat) would not hit the MP standing on a barrel at the intersection of the road home. I longed for our now outgrown yellow Mustang.

Not even attempting to park in the garage (as mandated by the Commanding General) I retrieved Aimee, after talking with my neighbor about the plight of little Christopher. Mark appeared at dinnertime, eager for the promised meatloaf menu, but my mind was so scattered that I could not remember how to make it. I launched into a therapeutic cleaning of the house--stripping Christopher's crib, washing the contents of the diaper pail and running the vacuum--the need to stay busy helped me deal with the feeling of overwhelming frustration.

Those first days remain a blur in my memory--Mark had to be gotten off to school while Aimee remained at home with me. As often as possible, usually in the afternoon, I would trek off to the hospital, not to hold Christopher, but to see and talk to him as he lay in his special chamber. One regrettable error was failure to alert Mark's teachers to the problem at home. His 6th grade marks plummeted, but we would not learn this until report card time in June.

It was several days until Tom was somehow notified of his son's hospitalization--ham radio is not an efficient method of communication. Our phone conversations were monitored by the radio operator who awaited the verbal "over" notification. Most frustrating was my attempt to make Tom understand the severity of the problem and the long-term implications. I had not yet begun the decades long attempt to understand what went wrong--my role in Christopher's abnormalities.

Tom would not be allowed to return home until the end of his three-month tour. Meanwhile he had other methods at work--he had applied for an advanced school for all services which was to teach the new computer technology. This was a one-year course taught at Wright-Patterson Air Force Base in Dayton Ohio.

Christopher remained in hospital for some ten days, after which he returned home to the care of an extremely apprehensive mother. I was not a trained nurse and the guidelines for his care seemed daunting. He must be observed every ten minutes (to determine his breathing and level of cyanosis), not allowed to cry, and not taken to any public place where his compromised immune system could be exposed to diseases.

We slowly adjusted to these demands and found that he was most comfortable seated in a slightly elevated infant seat. This mobile seat allowed him to be a part of family activity; during meal prep he would watch us from a countertop perch and join us as we watched television on the porch. He was seen at the Naval Hospital clinic each week in a special "after-hours" appointment. (to avoid contact with sick children). An evaluation by the specialists at Bethesda Naval Hospital was ordered for late May. Tom would not be allowed to return home for this appointment.

From Florida (at his request), Tom's parents arrived to care for Mark and Aimee while I flew to Washington DC with 2½ month-old Christopher. Arrangements had been made with Marine friends, Dave and Betty, to stay overnight and to be accompanied by Betty, an R. N., when we went to Bethesda. I was unprepared for the news that the evaluation would require my son's hospitalization for four days and most particularly that my presence would be required each day to assist with his care and feeding (the Viet-Nam war had begun to take its toll on available corpsmen). This was not possible because of the distance involved (there were no Ronald MacDonald Houses in the 60s). I left in tears--not only would my baby be poked and prodded, with internal photographs, but he would be neglected in his physical needs. The latter was most difficult to comprehend.

Five days later Christopher was released, flashing a smile when Betty and I appeared at his crib-side. Dave took us to the airport for the return flight to New Bern, North Carolina on the following day. Grandfather was there to meet us in the late afternoon. The feeling of "good to be back home", safe and sound quickly disappeared when Christopher began a bout with diarrhea compounded by a slight fever. In the early evening it was decided to take him to the Emergency Room at the hospital. Grandfather accompanied us while Grandmother again took charge of the older children. What was anticipated to be a quick visit to the ER turned into a nearly four hour marathon, with MDs trying to decide what course of action should be taken. It was finally decided to admit him to the hospital. When Artie and I returned home we were surprised to see Gabrielle, a good friend and neighbor sitting with Grandmother Nietta who had consumed a few too many drinks as the evening progressed and the stress increased. The Marine Corps breeds strong friendships which can see one through adversities.

Christopher remained hospitalized, suffering several cyanotic episodes, one of which occurred as Nietta and I arrived for an afternoon visit. It was obvious to me that things were not improving for my son. The grandparents departed for their home before his release; I would miss their support but with their departure I had two less heart problems to worry about. Christopher was released a few days later.

The Spring weather of May and early June was delightful and our lives went on. Many of the neighbors and Tom's work acquaintances seemed to avoid us--almost as if we had some contagious disease. The Ham radio calls continued each Tuesday and Thursday and Tom had also received via mail, an evaluation by the Bethesda MD stating the prognosis and possible course of treatment.

In early June the computer school to which Tom had applied selected him to attend the year-long course beginning the end of August, 1967. This meant a move to Dayton, Ohio, in July but the problem was that Tom was still on duty in Vieques. Paper work was begun and the search for a replacement underway but roadblocks kept popping-up. One Captain successfully begged out of the assignment because his wife was trying to become pregnant.

For nearly two weeks the three children and I enjoyed a relatively uneventful family time. Summer activities had begun, with Mark away nearly all day swimming at the pool, biking with friends or crabbing on the water's edge. Neighborhood friends sometimes took 5-year-old Aimee to the pool while I remained at home, always looking for a change in skin color, or listening for a cry.

The next evaluation at Bethesda was scheduled for late June. The word that this was serious business finally reached someone in command; Tom was to be allowed four days at home to accompany us to the evaluation. Arrangements were made for the children to stay with neighbors for the two nights of our absence from home. Once again our friends in northern Virginia volunteered to house us for the brief time.

The early morning appointment with the Cardiologist was uplifting; he was amazed at Christopher's appearance, weight gain and overall progress. Heartened by this evaluation, we met an old friend for lunch then purchased steaks for a cook-out later in the evening.

As the steaks grilled, Betty and Dave's three children visited with us, Christopher napped, and the men talked "business". Christopher began to cry and could not be comforted. Suddenly he collapsed in my arms. Efforts by Betty and me failed to revive him---somehow the message was transmitted to Tom and Dave. Dave grabbed his car keys and we loaded into his car for a rapid, emergency speed trip to the local fire station. The ambulance was ready and soon he was being administered life giving oxygen while I rode in the front seat with the driver. We moved, siren screaming, to Fort Belvoir emergency room, the closest military facility. The staff was prepared for us---Christopher was whisked to a treatment cubicle---his small body an incongruous bump on the sterile white table. For nearly an hour the doctors attempted to elicit a response---to no avail. Eventually a call was made to the Bethesda cardiologist who had seen him less than nine hours ago. The decision was made to transport him to the Pediatric ward at Bethesda, less than one hour distant via the beltway.

The facilities at Bethesda had been alerted to be prepared for immediate treatment on the Pediatric ward upon arrival. In consultation with Tom and Dave the decision was made for me to accompany the ambulance because there was room for only one passenger. I would admit Christopher to the hospital then return to northern Virginia with the ambulance crew. Red lights flashing, we progressed through the evening traffic in the DC area, moving along quickly as vehicles responded to the flashing red lights. In an aside to me, the driver mentioned that he preferred using the beltway route since the ambulances were prone to break-downs, and help was readily available if necessary. I prayed silently that we would not test this premise.

Our arrival had been carefully orchestrated by the Bethesda MD. The facilities had been alerted and were prepared for immediate treatment on the Pediatric ward. The large black-board at the entrance for ambulances announced "Townsend baby to Pediatric ward". As soon as the ambulance stopped, the medic caring for Christopher was to rush him to the ward where an isolette was prepared to continue the live-giving support of oxygen. I was to admit him, then proceed to the ward, a process which took less than ten minutes. The time was about 11 PM when I walked on to the semi-darkened ward. At the central desk area a group of nurses and doctors sat around with their feet literally upon the desk while a Corpswave stood a short distance from them --- holding Christopher in her arms. "Shouldn't this baby have oxygen--he's blue". I could not believe my ears and eyes.

Immediately all hell broke loose--I have never seen people move so rapidly. One quickly whisked me into a separate room on the ward while others belatedly attended to Christopher's needs. I was told to remain on site until an MD could interview me and record the history of Christopher's illness. This was not in the plan-- the ambulance crew was awaiting me so we could return to Ft. Belvoir.. the delay was more than two hours long. Finally, after redundant information was transcribed, I was free to leave at about 1AM. In his isolette, Christopher's condition remained unchanged.

At 2AM, from Ft. Belvoir I called Tom to come and take me home. Betty questioned me for a few minutes, then we all tried to sleep. The dreaded, but not unexpected phone call came at 5AM--Christopher was dead. Everything that could be, had been done for him.

Instead of leaving for home on the next day as planned, we returned to Bethesda Naval Hospital to fill-out necessary paperwork. I agreed to an autopsy of our son so that the findings might benefit other children who were similarly afflicted by Tetralogy of Fallot. Tom called his commanding officer at Camp LeJeune to alert him to the fact that he would not be returning to Vieques on the following day. My request to speak with the commanding officer of the Naval Hospital was immediately granted. The lack of action by the Pediatric staff on the preceeding night was, to my mind, unconscionable; even though it would have made no difference in the outcome of Christopher's case, some other child might be saved by calling attention to this extreme lack of medical professionalism. The autopsy later confirmed that our son's condition was indeed inoperable.

Two days later, the burial in Arlington National Cemetery was a small ceremony; the morning was cool and clear, an otherwise lovely day by Washington, DC standards. The five hour drive back to North Carolina allowed us time to discuss the events of the past 2½ months as well as plans for the future. Most immediate would be telling the children of the death of their brother and the impending move to Dayton, Ohio, scheduled for late July.

Because of the up-coming 4th of July holiday, Tom was able to remain at home for nearly a week. This much needed time was helpful in planning for the July move, touching base with those in command and spending time with family. The news of our son's death had quickly reached many at Camp LeJeune but as requested by Tom, had not been conveyed to Mark and Aimee. We felt it best that they receive this directly from us. At age 11, Mark had not much constant contact with his infant brother, so the disclosure did not have as profound an effect as it did for 5 year old Aimee. She had spent as much time as available with him and was quite upset by the sad loss of her baby brother. We had a good cry together, then began to pack away some items and find new homes for such things as the crib, high-chair and stroller. A needy family received much of the unworn clothing. One important item did remain in my possession-- the medical records--which I had been instructed to "hand carry" because of the unreliability of military channels. Many decades later this would prove a wise move.

When Tom returned to Vieques his absence was a bit easier to cope with because we knew it would be for only a few weeks. Meanwhile, the big set of quarters must be thoroughly cleaned for final inspection-- a job which offered welcome therapy. We had been in this grand home for only one year so the task was minimal. The old style Venetian blinds were washed in the bath tub then draped over the clothes-line in the back yard. More than twenty windows required cleaning and four bathrooms scrubbed down thoroughly.

School was out for Summer vacation and Mark was again able to enjoy the unique pleasures of this location, swimming pool, biking and crabbing. It was truly a young boy's paradise and I rarely saw him during the day. After dark he could attend the outdoor movies, shown for free near the Club. For three weeks the cleaning progressed--but only in the morning hours. At noon Aimee and I would don our bathing suits and walk over to the club for several hours of swimming and socializing--excellent therapy for both of us.

As moving day approached the official word from the Marine Corps was that Tom would not be allowed to return home until after the moving van had departed with our goods. This was the proverbial straw that broke the camel's back--Tom was irate. It happened that a special plane had flown to the island just days prior to Tom's delayed departure--when the plane took-off for North Carolina Tom was on board, sans orders, but he was on his way home.

In late July we embarked upon the final leg of our post-Christopher year.

The school at Wright-Patterson was so demanding that our initial introduction stressed the countless divorces caused by the nature of the class work and after class computer time (in 1967 home computers were a distant dream). We knew that our already stressed marriage could not deal with this, as a result we again found ourselves cleaning our quarters for another move on Halloween day. We were one of the very few to receive a Humanitarian Transfer from this elite school; it was a sad but necessary move for our family.

Now it was onward to our next duty station at Camp Pendleton, California where an off-base rental would be our next home for the following six months. Mark was able to attend one school for his 7th grade experience

And Aimee's Kindergarten was just a few blocks walk from our new home. With the children back on an even keel, it was now time to heal our relationship.

The pace at Pendleton was more hectic than at LeJeune, with even more rapid build-up in Viet Nam the staff was working unprecedented hours and personal travel was limited to a small area around the base perimeter. Shortly before the Christmas holidays, Tom developed "walking pneumonia"---directly attributed to the many months of stress which preceded this period. Wonder drugs and "down-time" put him back at work in mid January at which time the ranks were being combed for people to return immediately to Viet-Nam. Tom had been home less than two years. There followed "the crazy time" When he would return home at night to announce that he was leaving for Niet-Nam in 2 weeks, the following night the time-frame would be 2 days, then cancel that-- he would leave in one month. Meanwhile the world turned, Bobby Kennedy was assassinated in California and our family slowly worked through the grieving period for our son.

Tom was actually slated to return to Viet-Nam in May or June of 1968-- but again, plans changed and the August deployment date allowed us to move from the off-base housing (the lease had expired) into quarters on Camp Pendleton. This was our opportunity for a six-week vacation at the beach--the quarters were situated just blocks from Oceanside Beach Park. Mark immediately invested in a used surf-board which was used daily, and Aimee and I built sand castles and romped in the surf each afternoon. We were even able to host visiting grandparents and cousins during this vacation.

On the first of August, packing was completed and the moving van loaded with household goods ready for the trip to Michigan. The quarters had been cleaned and the inspection finalized--the children and I stood outside awaiting Tom's arrival from his indispensable job on the Marine Corps base. At noontime (lunch-hour) the trusty 1967 Volvo wagon drove up to load us into the car. Quickly we escaped out onto the busy freeway, heading east in the noonday heat. Within five days of constant travel we would reach Michigan, where a rental home in the same neighborhood of three years ago, awaited a weary family. It was time to put the year of Christopher behind us.

In early 2000 the year of Christopher unexpectedly returned, with a very positive force. While reading a Marine Corps publication, Tom noted a survey being undertaken to locate children and mothers who might have been affected by toxic chemicals in the drinking water at Camp LeJeune, North Carolina during the period 1968-1985. I expressed doubt that this could have anything to do with the death of our son in 1967, but promised to call the survey. Not high on my priority list (this really didn't pertain to us) I was finally convinced by Tom to call the survey. The birth/death date of 1967 did not quite coincide with the survey time frame so it was necessary to obtain special clearance from a higher authority for inclusion in this study.

With the description of Christopher's maladies the criteria was indeed listed as chemical poisoning, including his unusual "Tetrology of Fallot", misalignment of one ear, male child and older mother(35).

The series of phone calls to ATSDR and the NORC survey literally changed our lives. Gone was that long-harbored feeling of guilt-- "what did I do wrong?"--after more than 30 years, a welcome relief. Tom immediately jumped into the fray--the perfect venue for a retired activist who loves to write letters and poke the system. Our newly purchased computer offered maps and some information but his primary mode of communication is yellow legal paper, hand-written letters with the original posted to the primary recipient and Xerox copies to other parties. The small orange folder of information which I began some two years ago has morphed into numerous, large 3-ring binders of correspondence, information and lists of other affected individuals who are fighting for recognition of this major toxic poisoning at the Camp LeJeune base

A "hot potato" issue, the Navy and Marine Corps have used their political clout to suppress the story. Television stories and magazine articles have "disappeared" but more victims are now involved and determined to bring this to the attention and investigation of the United States Congress.

It is still difficult for me to believe that my small son has inspired such a massive movement to force recognition of this unspeakable crime.. The Navy and Marine Corps will pay the price.



Grandmother Townsend at Chris's gravesite
Arlington National Cemetery, Virginia