

Human Rights Watch/Americas, another major beneficiary of his funds, attacks the national forces deployed against the drug cartels as “human rights violators.” It should be noted that the pro-drug guerrillas in Colombia are known to be bloodthirsty kidnappers and murderers, who terrorize the nation.

In the United States, Soros works with the pro-drug Mayor of Baltimore Kurt Schmoke, to promote “progressive” drug policies, including needle-exchange programs. Soros “donates” \$25 million to spreading illegal drugs in the city.

1998: Another Soros-related group, the Andean Council of Coca Leaf Producers, begins to carry out an armed revolt in Bolivia, under the banner “Coca or Death.” The Council was established by a European group called Coca 95, whose chief financier is Soros, and whose directors call for free trade in every narcotic on the face of the Earth: cocaine, heroin, marijuana, and synthetics.

In June, Soros’s Lindesmith Center issues an Open Letter to Kofi Annan calling for a “truly open” dialogue on illegal drugs, claiming that clamping down on them is worse than drug abuse itself, and demanding that legalization be put on the table.

2000: Soros moves, through both Human Rights Watch, and direct funding of Alejandro Toledo campaign for President of Peru, to topple the successful anti-drug government of President Alberto Fujimori. *EIR* forecasts that the new Soros-backed government will move to put anti-drug fighters in prison, and bring back the murderous Sendero Luminoso—which in fact it does following Toledo’s victory.

2001: In June, the *Wall Street Journal* gives major coverage to the decision by Soros, along with billionaires Peter Lewis and John Sperling, to kick in at least \$10 million for the 2002 elections, where they target Florida, Ohio, and Michigan for decriminalization referendums.

Soros also funds a drive for decriminalization of marijuana in Canada.

2002: Soros funds a referendum on the Nevada ballot, which calls for the legalization of marijuana use, and would *mandate* that the state begin growing and retail distribution of the drug to anyone over 21 years of age. The effort is run by a Washington, D.C.-based group, the Marijuana Policy Project, which receives direct funding from Soros, through the Drug Policy Foundation, which, in turn, has received more than \$15 million from Soros in recent years. The Drug Policy Foundation recently merged with the Lindesmith Center, a project of Soros’s Open Society Institute tax-exempt foundation. The new, unified entity, the Drug Policy Alliance, is run by Soros employee Dr. Ethan Nadelman. Soros has poured at least \$25 million into various dope legalization schemes over the past five years, and has vowed to substantially increase his bankrolling of the dope lobby efforts.

The Marijuana Policy Project was launched by a former official of the National Organization for the Reform of Marijuana Legislation (NORML), the oldest of the drug legalization fronts now under the Soros umbrella.

Military Morale: Casualty of Iraq War

by Carl Osgood

Recent news stories have thrown a spotlight onto the suffering of U.S. soldiers participating in the U.S. occupation of Iraq. From collapsing morale to the growing numbers of injuries and deaths, the stories indicate a possible political problem for President Bush’s re-election.

According to Department of Defense figures, 357 U.S. military personnel have died in Iraq, 231 of them as the result of hostile action, as of Oct. 29. U.S. Central Command reported that, as of Oct. 20, another 1,927 have been wounded. Of the totals, 219 of the deaths, including 117 killed in action, and over 1,200 of the wounded, have occurred since President Bush’s May 1 declaration that the major combat phase of the war was over. The rate since Aug. 26 has averaged one dead and nine wounded per day, with no let-up in sight. The numbers, however, tell only part of the story, and they don’t include the soldiers medically evacuated from the region for other reasons, which a UPI story put at almost 4,000. In absolute terms, the numbers are not high, especially compared to the Vietnam War, when U.S. soldiers were dying at the rate of over 300 per week for a sustained period of time. However, the Iraq operation appears to be having a psychological impact way out of proportion to the numbers involved.

Two stories in particular belied the claims from the Bush Administration that morale is high among the troops in Iraq. *Stars and Stripes* newspaper, published for American troops serving overseas, published, on Oct. 15, the results from an informal survey that it conducted of the troops in Iraq, asking them about their morale, living conditions, and so forth. They received answers to questionnaires from almost 2,000 soldiers, 34% of whom rated their own morale as “low” or “very low,” while 27% rated their morale as “high” or “very high.” Reservists ranked their morale as the lowest, by far, with Marine and Air Force respondents rating theirs the highest. All those who responded tended to rank their unit’s morale lower than their own; and, while 72% ranked their living conditions as “average” or better, the survey found wide disparities in living conditions. Again, those rating their situation the worst were the reservists, 63% of whom rated their chain of command’s ability to get them supplies as “not good” or “poor,” compared to 27% of the Army troops. Overall, 49%, nearly half, said they did not plan to re-enlist when their current tours of service are over.

The Defense Department tried to downplay the *Stars and Stripes* survey because it was not “scientific”; but one statistic they cannot downplay is the suicide rate. At least 11 soldiers



An injured serviceman receives care at Travis Air Force Base, in California. The Cheney-Rumsfeld imperial war policy in Iraq neglected one crucial aspect: providing medical care for injured U.S. soldiers.

and 2 Marines have committed suicide in Iraq, with several other deaths under investigation as possible suicides. Those deaths account for more than 10% of the non-hostile casualties in Iraq, and amount to an annual rate of 17 per 100,000, much higher than the 11 per 100,000 normal peacetime suicide rate for the Army. According to news reports, a 12-person Mental Health Advisory Team recently left Iraq after investigating mental health conditions of the troops, and that team included the Army's suicide prevention program manager.

Scandal at Fort Stewart

Even more embarrassing for the Pentagon was the discovery that the Army has been warehousing reservists and National Guard troops in dismal conditions at Ft. Stewart in Georgia. The story became public on Oct. 17, when UPI reported that some 650 soldiers on medical hold were being kept in conditions of squalor, in buildings with no air conditioning or indoor bathrooms, and waiting for months for medical appointments or for their status to be resolved. About two-thirds of the reservists had been medically evacuated from Iraq, the rest having been medically disqualified before deployment. Some charged that the Army was trying to refuse them benefits or that it had different standards for regular soldiers and those of the reserves and National Guard.

Steve Robinson, the executive director of the National Gulf War Resource Center, told *EIR* on Oct. 24 that the Defense Department admitted to him that the same thing is happening at other Army installations, including Ft. Bragg in North Carolina, and Ft. Knox and Ft. Campbell, both in Kentucky.

The news story led two members of the U.S. Senate—Patrick Leahy (D-Vt.) and Christopher Bond (R-Mo.), the co-chairmen of the Senate National Guard Caucus—to initiate a

staff investigation of the conditions of the reservists at Ft. Stewart. The investigation found that the soldiers were being kept in quarters designed for annual National Guard training, not for the housing and care of sick and wounded soldiers. The investigators also found that there were insufficient medical staff at Ft. Stewart, “which has caused excessive delays in the delivery of care.” In a statement issued on Oct. 24, Bond said, “The situation we have in Ft. Stewart is totally unacceptable, and my first priority is to ensure our troops are receiving the health care they need.”

Leahy and Bond called for the passage of legislation making 1.2 million reservists and members of the National Guard eligible to buy into the Defense Department's Tri-care health insurance program. The legislation that Leahy and Bond were referring to is attached to the Senate version of the \$87 billion Iraq war supplemental, but the White

House opposes the measure, complaining that it would cost \$400 million a year.

The day after the Leahy-Bond report was issued, Acting Secretary of the Army Les Brownlee went to Ft. Stewart to see for himself how the reservists were being treated. He vowed afterwards that the Army will “make those improvements” in the living conditions of the soldiers in medical status, but that what had happened at Ft. Stewart “is not just a Ft. Stewart issue,” but “an Army issue. The people at Ft. Stewart did what they could with what they had, but the Army has more assets and we'll focus those assets to solve any problems we've found, here.”

Part of the problem is clearly logistical. In addition to being a major mobilization center for activated reserve and National Guard troops, Ft. Stewart is the home of the 20,000 soldiers of the Third Infantry Division, which had just returned home from Iraq in September. The medical facilities available at the base apparently did not have the capacity to deal with the present level of mobilization of both regular and reserve Army troops. However, that does not explain why the Army and the Defense Department made no effort to properly take care of the medical hold troops until it became a public scandal.

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