'They're Saving Money on the Backs Of the Returning Combat Soldiers'

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EIR: I was looking at the last interview that we did ("Stop the Coverup on Gulf War Illnesses," *EIR,* Sept. 5, 2003), and a lot of things have happened since then. We discussed last time the issue of stress. I'm sure you know that the Army finally released their mental health report, the survey that they did last Summer and Fall. . . .

Robinson: One of the first things was, the Army said that they sent these survey teams in, actually, before it even came on the radar that suicides were up, that there were potentially some morale problems; and that's good, you have to wait until something happens before you can do. And, yes, they did finally release it, the report was done in what, December?

EIR: It was finished in December, and they finally released it in March.

Robinson: They released it in March, and from December to March, we had a spike in suicides, we had mental healthcare disorders, we had soldiers committing suicide here in the States; and this information would have been important for clinicians to act upon so that we could redouble our efforts when the soldiers came home. So, yes, I did read the report, and it was pretty much what I thought it would be. It was a reflection of the people I was talking to both in Iraq and here, back at home. There were some interesting little things in there. It seemed like the report highlighted the fact that 77% of the people didn't feel like there was any stress related to war in Iraq. That was very interesting to me. I'm not so sure that's a reflection of how they really feel, but more a reflection of their sense of patriotism and their wanting to sound upbeat. We all do it. My parents taught me that you can't just be negative, you've got to find the shining thing in the bad example. So, I don't know if that necessarily reflects the way they really feel, and I suspect that if you had the survey team in there between December and now, and the violence that has occurred, that we might have even more people who are really concerned about their mental health, their morale, and the way they feel.

EIR: I want to get into that in a minute, because they're going back. One of the factors to which they attributed the stress levels that they did acknowledge, was the austere living conditions. . . . The troops were living out in the desert without air conditioning, with supply problems and so forth—which they said, in their March presentation, that all of these problems were alleviated, resolved. So they're expecting, when they go back, to find the situation much improved.

Robinson: It's funny. I love my country. I love my government. I loved my military service, I had made a lot of good friends. I had disagreed a lot with the policies, and I'm opposed to the idea that they would say that living conditions are the reason that people are having low morale, versus the actual situation that they're in: Which is, they're in combat facing terrorists, with an unknown enemy that can attack from any direction. They have unclear objectives. They don't know how long they're going to be there.

How do you define how long it will take to form a democracy, and that somehow those things aren't part of what's going on? They focus in on the fact that if you give a guy an air conditioner, he'll be willing to be happy while he's in Iraq.

It's a combination of factors. It's not just living conditions. It's about the fact that we weren't prepared to actually do this job. It's about the fact that you have people who aren't trained peacekeepers trying to conduct peacekeeper missions. It's a fact that you have people who aren't military police retrained to do that job, and they're not comfortable with it, and there's rules of engagement that are very difficult: Don't fire unless fired upon. . . . There's a whole bunch of factors, and it's not just the fact that they don't have air conditioning.

EIR: You mentioned the recent increase in violence. . . . Rumsfeld announced just last week that now, 20,000 soldiers, including most of the 1st Armored Division, have to stay there for another four months, and most of these guys have been there a year already. That is undoubtedly adding to their

stress levels.

Robinson: Estimates right now are that 40-50% of the force will be National Guard and Reserve soldiers. You can tell an active duty soldier whose career profession it is, "We need you to stay here longer," because that's what they expect. They joined the military to train, to go to war and, in war, they stay as long as they have to to complete the objective.

But civilians who serve in the National Guard and Reserves are a different entity, and they require some certainty, because we're asking them to leave their civilian jobs and to go fulfill, to augment the active force for whatever reason. And in this case they're augmenting the active force because the Secretary has not bought into the idea that we need more people; therefore, he's using the National Guard like active duty soldiers. And when you do that, you break the covenant that you made with the National Guard and the reserves. You break the expectation that they will have limited, short-term emergency use; and they have all kinds of problems at home relating to losing their businesses, losing their jobs and promotions when they come back, their employers not wanting them anymore, or their business collapsing because they cannot sustain leaving that civilian world for a greater period of time. Not to mention the fact that we use them like an active duty force, but we don't give them the same benefits and pay and care that active duty soldiers receive.

So, it's putting a strain on the National Guard and Reserves. Now, Eric Shinseki, Gen. Eric Shinseki said, beware the 12-division policy for the 10-division army. So, while I'm glad to hear that the Secretary of Defense recognizes that it's going to take more people, he's drawing those people from within those that are already serving, and it's putting an additional burden on them that could be alleviated by increasing the overall end-strength of the military.

EIR: Which he refuses to do.

Robinson: And he won't do. He does not want to do. It's almost a self-fulfilling fallacy. On the one hand, he says, "Commanders need more people in Iraq, but we're not asking for more troops. Wait, they want 20,000 more people, but we're not asking for more troops." It's just amazing to me to listen to the idea that they would place that additional burden on these National Guard and Reserve soldiers when the real solution would be to recognize that we're into something that requires more forces on the ground. And while we may initially have to ask people to stay longer, the real answer is going to be overall end-strength, so you can have a viable rotation plan in and out of Iraq.

You can't keep 130,000-150,000 people on combat readiness for two years in a row. It just doesn't work. And, currently, the pace of operations in Iraq, along with the increase in terrorism, has got these guys hyper-alert, and there's no safe place. So, there has to be a place where they can go back on rest and refit and rotate, and everybody get their fair share of combat.

EIR: On this Guard and Reserve issue. the Army, in their mental health report, only counted suicides in Iraq. Now, I've seen press reports that there may have been as many as seven suicides among soldiers after they came back.

Robinson: Correct. What we know is that they're still refusing to count the suicides in the States, to calculate the overall suicide rate for this war. So, the example would be, if a guy or a girl served in Iraq and made it back to U.S. soil—I'll give you a real example. A soldier serves in Iraq, comes back, is medivac'd because of psychological problems, goes to Walter Reed Army Medical Center for treatment, is put in Ward 54, which is a locked-down psychology ward, goes through some treatment, and then is moved to Ward 53, which is a come-and-go kind of place where you can go, but not for long periods of time. That soldier then, something happens, ends up hanging himself with his own belt in the barracks, and it's only two months after he returned. They do not count that as being related to wartime service; they don't think that wartime service contributes to these soldiers committing suicide, even when they're in their care at Walter Reed Army Medical Center being treated for combat-related post traumatic stress disorder.

EIR: Is seven the number, then, that you know about?

Robinson: Right now, yes. In order to figure it out, we're having to monitor the deaths. See, sometimes a suicide can occur, like what happened recently that didn't pop up on our radar screen until somebody contacted us. There was a soldier who returned from Iraq. He was offered a promotion before he left to go. He came back to work for the city, went to get his job back and the promotion, and they said, "We had to give that to somebody else." He asked a lawyer to help him. There was a big news article about him asking for help. The lawyer declined to represent him. Two days later, the guy killed himself.

That suicide was never reported as being related to anything having to do with maybe his wartime service. What we have to understand about suicide is: It's not what made you jump off the cliff that is the trigger event. . . . It's what brought you to the edge of the cliff, to where you look over and think, "Hmmm, maybe I'll jump off this cliff." It's what brings you to that point, and all of those factors. And war—I challenge anyone who would say that war is not a factor in why these people are committing suicide. . . .

EIR: They talked about traumatic stress—obviously, there's a lot of that, especially the last two weeks, soldiers being exposed to trauma because of the combat in Fallujah and other places. How much of that are you seeing?

Robinson: First off, war is traumatic, and the military indoctrinates you. I was a former Ranger instructor: We indoctrinate our soldiers to desensitize them to the act of pulling the trigger. You reward them for knocking down paper targets on the range, give them medals for accuracy, and then you

advance to like 3-D silhouettes that look kind of like people but don't react the way that a human would react when you shoot it; and then we send them out to war, and there's a big difference between the amount of training we put into teaching them how to pull the trigger, and how much effort we put into taking care of them after they have pulled the trigger.

Each of them are finding that their training, or lack of training, or what they bring to the table, determines how they act or react, whenever they're caught in the violence of war.

What we're seeing in this increased rate of violence in Fallujah and other places, is that it does absolutely have an effect. And so, while I believe that these things are certain, that in some people these experiences are going to create problems, I also believe that if we have a mission to accomplish, we can deal with the psychological and mental aspects of war and accomplish the mission, if the military will recognize that it is a co-factor.

They don't recognize it as a co-factor, and also there's a stigma.

Recently, there was a guy who was charged with cowardice, in Iraq, and that sent a chilling effect across the entire military, to say, if you come forward and ask for help, there's a good chance that you are going to be charged with a crime that is punishable by death, cowardice. Oh, I've talked with the Surgeon General of the Army and . . . he says that's not their policy. They didn't want to send that chilling effect, but it happened. It's out there, but he says what he's going to do is he's going to send a message, force-wide, that says, "We recognize that war has consequences and that some of you may want to talk about things you've seen or done, and that we can achieve our objectives and take care of the psychological injuries or mental injuries that may occur, and we encourage commanders to help soldiers that want to talk."

So, they're going to try to send the message out there that kind of counters this Patton-like experience that occurred with this soldier. I hope they get it out there, soon. If a soldier came in my unit, when I was in, if a soldier said, "I'm afraid to do something, or whatever I just saw bothers me so much that I'm paralyzed with fear," he would not get a boot in the ass, he would get. . . . I would hug him, I would bring his leaders in, we would counsel him, we would put him in a safe place. "We need you, we need you to come back, we need you to accomplish this mission, we understand that you're scared, I'm scared, too, we're all scared, but we need you," and if that didn't work, then he'd have to be evacuated, because he'd be a threat. So, if soldiers aren't being given the opportunity to come forward and express their concerns, from the consequences of war, if they're asked to hold that internally, all kinds of bad things can happen, morale, acting out, all kinds of things.

EIR: One would think that fear would be something that you would expect.

Robinson: Absolutely.

EIR: And you deal with it on that basis.

Robinson: We're not robots. Nobody's a robot. . . .

EIR: Let me move on, now, to the issue of health screenings, because that was also something we had talked about last time, and there was a big announcement out of the Defense Department that they would change the way that they were screening the soldiers that were being deployed. I looked at the testimony of the National Security Subcommittee, at the end of March, and a couple of the witnesses who were Reservists testified that it really hadn't changed.

Robinson: It hasn't. They expanded the paper questionnaire to include more questions about mental healthcare disorders. They did not, and still are not, following the black letter law, Public Law 105-85, to screen soldiers before they go, with a hands-on physical and the drawing of blood, and to screen them when they come back with a hands-on physical and the drawing of blood. They just seem to be, at every installation we went to—I've been to Fort Stewart, Fort Knox, Fort Campbell, I went to Landstuhl Army Medical Center in Germany, every place I've been—they seem to be overwhelmed with people who need mental healthcare counseling. There seem to be significant delays in appointments in getting access to care, guys with injuries that require physical therapy are having to wait weeks to months to get that physical therapy. So, they seem to be overwhelmed.

Now, they have addressed that, and they are starting to put resources out there, because we have identified shortfalls; but there's still a denial on the part of the Department of Defense to adequately screen soldiers.

Let me give you an example. Recently, you may have seen in the newspaper that soldiers came back from Iraq and requested screening for depleted uranium. It happened in New York, a pretty big news story, and the people that they asked in the Department of Defense denied them. They said, "Don't worry about it, you don't have anything to worry about." Well, it turns out they were concerned enough, they went outside the DoD, got screened, and were found to have levels of depleted uranium in their urine. That's just a failure on the part of the Department of Defense to learn the lessons of the first Gulf War, and it's, I think, a cost-saving measure. They would rather wait till people present with problems, than to do what the law says and screen them when they come back.

The reason why the law was written was because of the mistakes of the first Gulf War; that you need to collect data before people go, to see what they look like, and then collect data when they come back to see if there's been any change. And if you do that, you pretty much have a lock-solid workmen's comp case that says, "While I was gone something happened." Well, if you don't collect the data, then the veteran can't make the claim, or, there'll be a bureaucratic delay in gathering the information to make the claim. So, the government is, in some cases, obfuscating, or prohibiting, soldiers

from obtaining the accurate information, even though the law requires them to do it.

EIR: One of the things this seems to raise to me, is whether or not they even have the resources to do what they're required to do. Whether they have sufficient medical facilities, trained medical personnel and so forth, that they can deploy to do what the law requires them to do.

Robinson: Absolutely. Dr. Winkenwerder, the man responsible for health affairs, came out of the HMO industry, in which it was his job to lower costs and maximize profit, and I believe he is adamantly opposed to screening because it costs money, and because it takes time, and it's time that they don't want to invest. He has stated over and over, in various testimonies, that screening soldiers doesn't reveal any useful information.

Well, that's like saying, "We're not going to technically inspect our aircraft when they come back and land on the carrier." We're just going to hope that they can accomplish the mission the next time we call on them. We invest in our million dollar aircraft. We invest the time to inspect them and to make sure they got gas and to make sure that the avionics work. We do that, but apparently, mechanical equipment is more important than human lives. All we have to do is look back to the first Gulf War to see why there's a cost, associated with risk in Winkenwerder's mind with why he is choosing not to do it; but I submit that if you do it, you take the screening before they go and after they come back, that we would actually save money, because we could rule in or rule out who got affected as a result of their wartime service, unlike in the first Gulf War, when there wasn't a lot of data collected.

Now, as an example, there were over 697,000 people who served in the first Gulf War. Some 13 years later, 330,000 who served in that Gulf War have sought treatment from the Department of Veterans Affairs, for a multitude of ailments and illnesses resulting from exposures that occurred in that war. It costs the government close to $2 billion a year to compensate those veterans for those injuries and illnesses. We're talking about 220,000 people who have claims that have been approved; and in this war, I think we've sent over, something upwards of 1 million people have rotated in or out of Iraq, and they're starting to come back, now.

They're starting to tap into the VA system, and the VA recognizes that there's going to be a tidal wave of people that are going to need help. So, in the same way that we make the investment in making sure the airplane can go fly the mission, we have an obligation to make the same investment with these people, because we're the ones that sent them to war.

EIR: Another related issue that came up in the testimony that I read, and news coverage that actually came from British newspapers, was the deploying of, or redeploying of soldiers who were not medically fit.

Robinson: Right. It's going to turn out to be one of the big mistakes of the preparation of this war, was that many National Guard and Reserve soldiers, and even some active duty soldiers, were deployed with conditions that should have prevented them from deployment in the first place. I can run down a whole bunch of lists of them. A guy that's got hypertension doesn't need to be serving in 140° in Iraq. He's probably going to have a heart attack and die. Somebody that's just gotten their kidney removed probably doesn't need to deploy to Iraq. Yet, it happened.

The rates of people from the National Guard and Reserves, and the GAO is looking at this right now—who could not deploy because they were not fit was about . . . I've seen it as high as 25%. But then, there's a whole bunch more who were deployed even though they probably shouldn't have been deployed, and that could play into . . . why the evacuation rates for disease and non-battle injuries is very high in this war—because they weren't fit in the first place.

Where does all that tie in? It all ties in to the fact that if Dr. Winkenwerder had followed the public law and screened these people before they deployed, he would have excluded all of the people that weren't fit to deploy, and he would have identified their illnesses for the record, and then the fit people would have deployed, and if they got sick, they would have been screened when they came back. That didn't happen. We have no baseline snapshot, what people looked like before they deployed.

So, now the GAO is going to have to go back retrospectively, just like we did in the first Gulf War, and try to figure out what was the reason why these people couldn't make it; and how many people did we send that we shouldn't have. If they had followed the public law, this problem wouldn't exist; but, what might have existed, if they followed the public law, would be that they wouldn't have had enough people to deploy. And so that goes to the core theme, of: What is the National Guard and Reserve doing to keep themselves ready to answer the call; and are we giving them proper healthcare; and do they have access to treatment? Currently, they don't. Right now, on the Hill, today, there are bills on the floor that they're voting on, for extending healthcare coverage to National Guard and Reserve soldiers.

EIR: That also gets to the whole issue of how you want to utilize the National Guard and the Reserves, which is a whole larger issue.

Robinson: Are they an active duty force? It sure seems like it, right now. Are they just in case, emergency-type situations? The biggest problem—I don't think the National Guard and Reserve soldiers would tell anybody, "We're opposed, we're not going to do what we're asked to do." But what they're opposed to is being used like active duty, and then treated as second-class citizens, not afforded the proper healthcare when they return, not afforded the same benefits that an active duty soldier might get. There was a command sergeant major at Fort Stewart, Georgia, and she said, "The bullet and the

Secretary of Veterans Affairs Anthony Principi, a combat veteran, "knows what failure to implement certain policies means," says Steve Robinson of the Gulf Veterans Resource Center. "Recently, he stood up and said, 'I've been underfunded to the point where I'm concerned, and I'm speaking out for the first time, that I need more money to do the job.' "

bomb didn't know the difference between active-duty and National Guard, but when we came home, we found out that there was a big difference, and if we take the same risks, we should be afforded the same care, compensation, and benefits," and that isn't the way it's going down, and those people have a problem with it.

EIR: That keeps coming up on Capitol Hill, too. Almost every member of Congress has National Guard as constituents.

Another thing I want to bring up, soldiers on medical hold: You were responsible for creating a big stink about this last Fall, to the point where the then-acting Secretary of the Army went to Fort Stewart and promised that we would fix this problem. Again, the same testimony that I read, it hasn't been fixed.

Robinson: Right. It has to do with money and resources, and while we did raise the profile about the condition of these soldiers, and there were some additional doctors and dollars that got sent to some of these installations, there still has not been the level of commitment given by the Department of Defense or even the Federal government to address the problem.

At Fort Stewart, for example, where soldiers were living in concrete World War II barracks with no air conditioning, they fixed the problem by either putting them in hotels that are 50 and 60 miles from the base, or putting them in double-wide trailers that they have bought that have air conditioning. As a former soldier, I know that, as a commander, you always do the best you can with what you have, and the commander of Fort Stewart has made requests for additional help and money. He hasn't gotten it, and neither have the commanders of Fort Knox and some of the other places where these problems were identified. So, that begs the question, what more can we do? The issue's been raised, and now the money needs to get appropriated to fix the problem. They don't seem to have any problem conducting maintenance of vehicles and aircraft and—

EIR: There's a lot of that, too, because it's getting worn out like crazy.

Robinson: That's right, but they can't seem to find the money to take care of the soldier when they come back. So, it's about priorities. Historically, you can go back and look about how soldiers have been treated after war. You can go all the way back to the Roman times, and you'll find that soldiers would scrawl "You love me when the war was happening; but now, we can't get a crust of bread." And then we jump forward to World War I, when the Bonus Army, veterans from World War I, came back and demanded their hundred dollar bonus. There's a picture, it's these guys sitting at an encampment on the steps of the Capitol, with a sign that says "We have come for that which a grateful nation promised us for serving in the World War," and they were talking about their hundred bucks. As you know, they got driven off the steps of the Capitol by MacArthur on horseback, and trampled, a lot of people got killed, and it's been that way ever since.

Soldiers throughout history have always seemed to be first when war occurs, and last when the war is over. Now, I've been saying this next quote probably for about a year, now. I think it's really, really—people need to listen to it. It's really important. "Our democracy has extended beyond the time in which any other democracy has survived." Every democracy has fallen. We're eight-plus, maybe nine years past the time in which every other democracy in the history of mankind has survived and held power. Every democracy has fallen for two reasons. The first reason is that government stopped listening to the people and was more concerned about government and what it was doing, and did not take care of the needs of the people. The second reason, they didn't take care of the people that protected government and that's the soldier. That is the two reasons why every democracy has fallen, and we're in overtime right now, and look at what we're doing to our soldiers. It doesn't make sense.

And, now, we've got these rumors that maybe we're going to reinstitute the draft. How do you think that's going to play on this generation of Americans, who have come to the idea that being American and being free is that you aren't forced to do things? So, if they reinstitute the draft, there's going to be some really big problems. So, pay attention and look to your democracy and protect it, and you protect it by taking care of those who protect this nation.

EIR: That actually shades into the next subject that I wanted to raise, which is, a lot of these guys have now gotten out, who have been in Iraq, and some of them have filed for claims—
Robinson: Eighty-thousand people have returned. About 13-14,000 of that 80,000 have sought treatment from the Department of Veterans Affairs. Of that number, mental healthcare disorders are running at about 14%. So, of about 12,000 people, about 1,500-1,700 have reported significant mental healthcare disorders. If the returning war veterans were a wave, we're just seeing the froth of the wave. We're starting to see the very beginning of that wave; and, it appears as if, if the data that we've collected from various sources is true, that there've been over 22,000 evacuations from the theater in Iraq. That's anybody getting injured and anybody getting moved as a result of their injury. That's an evacuation. Then there's been upwards of 13,000 people who have been evacuated, medically, back to Landstuhl Army Medical Center, and then subsequently back to Walter Reed, Bethesda or someplace else. Of that 13,000 number, 10-14% of them are evacuated for psychological reasons alone and the rest are evacuated for disease, non-battle injury, and the results of bullets and bombs. . . .

EIR: Regarding the VA, we've done some work showing that the VA closed a lot of hospitals, and that Secretary Principi has this plan which will result in even more hospitals being closed. What are you looking at in terms of the ability of these new vets to actually get the treatment that they're asking for?
Robinson: On a good note: First off, Secretary Principi is an appointee. He's a combat veteran himself. He knows what failure to implement certain policies means. However, he can only be as good as his government allows him to be. Recently, he stood up and said, "I've been underfunded to the point where I'm concerned, and I'm speaking out for the first time, that I need more money to do the job." And, we applaud him for that. Because he has been underfunded, he has had to initiate, as any administrator would, plans to—you're a business man; it takes $1,000 to pay the bills at the end of the month for your business, but you only make $500. Your business is going to collapse. So, if you underfund the VA habitually, the only thing that he can do is close services, close facilities, cut access, to make up for the lack of funding. Now, they're not going to reduce the salary of employees. They're not going to make people tighten their belts in the bonuses that they give doctors.

They're going to do it the same way that the Department of Defense does it, on the human [side]. They're not cutting money on the maintenance of an F-16. They're cutting money, they're saving money on the backs of the combat soldiers that come back from this war. So, Secretary Principi stood up and said, "I need more money." The fact is that they're afraid that they're getting ready to get hit with a big wave of people, and they're not going to have the ability to take care of them all, and that's something we're having to address Congress about. Now, there are others, I call them spinmeisters, they'll say, "Oh well, you know, we're doing fine because there's enough people dying, or not using VA services, that the influx, it'll be kind of an even transition. As the new vets come in, the old vets either die or they no longer use the services," but the numbers don't bear it out. If your secretary, your boss, stands up and says, "I need more money," that's something we ought to pay attention to.

EIR: I know there are proposals to make it mandatory funding.
Robinson: And there are people who are against mandatory funding because they think that mandatory funding takes away the VA's ability to allocate the money that they get the way they want to, and we agree. The VA gets money to take care of those who have been injured or wounded in war. They should not be conducting research on finding the fat gene, and they should not be conducting research outside of the scope of the injuries and illnesses that happen to soldiers; and they could probably save a lot of money if they would focus on that. It says, right on the wall, "To care for those who bore the burden"; not to discover the fat gene.

EIR: That comes from Abraham Lincoln's second inaugural speech. He made that as a commitment that the nation should take on.