



'It's Very Distasteful To See What's Happening to Returning Veterans'

Steve Robinson is an independent consultant on the nature of the care of the returning veterans from the present wars in Iraq and Afghanistan and their unique needs. He has previously worked with the National Gulf War Resource Center and Veterans for America, as an advocate. A retired Army Ranger, he is a veteran of both Operations Desert Storm and Provide Comfort. His last assignment, prior to retiring in 2001, was as the senior non-commissioned officer in the Preliminary Analysis Group, Investigations, and Analysis Directorate, Office of the Special Assistant to the Secretary of Defense for Gulf War Illnesses (February 1999-September 2001).

Robinson was interviewed by Carl Osgood on April 26.

EIR: You were aware of conditions at Walter Reed, and the treatment of soldiers there long before the *Washington Post* broke the story. Can you give us a little bit of the background?

Robinson: I came out of the Office of the Secretary of Defense, where I monitored force health protection policy, and I got kind of a college degree in understanding how the civilian leadership and the military leadership interact to create policy. While I was in that office, I became discouraged about the way that the civilian leadership often obfuscated the facts. So, when I got out, I became executive director of the National Gulf War Resource Center.

In the course of doing my job, helping Gulf War veterans from 1991, Sept. 11 [2001] occurred, and the nation went to war. As soon as the nation went to war, we had a meeting with William Winkenwerder [Assistant Secretary of Defense for Health Affairs], in which we talked about the fact that soldiers were already in Afghanistan, and we were seeing soldiers showing up at Walter Reed. We were concerned that if we were going to war with Iraq, it was going to be a different war because it was going to be urban combat, and that required a different kind of response.

Rick Weidman and I met with Winkenwerder and one of his deputies—I believe it was Ellen Embrey—and we talked about the fact that we need to stand up robust mental health care treatment because urban warfare creates trauma in a different kind of way than, let's say, the first Gulf War might have.

So, we began to track soldier issues. Five days after the war started, March 25, 2003, I was testifying before Congress

about the needs of these soldiers—chemical- and biological-protective-measure needs, because there were huge systemic failures: The M8 alarms were broken, the suits were defective, there were body armor issues. Also there was a need for robust care programs when soldiers came home.

So, in 2002 and 2003, we were looking at the systems. March 20 [2003], the war kicked off, and we saw immediately—soon thereafter—planes starting to come back with wounded soldiers, showing up at Walter Reed, and that's when I started going down to Walter Reed. From 2003 to 2004, I was going to Walter Reed at least two times a week; I was working in Silver Spring, Md., and it was right around the corner.

I would go there, and I would sit down in the smoking area, and soldiers and their families would come out and they would start talking, and I would just listen and hear them talking about not getting appointments, and how their disability process was screwed up: "I can't get the surgery that I need," "I'm not getting the support from my chain of command,"—those kinds of things. So, I started to introduce myself to the soldiers, giving them my card, and talking to them. We began to develop a picture: that when you came back from war, at Walter Reed, or at Bethesda, or other places around the United States, there really wasn't a good system in place to help the soldier navigate what I like to call the most bureaucratic workmen's compensation claim known to man, which is the Army's, and the military's, discharge process.

Some of the things we identified were: that DoD [the Department of Defense] wasn't collecting the information that the soldiers needed to transition into the VA [Veterans Administration], that the patient-tracking applications were broken, that inpatient medical records weren't making their way back to the United States, and that soldiers had to write letters to commanders who were fighting a war to help them with their individual cases, to get medical records from the CASH [Combat Area Support Hospital] units where they had been treated.

This picture started to develop, and I started working on individual cases, trying to help individual soldiers and families. One of the most high-profile cases was that of Matt Labranche. His story was featured in the *Los Angeles Times*. It was called "These Unseen Wounds Cut Deep." Matt was a soldier who came back suicidal and homicidal; he was stuck



A physical therapist works with a wounded soldier at Walter Reed Army Medical Center. When Robinson requested information from the Administration about how many people were getting injured, it was treated as a “national security” secret.

at Walter Reed for over two years, and he was on heavy psychotropic medications. He clearly had severe PTSD [post-traumatic stress disorder], and when he went through the disability/discharge process, they rated him fit for duty.

EIR: And he was on psychotropic drugs?

Robinson: Big time. And he was suicidal and homicidal, still. He had just gotten out of a lock-down psych ward when they gave him his discharge paperwork. They rated him at zero percent, and they told him to go back home to the state of Maine, and I thought it was crazy, because he didn't get the kind of mental health care he needed. Within a week of getting home, he threatened to kill his wife. He got busted by the cops for making that threat, and was going to appear before court. I had to call down and speak with the prosecutor, and say: “Look, this is a guy who has been failed. Let's not fail him twice. Let's get him into the VA health care system and

try to get him some help.”

There was another case that I worked on, Lt. Philip Goodrum. Lt. Goodrum was locked down in the psych ward inappropriately for 14 days for administrative reasons. His case revolved around the fact that when he came back from war, he tried to get mental health care at Fort Knox, and they told him he didn't deserve mental health care because he had been quoted in a story that said people weren't getting appointments; and so the command retaliated against him and said, “Not only are we not giving you appointments, you're not allowed to be here anymore.” This was really weird because he was assigned there, and he was supposed to be there.

Lt. Goodrum had a panic attack. He got in his car, and he started driving down the road and the interstate the wrong way, going five miles per hour. I got a call from his girlfriend, who said: “Philip is on the highway going the wrong way. He's having a panic attack. We need help.” So, we got hold of Philip, and I told him: “Drive to the nearest military installation. Check yourself into the emergency room. Tell them that you want to be assigned there and that you need mental health.”

He drove all the way to Washington, D.C., and he came to Walter Reed. I went down and met with him and got him into Walter Reed, and we started working his case.

Over that period of time, which was about two-and-a-half years, his command wanted to punish him so badly that they tried to court martial him for leaving Fort Knox when they wouldn't treat him for mental health issues. In other words, they said, “You went AWOL.” Well, they directed him to leave and we have the evidence to prove it. So, a two-year battle ensued, where I got a lawyer for him, and we helped him with his court martial case.

It was during that time, in late 2003-early 2004, that I got fed up with the number of cases I was seeing, and how poorly these guys were being treated. I happened to be walking through the command suite at Walter Reed, and as I walked by, I looked in and saw General Kiley.

At that time, he was the commander of the hospital. I had never met him, but I knew who he was because his picture is on the wall when you walk in. I went into the command suite, and I said, “Sir, may I talk with you for just a moment?” He said, “Sure, what's up?”

And, I said, “You've got people in the barracks drinking themselves to death. You've got family members who are sharing the soldiers' drugs” (and this was happening. I met a mother whose son was a double amputee and she was taking his morphine surrets). “You've got people twiddling their thumbs. There's no one helping them learn how to deal with their injuries or how to reintegrate back into society. You've got people that are in the Molone House that you don't even know are here, and have been med-evacuated from Iraq.

“I met a soldier who had been there for six months. He'd never been to a formation. He'd never been to an appointment. He was simply living in the Molone House, day to day, just

doing his thing.” I said “You’ve got problems.”

Kiley turned and said, “Look, talk to my sergeant major.”

So I talked to his sergeant major, and I said the same thing. I never got a response, I never got a “thank you,” and I never got a “we’ll follow-up with you.” What I got was, “Who are you and why are you here telling me that I’m not doing my job?” And that’s been the problem throughout this whole process.

So, I continued to work on individual stories. Behind the walls of Ward 54 was the Lt. Philip Goodrum story, where he was illegally locked down. . . .

I started realizing that the only way I was going to get their attention, if they wouldn’t listen to the things we were delivering to them, was to get somebody else to fact check it, and somebody else to second-source it.

So, I started bringing reporters to Walter Reed to meet these soldiers and, at first, everyone was saying, “Well, we have to ask permission to get on Walter Reed, go through the PAO [public affairs office].”

And I said, “No, you don’t, because anybody can get on Walter Reed. All you have to do is show a drivers’ license and you can get on Walter Reed.”

And so, the reporters would go and they would meet with soldiers. They would take them off-post and they would interview them and talk to them; in some cases, they would interview them on post. And, so we got really good stories out in the *New Yorker* magazine, Danny Baum. We got NPR, Joseph Shapiro. We got some *Washington Post* stories about a sergeant major who had come back and hung himself and was left in his room for 13 days before they found him—just problem after problem after problem.

If you go back in Google or LexisNexis, for “Walter Reed,” starting in 2002, you’ll see these stories popping up, and [Army Vice Chief of Staff] General [Richard] Cody and [Secretary of Defense Robert] Gates and [former Army Secretary] Togo West have mentioned the dearth of information on this problem that existed in the media, and also in the GAO, and in Congressional hearings.

At the same time that I was doing this, I was also testifying before Congress. I testified before the Subcommittee on Oversight and Investigations, [chaired by] Chris Shays [R-Conn.], about Walter Reed. I testified before Land Forces. I testified before the Veterans Affairs Committee. I testified before the Senate Armed Services Committee.

It isn’t all clear in my head, yet, why it took so long for things to get traction, but it was clearly evident to me that Congress, the DoD, and the VA all knew what was going on, but there wasn’t a lot of sunshine happening in this Administration, and I was seeing that in the fact that when we requested information about how many people are getting injured, how many people are getting discharged—anything that we wanted to know—it was like “national security,” they weren’t going to tell us.

Then I started going out to different mobilization and

demobilization sites. In late 2004, I got a phone call from Mark Benjamin [Mark Benjamin was reporting for UPI at the time. He has since joined Salon.com—CJO] and he said, “This guy just called me up and said that he’s in a formation of people that are on medical hold. He’s a senior NCO [non-commissioned officer], and the colonel came out and told him: “Don’t write your Congressman. Don’t cry to your Senator. If you don’t like what’s happening here, then you can go AWOL, and shut up and do what you got to do to get out of here. We’re doing the best we can.”

EIR: So, soldiers were being basically told to not talk about. . .

Robinson: They were being ordered not to talk about what was happening. And, when I heard that, I thought, that doesn’t sound like the military I was in. I said, “I can’t believe that’s happening; what do you think we should do? Let’s get on a plane, maybe, and go down there and fact check this.”

So, Mark [Benjamin] and I got on a plane and we went to Fort Stewart, Ga. Once we got on the base, he went one way and I went the other, and we met later on that day and compared notes. We talked to soldiers. We went to the medical hold. We went to the hospital. What we found was that soldiers weren’t getting mental health care. They were being housed in barracks that were not designed for wounded soldiers: no air conditioning, no running water, open bays, rats—all the things you don’t want people with wounds to be living in.

And then, there was case after case after case of soldiers coming up and saying, “They’re not evaluating my total injuries; they’re only evaluating one thing,” or “They sent me to war and I only had half a lung and they knew it,” or “My leg was broken and they sent me to war anyway” . . . all these different problems.

So, Mark went back to write a story. I came back and went to the Senate. I went to Sen. Kit Bond [R-Mo.], and I went to Sen. Pat Leahy [D-Vt.], because they were with the National Guard Caucus, and I had worked with them on some previous issues. I told them what I saw, and they said: “Okay, let’s second source that. I want you to take my staffer down there and show him.” So, we went back with the Senate staff. . . .

We did several different installations—Fort Campbell, Fort Knox, Fort Stewart, and a couple of others, and they got a sense of what was happening: Soldiers waiting a year, two years, for the medical evaluation board process. Soldiers being inappropriately discharged. A lack of mental health care providers so that soldiers had to wait. Problem after problem after problem.

That resulted in a Congressional hearing, and they responded by funneling some dollars to the installations so they could hire more mental health care professionals, and they got them out of the ratty barracks, and they said they were going to do a better job. Still, that didn’t do anything to address the people who had been inappropriately discharged or inap-



Lt. Gen. Kevin C. Kiley (ret.), M.D., was commander of Walter Reed until 2004. "It just seemed like General Kiley wasn't taking ownership of the problem," Robinson says. Kiley was fired from his job as Army Surgeon General in March 2007.

propriately deployed.

So, we kept following the issue. Every time I would get a case I would call somebody in the House Armed Services Committee, or somebody in the Senate Armed Services Committee, and I got no traction with them, because at the time it was a Republican-dominated Congress and nobody was interested in holding hearings. Things started to change around 2005-2006, when the amount of casework that we had done had become so overwhelming that it was hard to ignore anymore.

We identified key Senators and key Congressmen, and we found out what was going on in their backyards and then delivered the information to them for disposition—kind of putting them on the record to say: "Look, this is what we're finding. We want you to do something about it."

For the most part, while we were able to help some soldiers, there were a lot of them that we weren't able to help because the Congressional process seemed broken. What I mean by that is . . . normally, when a soldier calls Congress and says, "I've got a problem," there's a field rep that takes their information. They background check it, they make sure what the soldier is saying is accurate, then they write a letter to the DoD, which goes to a liaison, who then does an independent investigation to determine if the allegations are correct.

But somewhere around 2005, 2006, the DoD stopped sending those Congressional inquiries to the independent review and began to hand deliver them to the units where the allegations occurred. The commanders who may have been responsible for some of the bad behavior were then writing the responses to Congress, and sometimes forging the responses and asking the soldiers to sign a document that they didn't write.

EIR: Was that directed? They weren't leaving the commanders to decide to forge responses on their own, were they?

Robinson: What they did was this: There used to be a directive that said, "This is how the Congressional process works.

When you get a request from Congress, you send it to the independent review liaison office that exists within the garrison command, and then someone outside of that chain of command does the investigation to determine the validity of the claim."

What we were finding out was that they bypassed that process, and sent the requests all the way down to the units where the problems existed. And so, it was like Enron investigating Enron, "Please tell us how you're doing with people's 401-K's."

We had cases where commanders wrote the statements, and they said, for example: "My name is Private Smith. I am totally misinformed about my previous letter to Congress. My command is taking care of me. I am getting all of the appropriate care that I need. Please know that the Army cares about me."

So, we called the soldier up and asked him, "Did you write that?" and he said, "Not only did I not write that, but I didn't sign it." And, some of these letters were making their way back to Congress. So, we brought that to Congress's attention.

Then we had story after story after story from across the nation. I can't tell you how many times I've been on TV, how many times I've been on National Public Radio, how many times I've been on radio, and all the print journalism where we're revealing all these systemic failures. But it just didn't get any traction, and then [Washington Post reporter] Dana Priest wrote a story about Walter Reed.

It was interesting, because Mark Benjamin had written these stories. Salon.com, of course, is not the *Washington Post* in terms of its readership or its stature, but the reporting was solid. And so Mark's opinion, and my opinion, was that whatever advances the story, great. We're glad the *Washington Post* did it.

Immediately, there was a request from Judy Woodruff from PBS Newshour to come on air, and at the same time, General Kiley was invited. We were sitting during the interview and Judy asked the question, "So, when did you know, General Kiley, about these problems?" And he said, "Well, we started seeing a little bit of information." He was talking about mold and mice. He wasn't talking about the big systemic failures. "Oh, around 2006, we started hearing stuff."

And she turned to me and asked, "Well, when did you know?" I said: "Well, it's interesting that you bring that up because I met with General Kiley in late 2003, early 2004, and I told him about these problems," and I referenced the soldier Lt. Goodrum whom I was fighting for at the time. "So I know that they know that it existed," I said, "but all you have to do is turn to the media reports. Anybody that claims, or feigns, that they don't know what's happening is lying, and that includes Winkenwerder, [Undersecretary of Defense for Personnel and Readiness David] Chu, and the civilian leadership, because we had met with them and testified with them."

Most recently, the cases at Fort Carson and across the nation keep coming in. After the Walter Reed story broke, the



Cpl. Jess Levens

Wounded veterans talk with the USO's Genna Griffith at Walter Reed in 2005. Robinson found that in several installations across the country, soldiers were waiting a year or two for the medical evaluation board process, or for proper treatment, sometimes in terrible conditions.

DoD decided to act under Secretary Gates, and it was a good thing, because why should he inherit the pile that was left behind by Secretary Rumsfeld? He has the opportunity to clean house, to get things right, so he stands up his commission. Then, shortly thereafter, the President announces a commission. Then you have the VA announcing a commission.

And so, we started getting calls to talk to those people. I met with Togo West and John Marsh, days after they got their offices set up, and we talked to them for probably about two hours. I detailed to them everything that we knew and what the problems were, and then maintained communication with them while we were funneling cases to them as examples.

At the same time I got contacted by the DoD IG [Inspector General] which is also doing its own review, but nobody knows about it; they're going to be releasing their report sometime in the near future. They brought me and Paul Sullivan in, to sit down and tell them what we were seeing both in the DoD and the VA. We gave a couple of hours' interview to them. We're sending cases, now, to the DoD IG—case after case after case. When this thing happened, and our name came up on the radar screen as somebody who was working individual soldiers' cases, we started getting contacted by hundreds and hundreds of people who needed help. And my investigative capacity is very limited, and so, we started to refer those cases on to the DoD IG, referring them to the President's Commission, and referring them on, so they could get a picture of what it looks like when you find yourselves with those problems.

Then, sometime later, the President went to Walter Reed, and he basically drew a line in the sand and said this is unacceptable. From this day forward we're going to do the right

thing. But what that didn't correct is, all the people that had been failed up to that point. What were we going to do about the people who had honorably served and had been failed? Now there's no mechanism to bring them back in and correct their discharges. They want them to go to the Board for the Correction of Military Records, which is still deciding cases from Korea and Vietnam.

So, finally, I wrote a letter to the Senators that I've been working with, saying: "At what point is Congress going to engage itself and conduct an investigation? You have the Gates Commission, DoD; you have a VA review, you have a Presidential review. Congress has not called for a GAO investigation of these problems. When are we going to do this?" And the lightbulb went off in their head that now it's time to do it, so, on May 3, I'm leading a Senate delegation to look at all the cases, and talk to the command, and hold people accountable.

EIR: You mentioned Robert Gates taking action immediately. Aside from setting up the Independent Review Group, which you mentioned, he also fired, first, General Weightman, the commander at Walter Reed, and then [Secretary of the Army Francis] Harvey. General Kiley went through about a week of Congressional hearings before he, too, left; he was asked by Gates to put in his retirement papers. You already said what you thought Kiley's responsibility for the situation was. What about Weightman and Harvey? Weightman had only been in command a few months.

Robinson: He inherited everything that commanders before him had not done. There's a little bit of a back story to this, because . . . I got a meeting with the senior staffers with the Senate Armed Services Committee at the time when Kiley was still in charge, and there was some question as to how much he was culpable in all this, and I'm in there briefing the Senate Armed Services Committee staffers, and in walks Sen. John Warner (R-Va.), and he comes over and he sits down and he says, "Tell me about General Kiley."

And, I said, "Well, I'm assuming he's a good guy. He can't get to that position without having some kind of knowledge but, honestly, he should've known, and I can tell you that I met with him and told him about some things he didn't act upon." People think General Weightman was a sacrificial lamb, that the heads that should roll are much higher up, to include: we haven't even begun to discuss the fact that, in reorganizing the military, in Rumsfeld's plan to make the military leaner, that David S. Chu and William Winkenwerder had been responsible for programs that have created this situation.

And that needs to be discussed: 21st Century military,

transforming, outsourcing, contracting—all of those things have created the situation where we find ourselves, today. And, by the way, this is reinforced, now, publicly, by the DoD. General Cody said the other day that these problems started about 40 years ago, but, more interestingly, he said that the disability problems started with Caspar Weinberger rewriting the way the disability process works in the Reagan Administration. That story came out the other day. Nobody really kind of understands that.

So, I'm talking to John Warner and he's asking questions and his jaw is dropping. I'm saying things that I know he's saying to himself, "Not in my military, not under my watch; these things aren't happening." But they were! And, so he thanked us and he left. I continued to talk with the Senate Armed Services Committee staff, and when I left the room, I got a phone call, that General Kiley had been fired. He'd been told to leave.

I don't know if it had anything to do with discussions that I had with Warner, or if it was just a combination of things that. . . . It just seemed like General Kiley wasn't taking ownership of the problem, especially in saying things like: "I don't inspect barracks. That's not my job."

So, a lot of head cutting and head rolling started to happen, and some of it was appropriate, and probably some of it was not. The rap on Weightman is that he's a good guy, and that he knew there were problems, and that he was trying to do something about it, but he just became a victim of "wrong place, wrong time." Other people escaped, but I don't think it's over, yet. I think that Winkenwerder, who basically saw the writing on the wall and left before any of this could happen, and Chu, who's still there—I think there's some culpability there that needs to be discussed.

EIR: Let me follow up on two issues that come out of what you were saying about Chu and Winkenwerder, because both of these came up during the month of March, one directly in relationship to Walter Reed, and the other with the medical system more broadly. At Walter Reed, of course, is the issue of outsourcing, which was a major topic of the first Congressional hearing by Rep. John Tierney (D-Mass.), in the auditorium at the hospital.

The other issue is the military-to-civilian conversions which were mandated, really, from the Office of Management and Budget. These two things were causing a great deal of turbulence in the specific case at Walter Reed, but also at Bethesda, the naval hospital, and were causing turmoil among military medical personnel. What is your assessment of those particular issues?

Robinson: They're hugely and directly related to what ultimately ends up as a failure in the ability to deliver services, whether that's a mental health care service, or an orthopedic appointment, or a case manager, or somebody who up keeps rooms. The idea of outsourcing all of those jobs, and taking jobs that traditionally were military people and turning them

into civilian contractor jobs, has created a situation where perhaps people aren't maybe as dedicated to what their job is and don't take a lot of pride in what they're doing. Although there are great contractors, and I've met a lot of people that are really good, I think what happened there is definitely connected to the failures. . . .

With almost every management efficiency that has been implemented by Chu and Winkenwerder, the net result has been longer delays in getting health care and more time required to process a medical evaluation board. Not buying the right equipment, for example, screening tools for traumatic brain injury. Not using state-of-the-art technologies in screening the mental health care needs of returning soldiers, for example, a paper questionnaire, a self-reported questionnaire, versus a face-to-face clinical interview with a mental health care professional.

At every step of the way, when we identified a problem in a system, in which they had created these phony management efficiencies, they basically thumbed their nose at us and said, "we're going to continue to do what we're doing," even though, Dr. Charles Hogue wrote a study that said 35% of the returning veterans are going to seek mental health care services, and the GAO said that the self-reported questionnaire wasn't working. And so, these failures kept stacking up and stacking up, and those guys haven't been held accountable, yet.

EIR: It seems to me that the Independent Review Group pointed to these problems. They discussed the effect of the outsourcing. Their lead-off finding was the lack of leadership from the top levels of the Pentagon. They talked about the effect of the BRAC [Base Realignment and Closure] decision to close Walter Reed. They basically said that the MEB/PEB [Medical Evaluation Board/Physical Evaluation Board] process needs to be completely overhauled. I think some of their recommendations could be discussed, like the BRAC decision. There's clearly some sentiment in Congress to reverse that altogether, whereas the IRG proposed speeding it up, because they think that that's going to give to the military what the BRAC plan promises.

Robinson: I'm not sure that the BRAC plan ever gives what it promises. It's kind of like the VA. They have the same kind of program. It's called CARES, Capital Asset Realignment for Enhanced Services, which means closing hospitals.

I'm not sure that ever delivers what it promises, but one of the things that was interesting about the IRG recommendations, which was the opposite of what BRAC had proposed, was, they said, "Let's build the new hospital." I don't think anybody cares whether they build a new hospital or not. There's some question about whether it's going to be a viable location. I've been to Bethesda, and it's difficult to get there during commuter hours. If you turn it into a major super center for every single person in the Military District of Washington, D.C., retirees plus wounded soldiers, it's



Sen. John Warner (R-Va.) talks with a soldier in Iraq in 2006. A World War II veteran, and ranking member of the Senate Armed Services Committee, Warner listened with shock to Robinson's report on conditions at Walter Reed and other Army installations.

senate.gov

going to be a bottleneck.

I don't care if they build a new hospital, but I don't want to see them close Walter Reed without funding Walter Reed until that new hospital is built. I don't think they have a plan in place which will seamlessly close down one facility, and then stand up the next one, and have the same capability and capacity. So, yes, there's a lot of question about the IRG's recommendation to go ahead.

And then, you've got the whole thing where people are trying to save Walter Reed—Eleanor Holmes Norton and others trying to save Walter Reed—because there's a whole retiree population. . . . I used to get my care at Walter Reed. When the war started, I had to stop going there because I was competing with wounded soldiers for care, and the retirees that live near there, so I stopped going there because I couldn't get an appointment.

I can imagine that it's going to get worse if we take the capacity of Walter Reed and move it to Bethesda, and all that retiree population that was going to Walter Reed would now go to Bethesda, and the people that are near Bethesda, they start going there, too. . . . I don't know.

EIR: Aside from that, what is your view of how well the recommendations might be implemented?

Robinson: When Togo West and John Marsh briefed the President's Commission . . . the charter of the IRG was limited to Walter Reed and Bethesda, but they collected tons of information on things that were happening around. So they came back to the President's Commission and said, "Even though our charter was limited, here, we think there's a much bigger problem that you need to investigate." And Marsh and

West said something that was very striking. They said: "You know what's wrong. The question is whether or not we will actually implement these recommendations that we are giving."

I've seen a lot of commissions, and I've seen a lot of hearings, and I've yet to see us actually implement and fix the things that we know are wrong, so that is the million-dollar question. Will we spend the money that is needed to fix the system? I've got to say that I think there's a reluctance to deficit-spend on the care of soldiers when they come home, but they have no problem at all pouring as much money as needed to fight the war. And I believe that becomes a national security issue.

Less than one percent of the population that lives in this country is serving, and the people that do serve come from families who have previously served, and the more you screw that population over, the less they're willing to join—and then we have to start talking about a draft. . . .

EIR: It seems to me that George Washington warned us against treating war veterans badly.

Robinson: He did. There's no doubt that Americans will rise to the occasion if something ever happens that threatens our national security here at home. But to involve yourself and spill American blood on things the American public doesn't think are in our best interests, and then to see the systemic failures of that folly, and what it produces in terms of consequences of war, and how we don't take care of them when they came home: It makes it just really unpalatable. It's very distasteful to see what's happening to the returning veteran, and America's seeing it.