
Interview: Steve Robinson

Stop the Coverup on Gulf War Illnesses

Steve Robinson is executive director of the National Gulf War Resource Center, an organization which helps Gulf War veterans with health issues stemming from the 1991 Gulf War. He is a retired Army Ranger, a veteran of both the first Gulf War and the 1991 Operation Provide Comfort in northern Iraq. His last assignment before retiring from the military 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). He was interviewed on Aug. 20, by Carl Osgood.



EIR: How did you get involved the Gulf War illness issue?

Robinson: I retired October of 2001, and on Sept. 11, I was on terminal leave, processing out of the military. So I started a new job, I was on an airplane going to Egypt to do some work, and, of course, Sept. 11 happened, and we got diverted to Greece, and I got stuck in Greece for a little while. My last assignment was with the Secretary of Defense, and the role that I had there, was I was in the Deployment and Analysis Group, which was responsible for developing information from multiple sources, from veterans of the first Gulf War, from intelligence, and media reports, to develop those things into issues that could be given to senior analysts for review, that needed investigation. I also handled immediate-action requests for information from foreign nationals and dignitaries, with the officer in charge, and routinely reviewed a lot of information coming from different sources.

In doing my job, I began to develop an opinion that, although there were many people in the office that I worked in, who were well-intentioned, the leadership at the top had a preconceived idea of what Gulf War illness was, and what it wasn't, and they were promoting their agenda, which was "stress." . . . I worked there for three years. As you can see on the wall, that's a plaque that they gave me when I left: I did not leave a disgruntled employee. The things that I took difference with while I worked there, I said them while I

was there. I wrote down memorandums that are part of the historical record, and often, nothing was done about the concerns that we raised. . . .

When I left there, I was so mad that my legacy was having worked in an organization that leaned away from the veteran, that I wanted to do something to fix what I had been a part of. And, since I couldn't change it from the inside while I was there, I got offered the job to come work in this office. I got offered the job of executive director. Now, at the time, they were paying about half of what I made while I was on active duty. It was a substantial pay cut, but I was so pissed off about what I had seen and what I knew, that I told them I would come and do it, and try to make a difference. I've been here now for about two years and something, and in that time we really shook the Earth about some substantial issues; we've changed perceptions about whether or not Gulf War veterans are ill, and what they are ill from.

What I knew from the inside has been reinforced by science. Scientific data is coming in that shows, for example, that low-level exposure to sarin can have long-term health effects; that the drug pyrostigmine bromide that was given to veterans can cause testicular damage. As medical findings begin to present themselves, it reinforces what we've been saying all along: that when veterans came home and began to complain of illnesses, they were ignored. And rather than turning over the stones to find out what happened, the Department set out on a campaign of obfuscating the truth, and manipulating the news and the science, to promote their theory, which was "stress."

EIR: "Stress." I find that kind of amazing because this was a relatively short war.

Robinson: It was a very short war. If you compare the first Gulf War to this Gulf War. . . . First off, let me say that stress is a factor in illnesses . . . but the Gulf War was a hundred-hour war, with limited actual combat, long-range engagements, very few people actually seeing death—maybe driving past it. For those people it can be significant; for the vast majority it was a limited thing, not much more stressful than going to Ranger school, or some other type of thing. To get that on the record, stress *can* be a factor, but it can't be the sole factor, which is what the Department said. The Department ruled out chemical-weapon exposures by saying that, early on, there were no chemical-warfare agents in the theater of operations. This was a lie they maintained up until 1997.

EIR: There was a bunker that they blew up—

Robinson: Khamisiyah.

EIR: Everything I saw on that—they never even inventoried what was in the bunker before they blew it up.

Robinson: Actually, documents have proved that the CIA knew that Khamisiyah was a chemical-weapons storage facil-

ity, going back to, at least the late '80's. Other people that I am in communication with, that were actually on the ground, have commented that the military must have known that it was a chemical-weapons storage facility, because some units were stopped short of coming to the actual location, and were required to receive inoculations for certain things. The military says that it was a mistake—kind of like the Chinese Embassy bombing—where somebody just didn't get the information into General Schwarzkopf's hands. General Schwarzkopf, unfortunately, won't give us access to all of the logs and information for incoming and outgoing message traffic, which would confirm or deny whether or not he knew Khamisiyah was a weapons storage facility. . . . But, the CIA knew that it was a chemical-weapons storage facility, and the engineers on the ground did not, and they went and conducted a normal demolition operation, and then went on about their business.

We find out some 12 years after the fact, hundreds of thousands of dollars spent on research looking at stress and other things in Gulf War veterans . . . that potentially as many as 300,000 people may have been exposed!

The government's original estimates started off like this: They said, maybe a hundred people might have been exposed. Then, a couple weeks later, they came back and said, it could be as many as a thousand. Then they came back and said, it could have been 10,000, and the estimate stood at about 140,000, for about five years. Then the GAO [General Accounting Office] did an investigation, to look at how the Department modelled Khamisiyah and what information they used, and they found their modelling was flawed, and that they underestimated the strength of the sarin contained within the rockets; they completely miscalculated the direction of the wind, the degradation of the Sun, and the speed and direction that the agent could have travelled; and by doing all those things, they limited the potential exposure, and they published a report. That report was used to deny veterans benefits at the Department of Veterans Affairs [VA], because according to the Defense Department, there was no exposure that would cause a long-term health effect. Therefore, if a veteran claimed chemical-weapons exposure at Khamisiyah, the VA could rightfully say, "Well the DOD says nothing happened that would cause a long-term health effect, because we've modelled it." But, we now know that that model's flawed. The GAO put out a study just recently that said the model's flawed, and as many as 300,000 people could have been exposed.

Now, sarin exposure, chemical-weapons exposure is just one event of many events that could be a causal factor in why people are ill. Let me list them for you: . . . depleted uranium, chemical- and biological-weapons exposures, pesticides used in the Gulf War, investigational new drugs and vaccines, and environmental factors, like oil-well fires, endemic diseases, sand. . . . Science has shown that the reason why everybody didn't get sick, is because some people have a genetic predis-

position to be protected from these types of exposures, and others have the genetic predisposition to be like sponges, and be harmed from these exposures. And it turns out that the statistical amount of people that have this genetic predisposition is about 30%, and consequently, about 30% of Gulf War veterans have reported significant illnesses, debilitating illnesses. And so, the science is all starting to come together on this issue.

EIR: Let's fast-forward a little bit. There was some legislation—

Robinson: Public Law 105-85, subsection 762 through 767. This dealt with lessons learned from the Gulf War, supposedly. It started off as a concept by the Joint Chiefs of Staff. They needed a way to mitigate the debacle of Gulf War illnesses and how the government was handling it. Their idea was, if we had screened soldiers before they deployed and then screened them after they came back, we could show that there were no changes in their blood and that there are no toxins or chemicals in their blood, thereby proving to them that nothing that happened during the war is what made them sick. And so, in a document called Joint Vision 2010, which is the future vision of the military, they came up with the idea of "force health protection."

Force health protection was a concept that said you screen soldiers medically before they deploy, then you conduct a routine surveillance while they are deployed to look for emerging diseases and trends, and then you screen them when they return. Congress took it a step further and said, "That's a great idea; let's include that when you screen them, you also draw and store their blood in the before phases and draw and store their blood in the post-deployment phase, and screen them for mental concerns that may have arisen out of the conduct of war." And that was their intent in the public law. . . .

This concept was developed when I was in the Department of Defense, and I would go out and brief commanders, and say, "This is what we are now doing, and you guys got to get on board, and let's do it to protect the troops." Then, I retired and I noticed that every person I ever talked to in the field would look at me as if something was growing out of my forehead whenever I would say "force health protection." They hadn't heard of it, didn't know what it was, didn't know how to implement it. Nobody in the medical command knew what it was. . . .

Then, there was a hearing on March 25 of this year, in which I testified, and a hearing on the 26th, in which the Vietnam Veterans of America testified. Congress asked DOD why they weren't following the law; both hearings, two different committees, Dr. Winkenwerder, who is the Assistant Secretary for Health Affairs, said, hey, we're doing what we believe the law intends. And in both hearings, both Chris Shays and others in the House Veterans Affairs Committee, said, no, you're not. The black letter of the law says that you're



U.S. soldiers during a sand storm in Iraq, April 2003. Inhalation of sand can cause respiratory illnesses—although the Pentagon denied it for 12 years, after the first Gulf War. Today, while hastily ruling out chemical and biological weapons as a cause of unexplained illnesses among troops, the official line is, “It’s probably sand.” “So, it’s interesting—the public relations strategy that’s going on,” says Robinson.

supposed to draw blood and conduct a hands-on physical, before, during, and after, and you’re not. And what are you going to do about it?

Well, on April 30, when we were well into the war, they admitted they were going to enhance their post-deployment screening process. . . . They were in violation originally, because they were just handing out a questionnaire, instead of doing an actual physical of soldiers. So, they said they were going to enhance the questionnaire, the returning soldiers will see a clinician, and they will have their blood drawn and stored. So, it was a half-victory, because they had missed the opportunity to screen 300,000-something people before the war started.

And that’s where we’re at right now, because we’ve got some illnesses in Iraq: People are dying in their sleep; people are falling off of buildings; people are having mysterious pneumonia-like illnesses and falling into comatose states in a rapid onset of illness. If the Department had collected the pre-deployment serum, and we could look at, in the case of people who have died, look at the post-mortem tissue, we might be able to—. It’s like a puzzle. If you can say, well he was healthy here, and he’s not healthy here, and here are the changes in his blood, or here are the cellular changes—because we can look at blood to the cellular level. We can look at a molecule and see shifts in T-cells, cytokines. . . . We can see that something happened, and forensically try, to figure it out.

Right now, I don’t know what they’re going to do. The Department has identified that there are some illnesses. We’ve asked them to send the CDC [Centers for Disease control] over there.

EIR: What the Army has said is that they have identified approximately 100 cases of this pneumonia, 17 serious enough to require medical evacuation from the theater of operations, and two that they say have died in connection with this.

Robinson: In my estimation, and we’re tracking it, it could be as high as seven who have died of the complications of this pneumonia-type illness. Here’s a letter I’m sending to Secretary [of Defense Donald] Rumsfeld. Here’s another one from another family, the Kolunga family. . . . The family was told he died of sudden onset pneumonia, and then after they started seeing that, they also noticed he had acute onset leukemia. . . . If there had been screening before he deployed, and it does turn out he had leukemia, you should have caught that before you deployed him. . . .

There was another female who was medivac’ed and nearly died; she was in the newspaper as having tried to receive benefits from the Department of Veterans Affairs. What happened was, they medically evacuated her, and thought she was going to die. She was in a coma; but she got back. They medically retired her because they thought she was going to die, and then suddenly she recovers, and that case also appears to be pneumonia-related. . . . They’re calling it other things now; they’re calling it “filling of the lungs with fluid,” as cause of death. They’re calling it chest problems, chest pain, chest problems. We’re concerned that we’re not being told quite the truth in all these cases.

The other thing that’s really bothersome is that they were very quick to rule out a whole bunch of things. “It wasn’t chemical weapons. It wasn’t biological weapons. It wasn’t vaccines. It wasn’t anything that we did to them, or anything

that might've been done to them. It's probably sand." What's funny about that, is in the first Gulf War, as veterans began to return, we were concerned that sand may have played a role in the illnesses that veterans suffered, particularly the respiratory illnesses. Many veterans who deployed returned with respiratory illnesses that have never gone away. The sand there is very fine, approximately two microns. It's respirable—it can get into the lungs; it can get into the lung tissue. If, for example, you sprayed a dusty agent on the sand, and then a sand storm whipped up, and you breathe it, that agent could be coated on that sand, and it could go into your lungs.

EIR: I recall from my trips to Saudi Arabia that the sand just hangs in the air.

Robinson: Yes. What about depleted uranium? Can depleted uranium oxides be whipped up into the air? So, we had concerns. It was interesting this time to see the total reversal: In the first Gulf War, they said absolutely not, sand did not play a role, and, in this instance, they said sand's the role. But that ignores the denial of the last 12 years that they've told veterans. So, it's interesting—the public relations strategy that's going on.

EIR: You mentioned to me on the phone, one of the families, Neusche?

Robinson: Yes, Josh Neusche, the son who passed away, developed an upper respiratory illness and slipped into a coma. There's a lot of things that happened that I don't understand. The first one is that, as soon as he fell into a coma, the military medically retired him. . . . I don't understand what the gain is, to medically retire someone while they're in a coma, and not let the family know that you're going to do it, but they have some reason why they do it. So, first off, they medically retired him. The family found out that he was ill, and requested to get out of the country and go see him in Germany. The military made no effort to get the family over there. . . . They had to get their Senator involved, Ike Skelton. He got them emergency passports. My understanding is that by the time they got there, he was just on his way to dying. They made the family "suit up"—this is as relayed to me by the father; he said they made them suit up in all kinds of protective gear to go into the room. . . . And the family noticed that there were others getting off the buses that had the same illness, in the hundreds.

Now, this news story broke, by a little independent newspaper called the *Lake Sun Leader*, and Marsha Paxson, and it caught our eye, because we had been tracking this issue through contacts in DOD. Medical professionals in Kuwait were telling us there was an epidemic occurring, and that it was not only happening to U.S. soldiers, but it was happening to Iraqi citizens and to foreign nationals that were in the country. Something was happening and it was SARS-like. It was rapid onset of death. In some cases it was the degradation of tissues and flesh, which is very unlike SARS.

And that's what happened to Neusche. In Neusche's case, he had tissue, kidneys, and liver function problems all of a sudden, and degradation of those tissues. So, the family gets over there, and he passes away, and they return back home, and they want to know what happened, for two reasons. . . . Their son's life had meaning, there's no doubt about it; but what they're looking to do is to say, is this death that occurred with my son—can understanding it somehow prevent another tragedy from occurring to somebody else's family? So, they want answers as to why their son died, and the military initially told them, we're not going to investigate this. It's not uncommon for people to die of pneumonia. Well, that's just not necessarily true. Twenty-year-old young men don't die of pneumonia. Fit military people don't die, can usually withstand a bout of the common cold and pneumonia. And so, with pressure, they began to ask, could it be more, because we remember seeing people get off the bus. . . . And that's when the military admitted as many as 100 people had been evacuated. And that was the first deception. . . .

You don't have to be a conspiracy theorist to look back over the last 50 years and see that whenever the Department of Defense is involved in an experiment, a test, or the conduct of a treatment trial, whatever it is, or even combat operations, sometimes, like Agent Orange in Vietnam, they want to mitigate the story. It's the best way to ensure that it doesn't get out of control, and so, we were keen to that, and we noticed that they weren't telling the truth. So we started talking to people to find out if there were in fact more people ill; and the more organizations like ours and others began to probe, the more information began to flow, and they would admit, yes, there's at least 100 people, and yes, and now we're up to 17. Just recently, today, it's up to 19.

So, for the Neusche family, then, their quest was, "Let us know what happened with our son." . . . They haven't received back his dog tags, his ID card, photos he might've had in his wallet, personal items that he had with him in Iraq. They want those things to remember him. They've received no information on the status of the teams that are over there investigating. And they also requested that the CDC become involved, because they recognize, as we do—I mean, we look back on the Gulf War experience of 1991, and we see that had other outside organizations become involved—. I'm not saying that the Department of Defense is pseudo-science, they're not. But let's take Enron for example. We didn't hire Ken Lay to investigate Enron to tell us what the outcome was of the investigation. And so, when we allowed DOD, in the first Gulf War, to be the sole proprietor of information, and

**To reach us on the Web:
www.larouchepub.com**

information flow, we were almost always failed by their effort. . . . They mitigated the story and they had a preconceived idea of what had happened. . . .

So far, we have not heard back from either the President or Secretary Rumsfeld or the Office of the Surgeon General, and the families have not been contacted by the Department of Defense to update them on the current status of the investigation, or to let them know if they're going to return the personal effects. Neither has the Kolunga family been contacted. Another soldier just recently died. He's out of Christopher Shays' district in Connecticut; Shays has followed the Gulf War illness issue for quite some time. He was one of the people I testified before, on March 25, on "force health protection." Congress is becoming aware of this issue and I'm told by communications with different members of Congress, that they're interested in the families' request to send the CDC over, and they're going to look and see what they can do about it.

It's not an unusual request. First of all, it's not a budget buster. It's the CDC's job to determine the nature and path of emerging diseases and trends. This happens to be U.S. soldiers in Iraq. That's not unusual for the CDC to get involved. They have the capability; they can deploy immediately. But just recently, in a *U.S.A. Today* article, yesterday or the day before, there was an editorial piece, and it said the military should tap into the CDC to investigate this illness; and Dr. Winkenwerder responded, in the opposition to the editorial, that look, we've got experts in the Department of Defense. We've got people like Walter Reed and other scientists who have had distinguished careers in looking at epidemiological trends—and he threw out a long list of names of famous people that are all dead, and said that that's the reason why we should be confident in the military's analysis of this situation. And when I read that, I thought, that's such a lame excuse for why he wouldn't send the most competent authority to go get involved.

It's the same thing that the Department did in the first Gulf War. They prevented the CDC from getting involved. They prevented outside agencies from getting involved, from having access to medical information, to samples, things like that. . . .

This organization that we're in right now, the Vietnam Veterans of America, is working on an issue called Operation Shipboard Hazard and Defense, on the exposure of veterans to chemical-weapons testing in the '60s and '70s. But it didn't come to light until the year 2001, some 40 years after the fact. So, it doesn't serve us for this issue to wait 20 years. We're getting on it right now.

EIR: The drug that you mentioned earlier, pyrostigmine bromide—could you say something about that?

Robinson: In the first Gulf War, conventional wisdom said that Saddam Hussein had a whole bunch of capabilities, and one of them was a nerve agent called soman; and the military

has always had a forward-thinking outlook about what the potential threats are, and how do we mitigate them. Sometimes that forward thinking has focussed more on what they want to accomplish, and less on the efficacy of their actual trial. And so, they said, there's a drug out there called PB, pyrostigmine bromide, that is used for the treatment of a disease called myasthina gravis. Myasthina gravis is a very debilitating neurological disorder; and what this drug does, is it goes to the central nervous system and it binds to the receptors of these different sensory inputs and outputs, and slows the firing of different mechanisms within the body that send signals. An example would be if I exposed you to sarin, and you did not have pyrostigmine bromide, you might have an immediate absorption of the sarin; but if you took the pyrostigmine bromide, it would slow the absorption of that sarin, thereby delaying the neurological effects, and giving you a few more seconds to reach into your pocket and pull out what's called tupa chloride and atropine injector, and give yourself a nerve agent antidote. In theory, it sounded like a great idea. So, they decided, we're going to do it.

Unfortunately, the drug was not approved for that use. You can't take Viagra and give it to someone as seizure medication, just because you think it "might" work. You're supposed to conduct human efficacy tests, treatment trials. . . . So, they just totally waived all that, and said, we think it'll work; we're going to give it to them. And the President was asked to sign a waiver of informed consent, and soldiers were given the drug and weren't told what it was.

The problem was, number one, there was no implementation plan. So, instead of it being dispensed by competent medical authorities, it was put into the hands of supply sergeants and NBC officers; and they turned around and gave it to troops and said, when we tell you to take this because of a chemical attack, start taking it, and here's how many. Well, you know that if it's not written down, or if it's not clear guidance, it can get screwed up pretty quick in a big organization. Some soldiers started taking it then right away; others were ordered to stand in line and take them, mandatorily; and then, many thought, using the P factor (P equals plenty), "If one's good for me, then five will really protect me, and let me take a bunch of them." So, people started taking them and had adverse effects right away. You can't give a drug designed for people with a significant neurological problem, you can't give that drug to healthy people and not think that there's going to be a consequence. Many people had immediate symptoms and others had long-term symptoms, some of them related to their ability to produce children. It's clearly been shown that pyrostigmine bromide, in combination with exposure to organo-phosphates, causes damage to the testicles of laboratory animals.

So, all of this happened. And on the eve of this next Gulf War, after all of the scientific studies 1) that show it can cause damage to veterans; 2) that it caused damage to laboratory animals; and 3) that the DOD investigated and couldn't rule

it out as a factor in Gulf War illnesses, guess what happens before the war? The FDA approves it. They approved it as a drug. Why did they do that? They did it so the President wouldn't have to sign a waiver of informed consent. Then, they issued a protocol for how they were going to put it out.

What is baffling about pyrostigmine bromide and its FDA approval, is that it gets approved without a review process, without human efficacy trials, and it comes under a new program that was initiated under President Bush called Project Bioshield. It's a \$6 billion program designed to speed drugs to the market. And very quietly in the Patriot Act, while people were sleeping, the Department of Defense pushed for changes in the way that the FDA could approve drugs, and now, they no longer have to show human efficacy. They can simply create a drug, use it in laboratory animals, and then it can go to market. And pyrostigmine bromide was the first drug they did it with, a drug that was clearly shown—three weeks before the FDA approved it, a study came out of Duke University that said pyrostigmine bromide, in combination with organophosphates, causes testicular damage. . . .

EIR: You mentioned stress, earlier. In this present operation, people are going to be in the country for a year, and even if you don't look at the physical health problems, you already have a problem with people under a lot of stress. Literally, somebody could shoot at them when they go around the next corner. So, you combine that with the physical health problems that are developing—

Robinson: That's what's different about this first Gulf War and this war. . . . Stress in this war is going to play a major factor in what happens with these guys. Their combat was up close . . . in particular, the guys from the Third Infantry Division. They fought the war. They got themselves into Baghdad, and where normally, if planning had been conducted properly, they would have been rotated out immediately, and replaced by someone who could then take on the additional role of peacekeeping; but they didn't get that. . . . Their endorphins are popping; they're in Baghdad, and now, suddenly, become peacekeepers. That's incredibly stressful. That's just bad planning on the part of the military. In fact, Gen. Eric Shinseki, who was very soundly criticized by a lot of people in the Administration before he left, said, beware the 12-division policy for the 10-division Army, and he's absolutely correct. The guy is vindicated, in that we didn't have a policy for what we were going to do once we got in there. We know that the combat was different in this war, so we're going to see more cases of stress-related injuries, psychological trauma. We're already seeing a rise in suicides in Iraq.

EIR: Are these the non-combat-related gunshot wounds, that they've reported in the press releases?

Robinson: Absolutely, and they're calling them non-combat-related injuries, or non-combat-related gunshot wounds.

. . . Psychological stress teams are there, but are there enough of them? Are they in the centers of where the most trouble is? These are all things that we're concerned about, and trying to make sure that we address, because when these guys return, if history's a predictor, 50% of them will get out immediately, and the rest of them will go on to careers [in the Armed Forces], and they'll try to stay in; but for the 50% that get out, how are you going to do outreach to those people, to work out the repair of the damage, for the psychological, the emotional, the physical trauma of war? We spend literally millions of dollars teaching guys how to pull the trigger, but we hardly spend that much when they return, teaching them to cope with the act that they have just committed. Those are things that we're interested in.

Let me just say, too, for me this is not a Republican or Democratic issue. It's a soldier health-care issue. I wouldn't care if John F. Kennedy was the President right now. Policies that are being implemented: the lack of funding to the Department of Veterans Affairs; the long waiting lines that are occurring for soldiers that are returning; the lack of following the public law. . . . Somebody is going to have to educate me one day, why policymakers make decisions based on the benefit for their policy, rather than the impact on the human; where you would think that there should be at least some balance in what they do. But I don't see any balance in any of this.

COVERUP EXPOSED!

The Israeli Attack On the 'USS Liberty'



"The Loss of Liberty," a video by filmmaker Tito Howard, proves beyond any doubt that the June 8, 1967 Israeli attack against the *USS Liberty*, in which 34 American servicemen were killed and 171 wounded, was deliberate. The video includes testimony from Liberty survivors, many Congressional Medal of Honor winners, and from such high-ranking Americans as Adm. Thomas H. Moorer, Adm. Arleigh Burke, Gen. Ray Davis, and Secretary of State Dean Rusk.

\$25, plus \$2.95 shipping and handling

EIR News Service at 1-888-347-3258 (toll-free).

P.O. Box 17390, Washington, D.C. 20041-0390.

Visa and MasterCard accepted. 53 minutes, EIRSV-2003-1