in the exploration of the Moon or the planets or manned space-flight. But we are convinced that if we are to play a meaningful role nationally, and in the community of nations, we must be second to none in the application of advanced technologies to the real problems of man and society."

The formal beginning of India's space program was in 1962, when the Indian Committee for Space Research (INCOSPAR), led by Professor Sarabhai, decided to set up the Thumba Equatorial Rocket Launching Station (TERLS), in the state of Kerala on the southern tip of India, very close to the Earth's magnetic equator. Upon launching the first sounding (research) rocket (Nike-Apache) on Nov. 21, 1963, Sarabhai shared with his team his dream of an Indian Satellite Launch Vehicle.

Almost nine years after his mysterious death at the age of 52, Sarabhai's dream was realized, in July 1980, when India launched the Satellite Launch Vehicle (SLV), by a team handpicked by Sarabhai himself. Later, India developed a series of launch vehicles. The most important of which is the Polar Satellite Launch Vehicle, which lifted the Chandrayaan-1 into orbit. It is an expendable launch system operated by the ISRO. It was developed to allow India to launch its Indian Remote Sensing (IRS) satellites into Sun synchronous orbits, a service that was, until the advent of the PSLV, commercially available only from Russia. The PSLV can also launch small satellites into geostationary transfer orbit (GTO).

India carried out the first launch of the more powerful Geosynchronous Satellite Launch Vehicle (GSLV) on April 18, 2001. GSLV development was significantly aided by Russian technology; the project ran into problems when the United States imposed sanctions against India. Upon the dismantling of the Soviet Union, Russia joined the Missile Technology Control Regime (MTCR) in 1993, disrupting the supply of missile technology to India, which is not a signatory of the MTCR.

Indo-Russian cooperation on space technology was revived, and the GSLV-D1 successfully launched on April 18, 2001, using an imported Russian cryogenic engine. But India began developing its own cryogenic engine, needed for the GSLV. Since then, India has come up with its own version of a cryogenic engine, which is capable of placing 2,500 kilogram payload into geostationary transfer orbit.

Health Care

Mental Health Issues Plague Combat Vets

by Carl Osgood

Oct. 22—The announcement by the commander of Fort Carson, Colo. Oct. 17, that an Army task force would be looking into the circumstances surrounding a recent spate of killings attributed to soldiers based there, has put the spotlight back onto just one of the many scandals arising out of the Bush/Cheney Iraq War policy: what happens to the soldiers who have to fight this war after they come home. In the Fort Carson case, soldiers from the same brigade, which returned from Iraq 14 months ago, are suspects in at least five killings, and an attempted murder. In two of the cases, the victims were also soldiers, the remainder being civilians from outside the base. Sen. Ken Salazar (D-Colo.), in a letter to Army Secretary Pete Geren, wrote that "Those who committed these violent crimes should be brought to justice, but these tragedies also raise a number of questions from the backgrounds and service records, to whether they received waivers to enter the service, to the adequacy of mental health screening and treatment within the Army."

Indeed, the adequacy of mental health screening has been a topic of continuing controversy since the screening was initiated in 2003, after the effects of the Iraq deployment began to emerge in the form of an increased rate of suicides and other mental health issues among soldiers. The number of soldiers committing suicide has only increased since the screening began. On Sept. 4, the Army reported that 2008 could end with between 140 and 160 suicides, compared to 115 in 2007, 102 in 2006, and 87 in 2005.

The Army has responded to this problem with increased training that is supposed to make soldiers "more resilient" to the effects of combat stress. One veterans advocate consulted by *EIR*, however, argued that the Army training does not address the culture of the war environment, especially what happens to the brain and

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Thee Erin

Veterans, especially those from the National Guard and Reserves, face crushing mental health problems when they return from the battlefield. "People are coming home and having nowhere to turn," a veterans advocate told EIR. *Shown, a homeless, disabled vet in Chicago.*

body on the battlefield; nor does it pay sufficient attention to helping soldiers readjust when they come home. As a result, "people are coming home and having nowhere to turn," he said. "They're killing themselves, committing crimes, losing their homes, falling into drug abuse and alcohol abuse.... This is a cultural epidemic among veterans." He noted that while the level of violence, and consequently, the level of trauma that U.S. troops are exposed to, is coming down in Iraq, the Pentagon is preparing plans to increase troop levels in Afghanistan, so the rotational stress that soldiers and marines are under won't be decreasing any time soon.

A Sept. 16 seminar, co-sponsored by the U.S. Naval Institute and the Military Officers Association of America in Washington, D.C., highlighted many of these issues. Terri Tanielian, who co-directed a recent RAND study entitled "The Invisible Wounds of War," reported that too few veterans with post-traumatic stress disorder (PTSD) or traumatic brain injury "are getting the care they need and even fewer are getting the high quality care to facilitate recovery and save money." Dr. Steven Scott, the medical director of the Polytrauma Rehabilitation Center at the James Haley Veterans Hospital in Tampa, Fla., reported that the so-called "long war" has changed the injury patterns that military and veterans hospitals are seeing. He noted that many of the patients he sees received their injuries in their third deployment. By the time a soldier is on his third deployment, he has had "many exposures to blast, many exposures to traumatic stress" and these exposures "start to cause problems," not only physical problems but emotional problems as well. The visible wounds often are also accompanied by invisible wounds, Dr. Scott reported, including constant pain, loss of memory, PTSD, and other conditions.

Guard, Reservists More Vulnerable

While the Fort Carson situation involves active duty soldiers, soldiers from the National Guard and the Reserves have actually suffered disproportionately when it comes to mental health problems. A study of 88,235 soldiers published in the *Journal of the American Medical Association* in November 2007 found that these servicemen and women reported consistently higher rates of mental health issues three to six months after returning home from deployment than did their active-duty counterparts, despite having substantially the same combat exposures. They were referred for mental health concerns at about two and a half times the rate of active-duty soldiers, and for general health concerns at twice the rate.

The higher vulnerability of Guard and Reserve soldiers is attributed to the lack of access to mental health services after they come home. This was the topic of a roundtable discussion hosted by the National Guard Association of the United States in Washington, D.C. on Oct. 9. Unlike active-duty soldiers, who return to their home bases with their units, Guardsmen and Reservists go back to their civilian communities with little follow-up after their deployments are over. This deficiency has been noted in many studies and reports but, according to advocates, the Defense Department is still failing to meet their needs. Lt. Col. Michael Gaffney, of the Maryland National Guard, argued that the reserve components are completely different from the active components. The Reserves, he said, "don't have the resources, they don't have the closeness to services that the active components have." He added that Guard members, once they have been released from active

duty, will have to use their own time, including time off from their civilian jobs, if they need help.

Yet, there is no separate program for the National Guard and the Reserves that would address their different situation. Col. Pete Duffy (ret.), the deputy legislative director for the National Guard Association, calls the Defense Department response "disappointing." He reports that he has been informed that the DoD still refuses to spend $600 million provided by Congress for post-deployment mental health needs of Guard members and their families, because they are no longer in Federal status. "These funds need to be loosened and turned over to the states as soon as possible," he said, "where they can be used with existing private mental health provider networks with that use coordinated by the Director of Psychological Health at the National Guard Bureau." Duffy reported that National Guard members are still cut loose once they return from deployment without proper mental health followup. "This could be corrected with proper application of the $600 million being withheld," he said.

Paul Sullivan, the executive director of Veterans for Common Sense, is even more critical in his assessment. In an Oct. 16 e-mail to *EIR*, Sullivan asserted that "the Department of Defense failed to learn the lessons from the Gulf War and Vietnam War by implementing the Force Health Protection law enacted in 1998. The law requires pre- and post-deployment medical exams for service members sent to war zones. The military still refuses to do this. Further exacerbating the military's intentional failure is the inability of DoD to share complete military and medical records with the Veterans Administration (VA). Thus, VA performs duplicative tests and wastes time. The DoD and the VA still fail to provide uniform Benefits Delivery at Discharge for National Guard and Reserve, and [this], coupled with the lack of records, may be the root causes of the significantly lower [disability] claim filed rate and the significantly higher claim denial rate among National Guard and Reserve."

Helping Those Who Need It Now

It would not be entirely fair to say that the Departments of Defense and Veterans Affairs have not reacted to the mental health crisis. The establishment of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, the Army's psychological health program, and the VA's expanding of its mental health treatment programs, and other efforts, attest to this fact. However, these programs are oriented towards those personnel currently on active duty. David McGinnis, decision support manager for the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, and a retired military officer, said that the "DoD is on top of the problem" (although there are those who would argue with that) but, "I'm worried about those 80 percent that are no longer connected," both Guard and Reserve, and those discharged from active duty. He had earlier reported that Virginia is facing a "behavioral health epidemic" stemming from the Iraq and Afghanistan wars. Virginia is expecting about 50,000 combat veterans from the wars, about 80% of whom are already back in the state and, when combined with their families, will double the need for mental health services in the state. The existing programs, for the most part, are structured so that a veteran has to be a danger to himself before he can get treatment.

Virginia has mapped out a program to reach these vets before they get to that point. It includes outreach to vets and their families, establishing a system that validates a vet's status and begins treatment immediately, as well as training for state police, emergency medical personnel, and juvenile and domestic relations judges (family violence, McGinnis reported, has increased dramatically since the invasion of Iraq), so that they can recognize the signs of PTSD, TBI, and other "invisible wounds." All of this, the state estimates, will cost $40 to $80 million per year beginning in fiscal 2010. "Based on the fact that we [that is, the state of Virginia] represent slightly less than ten percent of the total veterans deployed post 9/11," McGinnis said, "I'm saying the national cost for this program should be less the $1 billion, or about one-fifth appropriated in the VA segment by this Congress for veterans' special behavioral health needs, and homelessness."

Policies have consequences—real consequences on real people. Veterans are now being hit by a double whammy. Not only are they suffering the effects of the Bush/Cheney Iraq War policy, which has resulted in multiple, extended combat tours for service members, they are, like all Americans, also victims of the economic crisis, and those suffering from the "invisible wounds" of war should be counted among the most vulnerable Americans. Paul Sullivan reports that the VA is already seeing an increase in patients, including mental health patients, "as the Bush-Era economic failure worsens." Only a policy reversal from the top can begin to turn this situation around.