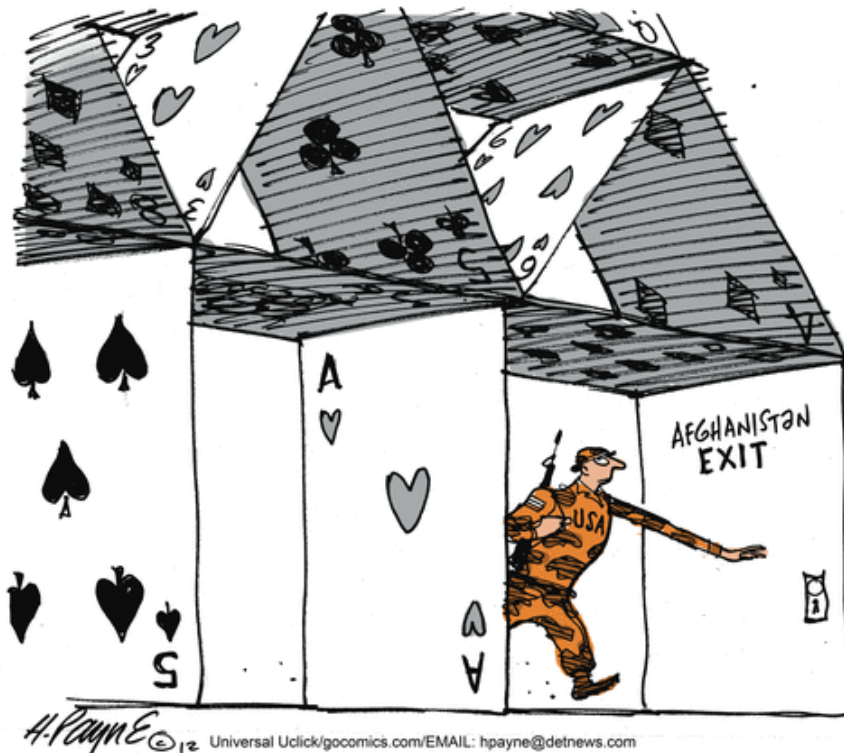


Military Resistance 10D1



**Anti-Government Politician For
Immediate Withdrawal Of British
Troops From Afghanistan Wins
Upset Election To Parliament:
Major Parties Shocked:
“Thousands Of Young People Infected
With Apathy, Contempt, Despair And A
Disgust With Mainstream Politics Were
Dynamised By The Respect Campaign”**



George Galloway celebrates with his supporters after winning the Bradford West by-election. Photograph: Anna Gowthorpe/PA

It was the political content of the campaign that galvanised the youth: Respect campaigners and their candidate stressed the disasters of Iraq and Afghanistan. Galloway demanded that Blair be tried as a war criminal, and that British troops be withdrawn from Afghanistan without further delay.

29 March 2012 By Tariq Ali & Patrick Wintour, political editor; The Guardian [UK]

George Galloway's stunning electoral triumph in the Bradford by-election has shaken the petrified world of English politics.

It was unexpected, and for that reason the Respect campaign was treated by much of the media (Helen Pidd of the Guardian being an honourable exception) as a loony fringe show.

A BBC toady, an obviously partisan compere on a local TV election show, who tried to mock and insult Galloway, should be made to eat his excremental words.

The Bradford seat, a Labour fiefdom since 1973, was considered safe and the Labour leader, Ed Miliband, had been planning a celebratory visit to the city till the news seeped through at 2 am. He is now once again focused on his own future.

Labour has paid the price for its failure to act as an opposition, having imagined that all it had to do was wait and the prize would come its way. Scottish politics should have forced a rethink. Perhaps the latest development in English politics now will, though I doubt it.

Galloway has effectively urinated on all three parties. The Lib Dems and Tories explain their decline by the fact that too many people voted!

Thousands of young people infected with apathy, contempt, despair and a disgust with mainstream politics were dynamised by the Respect campaign.

Galloway is tireless on these occasions. Nobody else in the political field comes even close to competing with him – not simply because he is an effective orator, though this skill should not be underestimated. It comes almost as a shock these days to a generation used to the bland untruths that are mouthed every day by government and opposition politicians.

It was the political content of the campaign that galvanised the youth: Respect campaigners and their candidate stressed the disasters of Iraq and Afghanistan. Galloway demanded that Blair be tried as a war criminal, and that British troops be withdrawn from Afghanistan without further delay.

Galloway claimed the path to his victory went back to "the path of treason by Tony Blair in 1994" that has taken Labour "so far away from its traditional supporters that people feel neglected and betrayed".

He added that Blair remained revered inside the modern Labour party, "swanning around making millions, instead of facing trial in the Hague for war crimes."

He lambasted the Government and the Labour party for the austerity measures targeting the less well off, the poor and the infirm, and the new privatisations of education, health and the Post Office.

It was all this that gave him a majority of 10,000.

How did we get here? Following the collapse of communism in 1991, Edmund Burke's notion that "In all societies, consisting of different classes, certain classes must necessarily be uppermost," and that "The apostles of equality only change and pervert the natural order of things," became the commonsense wisdom of the age.

Money corrupted politics, and big money corrupted it absolutely.

Throughout the heartlands of capital, we witnessed the emergence of effective coalitions: as ever, the Republicans and Democrats in the United States; New Labour and Tories in the vassal state of Britain; socialists and conservatives in France; the German coalitions of one variety or another, with the greens differentiating themselves largely as ultra-Atlanticists; and the Scandinavian centre-right and centre-left with few differences, competing in cravenness before the empire.

In virtually every case the two- or three-party system morphed into an effective national government.

A new market extremism came into play. The entry of capital into the most hallowed domains of social provision was regarded as a necessary reform. Private financial initiatives that punished the public sector became the norm and countries (such as France and Germany) that were seen as not proceeding fast enough in the direction of the neoliberal paradise were regularly denounced in the Economist and the Financial Times.

To question this turn, to defend the public sector, to argue in favour of state ownership of utilities or to challenge the fire sale of public housing was to be regarded as a dinosaur.

British politics has been governed by the consensus established by Margaret Thatcher during the locust decades of the 80s and 90s, since New Labour accepted the basic tenets of Thatcherism (its model was the New Democrats' embrace of Reaganism).

Those were the roots of the extreme centre, which encompasses both centre-left and centre-right and exercises power, promoting austerity measures that privilege the wealthy, and backing wars and occupations abroad. President Obama is far from isolated within the Euro-American political sphere.

New movements are now springing up at home, challenging political orthodoxies without offering one of their own. They're little more than a scream for help.

Respect is different. It puts forward a leftist social-democratic programme that challenges the status quo and is loud in its condemnation of imperial misdeeds. In other words, it is not frightened by politics.

Its triumph in Bradford should force some to rethink their passivity and others to realise that there are ways in which the Occupiers of yesteryear can help to break the political impasse.

On a turnout of 50.78%, Labour's shellshocked candidate Imran Hussein was crushed by a 36.59% swing from Labour to Respect that saw Galloway take the seat with a majority of 10,140. But few Labour officials or outside experts were predicting that Galloway would poll more than 20%, let alone win the seat.

The Tories, still needing to make inroads in northern immigrant areas, floundered badly as the party licked its wounds over its shambolic handling of the potential petrol strike. Jackie Whiteley, the Tory candidate came third, with 2,746 votes, 8.37%, a drop of 22.78% on the last election.

The Tories' coalition partners ,the Liberal Democrats, had been third in 2010 with 11.7 % of the vote, but this time came fourth with 1,505 votes, or 4.59% of the vote.

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AFGHANISTAN WAR REPORTS

Getzville Man Killed In Afghanistan



WIVB Courtesy of the Wilson family

27 Mar 2012 Lou Raguse, WIVB

GETZVILLE, N.Y. (WIVB) - Sergeant William Wilson, III has become western New York's latest casualty of war. His father contacted News 4 Tuesday, after learning his son died in Afghanistan.

Tensions in Afghanistan have been high for weeks since an American soldier opened fire on Afghan civilians. Sergeant Wilson, known to friends and family as Billy, was killed near a checkpoint by Afghan security forces - men trained by our troops, who are supposed to be on our side.

Sergeant Wilson's family was too choked up to share about their son on camera, but they wanted to share with you the face of a loyal soldier lost.

Billy joined the Army in 2005 after graduating from Williamsville North High School in 2003, where he was a captain on the lacrosse team. He loved working at the pizza place down the road and spending time with his two brothers. He told them the reason he stayed in the Army is his brothers in arms reminded him of his brothers at home.

He rose to rank of Sergeant and was Squad Leader.

It's clear from his Facebook postings Billy loved helping the children in the country he was working to stabilize. And it's clear from the displays outside the Wilson's family home how proud they are of their fallen son.

The family is known for putting out a big patriotic sign welcoming Billy home on leave. They plan on putting it out one last time when they bring Billy home for good.

Billy had just returned to Afghanistan from his last trip home. One of his last posts on Facebook reads:

"Just wanted to thank all the fam and friends back home for a great time on leave. Sorry I wasn't able to see some, but I'll catch you next time. Really had a blast and looking forward to the summer. Thanks! Slowly making my way back to the boys!"

When news began to spread of death of Sgt. William Wilson III, the family of Jacquie Hirsch reached out to News 4. She was an inspirational young woman who succumbed to leukemia in 2008.

Billy was a former boyfriend who stood by her side and continued to comfort her family in the years following.

Just one example of loyalty from a faithful soldier lost in battle.

As of March 27, at least 1,788 members of the U.S. military had died in Afghanistan as a result of the U.S.-led invasion of Afghanistan in late 2001, according to the Associated Press.

**POLITICIANS CAN'T BE COUNTED ON TO HALT
THE BLOODSHED**

**THE TROOPS HAVE THE POWER TO STOP THE
WAR**

MILITARY NEWS

A True Hero -- Bill Zwicharowski:

Harassed And Humiliated By Filth In Command, Dover Mortician Wins His Case: “‘Integrity Is Never Popular Up Front, But Long Term It Lasts Forever,’ He Said” He Was Punished For Protesting Dumping Troops’ Remains In Garbage



cbsnews.com

March 30, 2012 By David Martin, CBS News

MAGNOLIA, Del. - On Friday, the military released documents that explain how incinerated partial remains of 9/11 victims went into a landfill.

Some officers from the Dover Air Force Base mortuary wanted a burial at sea overseen by a chaplain, but instead the remains were declared medical waste.

The Dover mortuary has also been accused of mishandling the remains of fallen troops.

One man tried to stop it, but he paid a price.

CBS News national security correspondent David Martin has his story.

It is a grim and solemn sight: flag-draped caskets coming home from Iraq and Afghanistan.

But unseen is an even grimmer fact: Many of the bodies inside those caskets have been blown to pieces.

As chief mortician at Dover Air Force Base in Delaware, Bill Zwicharowski prepared those remains for return to their families.

"It's a hard job," he said. "In addition to the stress -- the daily stress -- we're in a zero-defect mission and we can't make a mistake."

But there was a mistake in April 2009: The mortuary lost part of a soldier's ankle. The commander, Col. Robert Edmondson, ordered an investigation.

"I explained what I thought was wrong," said Zwicharowski, "and then I asked the question, 'Are you going to notify the family? And if not, why not?', and I think that was a question that really hit a nerve."

Zwicharowski hit another nerve when he called for an outside investigation of the way the mortuary was run. From then on, he was branded a troublemaker.

A report by the Office of Special Counsel, a federal agency created to protect whistleblowers, detailed an escalating campaign of retaliation against Zwicharowski.

Caroline Lerner heads the office. "He was the target of a series of personnel actions all the way up to termination," she said.

After a gunman at Fort Hood killed 13 people in November 2009, Zwicharowski volunteered to come in on his day-off and help with the remains as they arrived at Dover.

"I was confronted and told to go home," he recalled.

Lerner said it was a public humiliation.

"It was clear they were trying to send a message to the other employees at the mortuary that this is what happens to people who come forward."

Then Zwicharowski was told he would no longer be working in the mortuary. He was assigned to a desk.

"How long did that last?" Martin asked.

"A few months, until I was placed on administrative leave," said Zwicharowski.

No reason was given.

But until further notice, he was not to come to work, a fact he was too ashamed to admit to his teen-aged children. "I got up every morning and got dressed like I was going to work," he said.

"How long did that go on for?" asked Martin.

"Eight months."

Finally, Edmondson tried to fire Zwicharowski.

However, an Air Force attorney looked at the evidence and "...deemed it entirely insufficient to support a termination," and said ...they are out to get this guy for some reason."

As a result, Edmondson is now the target of an investigation, and the troublemaker is back in his old job as chief mortician.

"What's the moral of this story?" Martin asked Zwicharowski.

"Integrity is never popular up front, but long term it lasts forever," he said.

A hard lesson for a man who wanted to do right by the ones to whom we owe the most.

Troops Invited:

Comments, arguments, articles, and letters from service men and women, and veterans, are especially welcome. Write to Box 126, 2576 Broadway, New York, N.Y. 10025-5657 or email contact@militaryproject.org: Name, I.D., withheld unless you request publication. Same address to unsubscribe.

OCCUPATION HAITI

**U.N. Occupation Troops
Brought “The World’s Largest
Cholera Epidemic” To Haiti –
And The U.N. Lied About The
Cause:**

**“Cholera Has Killed More Than
7,050 Haitians And Sickened More**

Than 531,000, Or 5% Of The Population”

“This Unfolded Right Under The Noses Of All Those NCOs. ‘Why Didn’t They Try Harder?’”

“A Penny-Pinching Reluctance To Use Antibiotics And Cholera Vaccine”

March 31, 2012 By DEBORAH SONTAG, New York Times [Excerpts]

While eventually effective in reducing the fatality rate, the response was slow to get fully under way, conservative and insufficiently sustained. “This unfolded right under the noses of all those NGOs. And they will ask, ‘Why didn’t they try harder? Why didn’t they throw the kitchen sink at cholera in Haiti?’ ”

MIREBALAIS, Haiti —

Jean Salgadeau Pelette, handsome when medicated and groomed, often roamed this central Haitian town in a disheveled state, wild-eyed and naked. He was a familiar figure here, the lanky scion of a prominent family who suffered from a mental illness.

On Oct. 16, 2010, Mr. Pelette, 38, woke at dawn in his solitary room behind a bric-a-brac shop off the town square. As was his habit, he loped down the hill to the Latem River for his bath, passing the beauty shop, the pharmacy and the funeral home where his body would soon be prepared for burial.

The river would have been busy that morning, with bathers, laundresses and schoolchildren brushing their teeth.

Nobody thought of its flowing waters, downstream from a United Nations peacekeeping base, as toxic.

When Mr. Pelette was found lying by the bank a few hours later, he was so weak from a sudden, violent stomach illness that he had to be carried back to his room. It did not immediately occur to his relatives to rush him to the hospital.

“At that time, the word ‘cholera’ didn’t yet exist,” said one of his brothers, Malherbe Pelette. “We didn’t know he was in mortal danger. But by 4 that afternoon, my brother was dead. He was the first victim, or so they say.”

In the 17 months since Mr. Pelette was buried in the trash-strewn graveyard here, cholera has killed more than 7,050 Haitians and sickened more than 531,000, or 5 percent of the population.

Lightning fast and virulent, it spread from here through every Haitian state, erupting into the world's largest cholera epidemic despite a huge international mobilization still dealing with the effects of the Jan. 12, 2010, earthquake.

Epidemiologic and microbiologic evidence strongly suggests that United Nations peacekeeping [translation: occupation] troops from Nepal imported cholera to Haiti, contaminated the river tributary next to their base through a faulty sanitation system and caused a second disaster.

"It was like throwing a lighted match into a gasoline-filled room," said Dr. Paul S. Keim, a microbial geneticist whose laboratory determined that the Haitian and Nepalese cholera strains were virtually identical.

And, as the deaths and continuing caseload indicate, the world's response to this preventable, treatable scourge has proved inadequate.

"This Unfolded Right Under The Noses Of All Those NGOs. And They Will Ask, 'Why Didn't They Try Harder?'"

Cholera, never before recorded in Haiti, stayed one step ahead of the authorities as they shifted gears from the earthquake recovery.

While eventually effective in reducing the fatality rate, the response was slow to get fully under way, conservative and insufficiently sustained.

"In the future, historians will look back and say, 'Wow, that's unfortunate,'" said Dr. Paul Farmer, co-founder of Partners in Health, a nongovernmental organization that provides health care for the poor.

"This unfolded right under the noses of all those NGOs. And they will ask, 'Why didn't they try harder? Why didn't they throw the kitchen sink at cholera in Haiti?'"

At the same time, Haitian cholera victims are seeking compensation from the United Nations, pressing it to accept responsibility.

"In telling the truth, the U.N. could have gained the trust of the population and facilitated the fight against cholera," said Dr. Renaud Piarroux, who led an early investigation into the outbreak.

"But that was bungled."

The United Nations maintains that an independent panel of experts determined the evidence implicating its troops to be inconclusive.

Questioned for this article, though, those same experts said that Dr. Keim's work, conducted after their own, provides "irrefutable molecular evidence" that Haiti's

cholera came from Nepal, in the words of G. Balakrish Nair, an Indian microbiologist.

“When you take the circumstantial evidence in our report and all that has come out since, the story now I think is stronger: the most likely scenario is that the cholera began with someone at the Minustah base,” said another expert, Daniele Lantagne, an American engineer, using the French acronym for the United Nations mission.

“A Penny-Pinching Reluctance To Use Antibiotics And Cholera Vaccine”

A sky-high initial fatality rate of over 9 percent has declined to 1.3 percent (less than 1 percent is considered a well-managed epidemic). And the most recent statistics show new cases dropping to 120 daily.

Others, though, believe the bar for success was set too low and more lives could have been saved.

Some critics bemoan weak disease surveillance and case-tracking, others inadequate water distribution and latrine building, and still others what they see as a penny-pinching reluctance to use antibiotics and cholera vaccine.

Also, some think cholera could have been stymied, even eradicated, last winter during the dry season after the first wave. Instead, it flared with the rains even as aid groups shuttered or reduced operations. And now, after another winter without an aggressive prevention and eradication effort, the health authorities fear a reprise.

“A Few Months Ago, I Even Considered Killing A Soldier Or Two To See What Would Happen”

“I think it’s going to be another bad year for cholera,” said Dr. John Carroll, an Illinois doctor who works in Haiti.

Here in the epicenter of the epidemic, all signage relates to life in the time of cholera. Surrounding the town square are heart-adorned posters that say, “Living with cholera: Always wash your hands with clean water and soap.”

Banners slung across the streets, in contrast, bear skulls and crossbones: “Justice and reparations for all victims of the Minustah cholera.”

Inside City Hall, the deputy mayor, crisply dressed in a chambray shirt and slacks, described how he personally buried 27 bodies for fear that workers would not take precautions, how he nearly lost two of his own children to cholera and how he seethed every time Nepalese troops entered his offices.

“They were in my face every day, and the feeling inside me got stronger and stronger,” said Ocxama Moise, the deputy mayor.

“A few months ago, I even considered killing a soldier or two to see what would happen. I shared the idea with some friends, and they said, ‘Don’t. You’re an official.’

“But it’s only a matter of time before the population finds a way to get justice.”

“On Oct. 8, 2010, Hundreds Of Nepalese Troops Began Arriving In Haiti After A Cholera Outbreak In Their Homeland”

On Oct. 8, 2010, hundreds of Nepalese troops began arriving in Haiti after a cholera outbreak in their homeland, where cholera is endemic; the country weathers outbreaks well, with that one causing nine deaths.

Cholera also affects individuals differently; many infected develop no symptoms or only mild or moderate diarrhea.

Falling violently ill in October 2010, Mr. Pelette was not one of the lucky ones.

Severe cholera causes profuse watery diarrhea, often accompanied by vomiting. Treatment is straightforward: replacing lost fluids and electrolytes, orally or intravenously. But those like Mr. Pelette who get no treatment can become so dehydrated that they go into shock and swiftly die.

Nobody knows for sure, but people here believe that Mr. Pelette was the first Haitian to die of cholera, and, though he was not named, he was presented as the “first case” in *The American Journal of Tropical Medicine and Hygiene* in January.

Some details in that widely cited article, like Mr. Pelette’s age and date of death, did not match those on his death certificate, obtained by *The New York Times*. Also, Mr. Pelette does not offer an example of untreated mental illness, as the article contended; he had received care at a hospital for chronic mental diseases, his brother said.

“When he took his pills, he was calm,” Malherbe Pelette said, speaking on the porch of his sundry store.

“He would come here every day, stand at the door waiting for a soda or cookies, and give a fist bump to everybody who came in. Sometimes, he showed up completely naked. He had a terrible speech impediment, and when he was agitated, it was really hard to understand him.

“Still, my friend, I cried when he died — a lot, a lot.”

“On Oct. 17, Mr. Laurimé Became The First To Die Of Cholera At A Hospital In Haiti”

A couple of hours after Mr. Pelette died from what the family priest proclaimed to be a poison of some sort, Rosemond Laurimé, 21, a “small businessman” in his family’s description, got sick in nearby Meille.

In Haiti, small businesses are minuscule, selling mangos or charcoal today to survive tomorrow. Mr. Laurimé peddled soap at a stand outside the Nepalese base, which sits on the banks of a fly-specked stream that flows into the Latem and then into Haiti's longest river, the Artibonite.

Around 6 p.m. on Oct. 16, when he returned to his shack near the base, he was clutching his stomach. Soon, doubled over from violent diarrhea and vomiting, he begged for help.

His grandmother, 70-year-old Marie-Jean Ulysse, did her best, finally summoning a moto-taxi at daybreak to take Mr. Laurimé to the hospital in Mirebalais, run by a Cuban medical brigade.

By the time he got there, it was too late: "His body had lost all its water," Ms. Ulysse said.

On Oct. 17, Mr. Laurimé became the first to die of cholera at a hospital in Haiti. The next day the Cuban doctors, who had seen five dozen cases of acute diarrhea in preceding days, notified the Haitian Health Ministry that something was terribly wrong.

Mr. Laurimé's grandmother also fell ill and, hovering near death, witnessed the frightening explosion of the epidemic as she lay absorbing fluids intravenously on a hospital cot. She saw a chain of sick prisoners stripped of clothing and handcuffed one to the next. She watched an endless parade of patients carried in, bodies carried out.

"I said to my children, 'Please do your best to take me home because I don't want to end up in the big hole where they're dumping all those bodies,' " she said.

While she is fine now, Mr. Laurimé's mother is not. Yverose Fleury wears a cloth binding her midsection in an effort to contain her sorrow. She said neighbors had ripped up her son's photograph because she keened over it incessantly.

"Nothing is the same with us after the cholera," she said. "My husband is weak and cannot work, my remaining son has a mass on his neck, my little daughter can't hold down food, and I am sick in the head."

From Meille, the epidemic coursed through the Artibonite River valley, landing with a thump 46 miles northwest, and downstream, in the coastal St. Marc area.

On Oct. 19, three children died in rapid succession in a classroom in the rice fields. On Oct. 20, the St. Nicholas Hospital was overrun.

Patients sprawled on every surface, doubled and tripled up on beds, in the halls, in the courtyard and even on the sidewalk outside. By nightfall, there were 404. Forty-four died.

"At that moment, I felt like I didn't want to live any longer myself," said Dr. Yfto Mayette, the hospital director. "It was so sudden and so brutal."

On Oct. 21, as a brass band accompanied Mr. Pelette's white coffin to the cemetery, the national laboratory completed its analysis of the bacteria.

At 11 that night, Dr. Jordan W. Tappero of the C.D.C. got a call in Atlanta from the laboratory's director: "Jordan," he said, "It's positive."

Louise C. Ivers, Haiti mission chief for Partners in Health, had just arrived in Boston for a meeting. "My first thought was, 'You can't be serious.' Everyone was exhausted."

In Port-au-Prince, Jocelyne Pierre-Louis, a senior Haitian health official, had steeled herself. "We were in a way waiting for the other shoe to drop," she said. "We had barely picked ourselves up after the earthquake when the cholera fell on us."

Dr. Pierre-Louis reported to the large tent that replaced her collapsed office after the earthquake. Dr. Ivers took the next plane back, and Dr. Tappero flew in, too, with the first of 119 C.D.C. employees who would deploy to Haiti.

"It was a herculean effort at the time, people working 18, 20 hours a day, trying their best to make a difference," Dr. Tappero said.

There was much to do, from treating patients to treating water, from importing personnel to training Haitians, from distributing supplies to distributing basic disease and hygiene information.

But there were also fundamental decisions to be made, and nobody was firmly in charge.

International health officials deferred to the Haitians — "our partners" — but in reality held the purse strings and know-how. This led to an often awkward collaboration, colored by Haitians' resentment that cholera had been imported in the first place.

It did not help that the initial projection used by international officials for planning purposes — 200,000 cases in six months — was an underestimate. There would be that many cases in three months' time, with a daily death toll of more than 100 by mid-December.

"It Was The Biggest Density Of Humanitarian Actors In The World, And We Two Organizations Were Dealing With 80 Percent Of The Cholera"

As the epidemic took off, the players who operated outside the "health cluster," a consortium of humanitarian groups, were able to react most nimbly.

At first, Doctors Without Borders and the Cuban medical brigades, both self-financed, handled the overwhelming majority of cases.

"We felt quite lonely at the beginning," said Yann Libessart, spokesman for Doctors Without Borders. "It made no sense. Everybody was in Haiti. It was the biggest density of humanitarian actors in the world, and we two organizations were dealing with 80 percent of the cholera."

Gaëtan Drossart, mission chief for Doctors Without Borders-Belgium, said the health cluster had good intentions, “but there’s a lot of meetings and a lot of blah blah blah.”

He said other groups were limited by agreements with donors to working in the earthquake zone and could not redeploy quickly.

Also, everybody initially worried most about the epidemic’s arrival in Port-au-Prince. But Haiti’s meager health care resources have always been concentrated in the capital, and after the earthquake humanitarian personnel and supplies were, too. That would eventually increase the cholera survival odds in Port-au-Prince, which would have a 0.7 percent fatality rate compared with 4.5 percent in the southeast.

But it took several deadly weeks for the disease to forcefully strike the capital, where rehydration solutions were warehoused; water, latrines and medical professionals were more plentiful; and organizations had had time to set up proper treatment centers.

“Even Four Months Later, That Hospital Did Not Have Cholera Cots; Patients Defecated In Bed Or Risked A Potentially Fatal Drop In Blood Pressure By Getting Up”

Proper treatment centers maintain rigorous infection control to keep from becoming cholera contamination centers: chlorine sprayers to disinfect shoes, hand-washing stations, cots with holes and buckets underneath, disposal systems for waste and bodies.

None of this was in place at the start.

Doctors Without Borders sent a team to the St. Marc hospital. “It was really, really awful,” Mr. Drossart said. “There were an enormous number of cases, it was totally disorganized, the cholera patients were not isolated, and they were not being treated correctly.”

Even four months later, that hospital did not have cholera cots; patients defecated in bed or risked a potentially fatal drop in blood pressure by getting up, United Nations investigators found.

“Hospital staff reported walking on feces in cholera units,” they added.

Understaffed hospitals sometimes discharged patients too soon, sending them home to their deaths. They deputized relatives as caretakers although many patients arrived so dehydrated that they needed intravenous lines and nurses to watch over them.

Pregnant women were a particular challenge.

“Our greatest heartbreak is that while the women survived, we only saved one pregnancy,” said Ian Rawson, managing director of Albert Schweitzer Hospital in central Haiti.

Stupid Lies By UN Occupation Officials Exposed By Reporters

Within a week of the outbreak, officials in Mirebalais were pointing fingers at the United Nations base, and United Nations officials were trying to stifle what they portrayed as rumors.

The struggle began between those who thought that determining the epidemic's origin was important and those who lamented "the blame game."

At first, the United Nations said the base's handling of its waste met international standards — that it used sealed septic tanks, which were regularly emptied by a Haitian contractor, with the waste buried in a proper landfill.

But on Oct. 27, Al Jazeera filmed peacekeepers with shovels "working furiously to contain what looks like a sewage spill." Latrines appeared to be emptying black liquid directly into the river, a reporter said, and the air smelled foul with excrement.

That same day, The Associated Press observed an overflowing septic tank at the base and discovered the landfill to be open pits in a residential area uphill from the community's bathing stream.

Even four months later, the United Nations' own experts, examining the base's supposedly improved sanitation, discovered haphazard piping with "significant potential for cross-contamination" between toilets and showers.

They also noted the "potential for feces to enter and flow from the drainage canal running through the camp directly" into the tributary. Contaminants would have been distributed throughout the river delta in two or three days — a timeline consistent with epidemiological evidence tracing the cholera trail, the experts said.

Before long, hundreds of Haitians were marching on the base, with demonstrations spreading to Port-au-Prince and riots developing in Cap-Haitien.

Edmond Mulet, then head of the United Nations stabilization mission, complained that it was "really unfair to accuse the U.N. for bringing cholera into Haiti."

United Nations officials believed that agitators were taking advantage of the issue to sow unrest before November elections. But many Haitians were genuinely incensed — and fearful.

In early November, the C.D.C. said that Haitian cholera samples matched strains commonly found in South Asia.

Dr. Piarroux, an infectious diseases specialist and parasitologist from Marseilles, arrived to lead a three-week French-Haitian investigation. He and his colleagues built a database of cases, identified geographic clusters and mapped the epidemic's movement.

His conclusion: the only explanation for an outbreak of South Asian-style cholera in a rural area of Haiti home to a Nepalese Army base with a faulty sanitation system had to be infected soldiers on the base itself.

In early December, Dr. Piarroux's mission report was posted on the Web site of the newspaper Le Monde. Eventually his findings would be peer-reviewed and published in the C.D.C.'s Emerging Infectious Diseases journal.

But at that point, he said, he was considered "a renegade and a mythomaniac."

A leading medical journal, The Lancet, rejected his study after publishing an editorial that said, "Although interest in how the outbreak originated may be a matter of scientific curiosity for the future, apportioning blame for the outbreak now is neither fair to people working to improve a dire situation, nor helpful in combating the disease."

"From The Start, Financial Concerns Colored The Response To The Epidemic, Which Had Killed More Than 3,600 Haitians"

From the start, financial concerns colored the response to the epidemic, which had killed more than 3,600 Haitians by the first anniversary of the earthquake. It was partly a question of getting money flowing. Some donors hesitated, given the plodding pace of the earthquake reconstruction; others had to wait for a new budgetary year. Some institutions had time-consuming grant or contracting processes.

It was also a question of philosophy.

Some health officials wanted to use the least expensive prevention and treatment strategies and to marshal resources for the long battle ahead.

Others wanted to employ every available weapon at once, from free drinking water and antibiotics to aggressive case-tracking, mass vaccination, and water and sewer system building.

If that meant spending more upfront, so be it, they said.

A year after the earthquake, many organizations were sitting on donations that remained unspent. The American Red Cross, for one, still had nearly half of the \$479 million it had raised; it would ultimately dedicate \$18 million directly to cholera prevention and treatment.

Doctors Without Borders would spend \$45 million.

Dr. Farmer of Partners in Health, who calls himself "a maximalist," said he wanted "health equity" — for the developed world to respond to cholera in Haiti as it would at home.

His organization initially requested potable water be trucked into the Haitian heartland so that a traumatized population would not have to filter and treat its water. Purification tablets were delivered instead because it was considered cheaper and simpler, he said.

“There was a fetishization of the simple,” Dr. Farmer said. “But there’s nothing simple about the introduction of a new pathogen or stopping its spread in a water-insecure place. There’s nothing cheap about it, either.”

Dr. Farmer said he kept thinking about the many water stations at the New York City Marathon: “That’s for a sport, for heaven’s sake. You’re telling me the giant humanitarian aid machine can’t do that in an epidemic?”

“There Was Also A Reluctance To Use Antibiotics, Which Can Reduce Diarrhea, Spare Suffering And Potentially Limit The Disease’s Spread”

There was also a reluctance to use antibiotics, which can reduce diarrhea, spare suffering and potentially limit the disease’s spread.

The Cubans alone, who claimed in a report that without their help “another 1,000 Haitians would have died at Haitian Health Ministry institutions,” dispensed antibiotics to all cholera patients and preventively to their relatives.

World health authorities, concerned with cost and drug resistance, initially said antibiotics should be reserved for severe cases.

Nearly three months later, the C.D.C. recommended antibiotics for moderate cases, too.

The fiercest disagreement was over vaccination. Again, citing cost as well as limited supplies and logistical challenges, world health officials initially did not endorse it. Some worried aloud that Haitians could get a false sense of security and become lax about hygiene.

Also, one of the two oral vaccines available — Shanchol, the cheaper one — was still under review by the World Health Organization.

But proponents argued that vaccines could save lives and buy time until long-range solutions like water and waste systems were put in place. They called for fast-tracking approval for Shanchol and increasing vaccine production by offering manufacturers purchase commitments.

In mid-December, after a C.D.C. analysis indicated that using the available vaccine doses could reduce the caseload by 22,000, the Pan American Health Organization agreed a pilot vaccination project would be useful.

Influenced by arguments against vaccination, though, the Haitian government said no. Choosing a small group to be immunized would inflame tensions, it said; at least 500,000 needed to be vaccinated, said Jean Ronald Cadet, Haiti’s vaccination chief.

“They brought us cholera, they have to take responsibility for taking care of it,” he said.

In February 2011, nearly four months after the outbreak, the United Nations’ independent experts arrived in Haiti.

The secretary general's office wanted them to move quickly but not too quickly; it did not want the findings released until the Nepalese contingent had concluded its six-month rotation, Ms. Lantagne said.

When the experts revealed their findings in May, the secretary general's staff members were surprised, Ms. Lantagne said.

Early theories had proposed environmental and climatological explanations for the outbreak. "I believe they fully expected our results to be that there was no possibility cholera was imported into Haiti," she said.

Instead, the panel said not only that the cholera had come from South Asia but that it originated in the tributary behind the Nepalese base.

The panel had examined the Nepalese base's infirmary logs and found no reports of severe diarrhea in September or October of 2010. Many took that to mean that the soldiers were probably unwitting, asymptomatic carriers of cholera.

But Dr. Piarroux did not think that asymptomatic carriers would have shed enough bacteria to have caused such a sudden, marked contamination of the river. He believed that many soldiers must have had diarrhea — even if it was only mild or moderate diarrhea that, being military men, they did not report to the infirmary.

"Testing The Soldiers Would Have Been The Only Way To Learn The Truth, Dr. Piarroux Said. But Haitian Health Officials Were Not Permitted Onto The Base To Examine The Soldiers"

Testing the soldiers would have been the only way to learn the truth, Dr. Piarroux said. But Haitian health officials were not permitted onto the base to examine the soldiers.

After the United Nations panel dispersed, Danish and American scientists collaborated to scrutinize the Haiti-Nepal connection using the most comprehensive type of bacterial genetic analysis — whole-genome sequence typing.

Dr. Rene S. Hendriksen of Denmark persuaded the Nepalese to provide samples from their outbreak. Dr. Keim's Translational Genomics Research Institute in Arizona sequenced the DNA, comparing it with Haitian samples already sequenced by the C.D.C.

The Haitian and Nepalese strains were virtually identical — a conclusion the Nepalese were reluctant to accept.

"They were trying to fish around for whether our analysis was properly conducted," Dr. Hendriksen said. "But finally they gave up simply because our data was valid. We agreed we would balance the paper and not get into the blame game."

Citing this study and other evidence, a legal claim was submitted to the United Nations in November on behalf of Haiti's cholera victims.

Anticipating compensation, thousands flooded treatment centers seeking medical certificates attesting to their cholera. Doctors Without Borders set up a special unit to process the requests, and has asked the United Nations to clarify whether a legal proceeding is even moving forward.

The victims' lawyers have asked the United Nations to establish a commission to hear the claim. Mr. Banbury of the United Nations said the claim is "under serious review by the legal affairs department."

"The U.N.'s choice is simple," the lawyers wrote in a legal article.

"It can rise to the occasion and demonstrate that the rule of law protects the rights of poor Haitians against one of the world's most powerful institutions, or it can shrink from the challenge and demonstrate that once again in Haiti, 'might makes right.' "

2012:

"The Health Ministry Maintained That The Reported Outbreak In Pestel Had Been A 'False Alarm'" But Dr. Philippe, The Local Doctor "Said He Knew Of 300 Cases — A Significant Outbreak"

Those who now find the official response sluggish — "daily" epidemic surveillance is posted after a delay of weeks — point to what happened recently in Pestel in southwest Haiti.

On Dec. 10, a severely dehydrated man showed up at the cholera treatment unit. The man was too far gone to be resuscitated, said Dr. Seneque Philippe, the physician in charge.

Dr. Philippe's cholera unit had been inactive because the government had not paid the staff's salaries. He was not ready for another outbreak.

Within two weeks, however, Dr. Philippe believed that he was in the midst of one. People were dying during the long journey down from the rugged mountains to his coastal hospital.

He said that he alerted Health Ministry officials on Dec. 24, and that they were unresponsive.

So he contacted an American missionary who had been working in Pestel for decades. She, in turn, tapped into an Internet network of health professionals involved in Haiti and gathered volunteers, supplies and money to pay Dr. Philippe's nurses.

They arrived Jan. 10 to find the cholera treatment unit overflowing.

Most patients were coming from the mountains, so the volunteers, bolstered by other recruits, set up remote treatment tents. They also conducted a door-to-door census in the villages. Including treatment records, too, they calculated 278 suspected cholera

cases and 62 deaths in December and January, with most deaths occurring before the ad-hoc group of foreigners arrived.

In Port-au-Prince, Dr. Pierre-Louis of the Health Ministry maintained that the reported outbreak in Pestel had been a “false alarm,” with only 65 cases and three deaths. She said that “the local doctor” had rebutted the larger numbers.

But Dr. Philippe, the local doctor, while saying he is “personally aware of only about 15 deaths,” said he knew of 300 cases — a significant outbreak.

“I felt abandoned to handle the problem myself,” he said.

Farther north, one effort to use the dry season to establish a bulwark against the disease was running into other problems.

Late last fall, the new government of President Michel Martelly had authorized a vaccination campaign. It was to start small, immunizing 50,000 residents of a Port-au-Prince slum and 50,000 rural residents in the St. Marc area.

The organizers, wishing they could have begun a year earlier and more broadly, were nonetheless relieved to have secured the new administration’s cooperation; it helped that Shanchol, the cheaper vaccine at \$1.85 a dose, had been approved.

The organizers — Partners in Health and the Haitian group Gheskio — were also pleased to be starting well before the rains; the vaccine, considered nearly 70 percent effective, is administered in two doses two weeks apart and takes another week to take effect.

In February, Djencia Augustin, 25, a petite, vivacious law student, was racing from mud hut to mud hut in the rice fields of Bocozel to register residents. She wore a T-shirt with a wordy slogan — “We are fighting cholera with Shanchol vaccine without forgetting the other principals of hygiene” — and, in the shade of breadfruit trees, gathered barefoot villagers in threadbare clothing around her as she recorded their information on a computer tablet.

“Some people think cholera is not in our country anymore,” Ms. Augustin told them. “That’s not true. Cholera will come to visit when the rains arrive, so you need to be prepared.”

Bocozel seemed eager. Chavan Dorcelus, 58, said: “It’s a real bonus for us. Plus it’s free, and it can’t hurt.”

Told that pregnant women were ineligible, Fada Joseph, 24, patted her belly. “That’s not really fair. I’m very scared of cholera,” she said. “And if I got an abortion, would that help?”

But in mid-March, radio reports characterized the project as an experiment on Haitian guinea pigs. With \$370,000 of vaccine sitting in coolers, a government bioethics committee took up the issue. The campaign appeared in peril. Dr. Farmer said last Thursday, however, that the Haitian health minister had just promised him that she would resolve the issue in the coming week.

In Meille, the walled gate at the United Nations base is freshly painted now with the insignia of Uruguayan peacekeepers. The Nepalese are gone.

The mission itself is reducing its forces nationwide. Nepal's troop strength is being cut by two-thirds, more than any other country's. United Nations officials said that this was unrelated to tensions over cholera.

But people here think otherwise: "If they hadn't left, we would have burned it down," Deputy Mayor Moise said of the base.

In February, an Uruguayan advance guard was there, removing latrines and generally "sanitizing the operation so previous problems do not repeat themselves," as one soldier said.

Across the street, the open pits where the base's waste used to be deposited were fenced. "They stopped dumping the foreigners' poo there after the cholera," said Ludner Jean-Louis, a farmer, his two cows tied to trees.

Mr. Jean-Louis, who had survived the disease himself, added, "I don't guess you can be mad at Minustah for the cholera. Only for the poo."

Behind the base, the stream where the epidemic began bustles with life now as it did before the outbreak; many who live and work beside it have no other access to free water.

Recently, just behind the base's barbed-wire periphery, Dieula Sénéchal squatted with her skirt hiked up, scrubbing exuberantly colored clothes while a naked 6-year-old girl, Magalie Louis, defecated by the bank, gnawed on a stalk of sugarcane and then splashed into the water to brush her teeth.

Approaching with a machete on his way to hack some cane, her gap-toothed father, Légénord Louis, said Magalie had contracted cholera late last year but after four days of "special IVs" was restored to health.

He knew the river water was probably not safe, he said, but, while they brushed their teeth in it, they did not swallow.

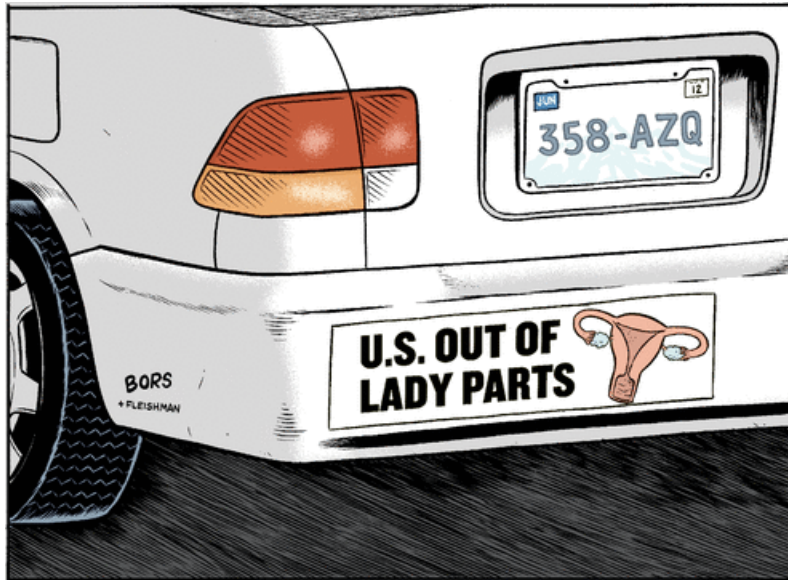
For drinking water, Mr. Louis said, his family relies on a local well.

But he lives from hand to mouth and cannot afford water purification tablets; the free supply he got in 2010 ran out long ago. So he gambles.

"If you make it to the hospital," he said, "you survive the cholera."

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DANGER: POLITICIANS AT WORK



CLASS WAR REPORTS



The Spanish General Strike Of March 29:

A Balance Sheet:

**“In The Welter Of Conflicting
Statistics On Turnout, One Stood
Out”**

**“The Fall In Electricity Usage In
Production Was Greater Than In The Two
Previous General Strikes Of 2010 And
2002 — 87.2% Against 67.5% And 82.1%
Respectively”**

April 1, 2012 By Dick Nichols, Barcelona, Green Left Weekly [Excerpts]. Dick Nichols is Green Left Weekly's European correspondent, based in Barcelona.

Since the global economic crisis broke out in 2008, the many-sided protest movement against neoliberal austerity has yet to gain enough strength to force any real retreats from governments doing the bidding of capitalism's ruling elites.

But the March 29 general strike against the new labour law in Spain — hugely supported and backed by often vast demonstrations in 111 cities and towns — could well point to a turning of the tide.

The Popular Party (PP) government of Prime Minister Mariano Rajoy is trying to appear calm and above the turmoil. Rajoy commented that, while his government respected the right of citizens to protest, he has no choice but to carry on with the grim duty of implementing the tough policies needed to rescue Spain's economy.

When the new labour regime was decreed in early February, the leaders of the two main trade union confederations, the General Union of Workers (UGT) and the Workers Commissions (CCOO), were wary about calling a general strike, even though the law will entrench almost total employer power in the workplace.

However, the huge response to two national days of protest in February and the refusal of the government to negotiate led them to follow the lead of the nationalist unions in the Basque Country, Galicia and Navarra. These had already slated March 29 for a general strike in their regions.

A further straw in the wind was the result of the March 25 regional elections in the autonomous communities (states) of Andalucia and Asturias: here the “blue tide” of PP advance in elections since 2008 came to a halt.

In Andalucia, the Spanish Socialist Workers Party (PSOE) government, in power for more than 30 years and beset with scandals over illegal unemployment payouts to PSOE mates, lost only three seats to the PP. This is compared to losing six seats to the United Left (IU) — opponents to its left.

Andalucia will now have either a PSOE-IU government or a minority PSOE government supported by IU against PP motions of no-confidence — making it potentially a point of opposition against the national government in Madrid.

In the 45-seat Asturian parliament, the PSOE and IU gained seats. Their combined 22 seats equaled the number won by the two right-wing parties, the PP and the ruling Forum Asturias.

Who ends up governing Asturias will be decided by the Spanish-centralist Union for Progress and Democracy (UPyD), which holds the balance of power.

Both elections were marked by a big rise in abstention. People who had voted for Rajoy only three months ago reacted against his government’s cutbacks and attacks on workers’ rights.

Only IU increased its support in both regions.

So how successful was the general strike, the seventh since the end of Francoism?

A few snapshots tell the story:

- As the strike began at midnight, almost no-one beyond the minimum crews negotiated with management turned up for night shift in heavy industry: vehicle, rubber, steel, petrochemicals, food processing, mining, manufacturing, shipping and wholesale distribution stood idle. In Madrid, only six of the city’s 2500 street cleaners appeared.
- Day broke with almost no-one on building sites and 91% of long-distance rail crews on strike. CCOO and UGT spokespersons claimed strike participation in industry at 97%.
- By mid-morning, the news was of 90% support for the strike in Catalonia’s schools and universities. In Madrid’s commercial heart, shops were able to open only because of a huge police presence (“like D-Day”, said one unionist), but few wanted to shop behind police lines.

“A real sales catastrophe” said a shop owner.

- The strike was most supported in the Basque Country (95% according to the unions, even 70% according to the Basque government). In Galicia, heavy industry and the ports were paralysed and there was zero activity in industry in Navarra.

- Participation was weakest in public administration and commerce, and mixed in health, as the doctors' unions refused to support the protest. Only in the Basque country was there clear majority support in the health sector.

- Throughout the day, various government spokespeople maintained a steady flow of "situation normal" and "low participation" declarations, but these only referred to the public sector and were contested by the unions. However, the president of the Spanish Confederation of Business Organisations (CEOE) refused to comment on participation in the strike because it was "extremely difficult".

- **In the welter of conflicting statistics on turnout, one stood out: Website "Economists Facing the Crisis" said the fall in electricity usage in production was greater than in the two previous general strikes of 2010 and 2002 — 87.2% against 67.5% and 82.1% respectively.**

In Bilbao, the separate marches of CC.OO., UGT and the nationalist confederation Patriotic Workers Commissions (LAB) came together for a huge combined march and rally. About 100,000 marched across the Basque Country.

What was most remarkable about the rallies was the presence of tens of thousands of new faces.

In Barcelona, where crowd estimates ranged from 270,000 to 800,000, primary and secondary school students, entire families, small business people, executives in suits and sub-Saharan and Latin American migrants came together with unionists and indignados to make March 29 a day when almost all Catalan society stood up against injustice.

That result was not spontaneous. On March 28 and 29, at least 70 local neighbourhood protests took place in Barcelona alone, including eight feeder marches to the main demonstration.

In my neighbourhood in Barcelona, more than 1000 people joined the local march, including many parents, teachers and students from the local primary school, decked out in the yellow t-shirts of the "No Cuts to Education" campaign.

So vast was the Barcelona march that it could shrug off the inevitable burning of garbage containers and smashing of shop windows that counts as "revolutionary struggle" for about 100 "direct actionists" in this city (and is invariably featured on the front page of the "horrified" right-wing media).

In Madrid, the march was so large (put as high as 900,000) that it was one-and-a-half hours late arriving at Puerta del Sol.

Across Spain protest numbers broke all previous records, with Valencia leading with 350,000.

For many, the strike and protests of March 29 brought back memories of the huge protests of the 1980s.

IU national coordinator Cayo Lara compared them to the protests after the failed military-Francoist coup of February 23, 1981. Lara said: "The workers are aware that democracy has to be saved again, because it can't exist without the labour rights that this government wants to extract from those who are suffering most from the crisis."

In an eerie reminder of its 1930s' civil war, Spain today is increasingly being viewed by all shades of politics as Europe's key battleground.

GOT AN OPINION?

Comments from service men and women, and veterans, are especially welcome. Write to Box 126, 2576 Broadway, New York, N.Y. 10025-5657 or send to contact@militaryproject.org: Name, I.D., withheld unless you request identification published.



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Tim Goodrich, Iraq Veterans Against The War**

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