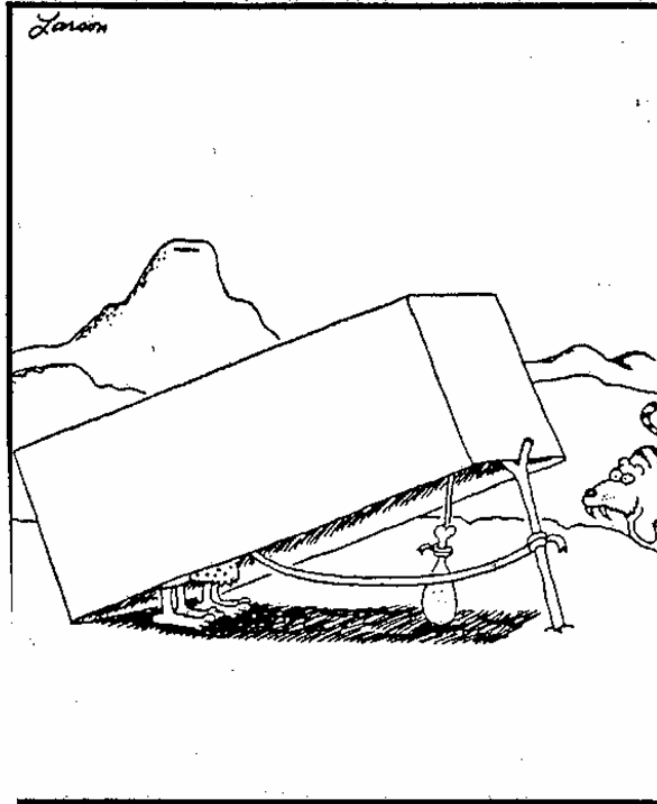


GI SPECIAL 5A26:

BUSH'S PLAN FOR IRAQ SURGE



"Shhhh, Zog! ... Here come one now!"

American Majority Opposes Afghan War For The First Time

[Thanks to Pham Binh, Traveling Soldier, who sent this in.]

January 25, 2007 (Angus Reid Global Monitor)

According to a poll by Opinion Research Corporation released by CNN, 52 per cent of respondents oppose the U.S. conflict in Afghanistan, up four points since September.

The survey marks the first time that a majority of Americans have expressed opposition to the conflict in Afghanistan.

Polling Data

Do you favour or oppose the U.S. war in Afghanistan?

	Jan. 2007	Sept. 2006
Favour	44%	50%
Oppose	52%	48%
Unsure	4%	2%

MORE:

***Afghanistan:
Interview With A Resistance
Commander:***

**“The Sons Of Anti-Soviet Fighters
Have Taken Up Guns Against The
New Invaders”**

**“Do You Really Want To Be As Stupid
As The Russians?”**

**“Musa Khan Is Confident That
Afghanistan Can Prevail Over NATO And
The United States, As It Has Over Other
Foreigners Throughout Its History”**

Occupying powers are the enemy, and anyone from outside is distrusted -- even al Qaeda, whose adherents are called, pejoratively, Arabs and are considered fanatics obsessed with martyrdom.

"The American troops move slowly, they carry pounds of body armor and equipment," Hamid said. "You can't win if you can't move on these mountains. Their helicopters are the only real danger for us, but we have learned how to hit them, even without Stingers."

January 21, 2007 Claudio Franco, S. F. Chronicle Foreign Service

Abdullah Khan, a vigorous middle-aged man who owns much of the land visible from his house in the mountains of Konar's Chowki district, paced impatiently back and forth on the mountain path. He held a walkie-talkie, repeatedly checking the frequency dial and shifting the radio from one hand to the other.

A voice crackled through on the radio and Khan listened intently. "Al Qaeda guys, and they are close -- much closer than they should be," he said, seizing a Kalashnikov rifle and firing three shots into the air.

In response, two shots in rapid succession signaled that the Taliban unit was close. Khan was reassured: "They are just slightly late; they will be here soon."

Here in the harsh landscape of the eastern mountains near the Afghanistan-Pakistan border, nearly every family has at least one member involved with the Taliban.

Occupying powers are the enemy, and anyone from outside is distrusted -- even al Qaeda, whose adherents are called, pejoratively, Arabs and are considered fanatics obsessed with martyrdom.

In Afghanistan today, the central government in Kabul has little or no control over large swaths of the country, and U.S. and NATO troops are fighting a variety of foes: Taliban insurgents, al Qaeda operatives and warlord militias, each with their own turf and their own reasons for fighting the outsiders.

Although both the Taliban and al Qaeda oppose the presence of the American and NATO military, and even the international charities that set up shop in Afghanistan, this is not a place where the enemy of my enemy is my friend.

The Taliban fighters here use their knowledge of the terrain to strike and then fade away.

Fighting is a family profession -- the sons of anti-Soviet fighters have taken up guns against the new invaders. Time, too, is their ally; they are prepared to outwait any occupation force.

After months of protracted negotiations, Kashmir Khan, the Taliban insurgents' overall commander in Konar and Nuristan provinces, consented to the visit of a Western journalist to meet with these fighters, and guaranteed security. Abdullah Khan was serving as go-between. Such sympathizers -- traders, peasants, landowners and public officials, even smugglers -- are essential to the insurgents' surveillance network.

The meeting place was a few miles from Karongal, the main rebel hideout in the region. Getting there entailed a nine-hour nighttime walk, slowly climbing the endless soaring mountains where the rebels hide and operate. The night cover was critical to avoid being spotted by Afghan government or U.S. forces.

The insurgents maintained a minimal but well-organized camp, surrounded on three sides by sheer rock walls and hidden by abundant vegetation. The site provided an exceptional vantage point over the valley, while the rugged slopes offered a perfect location for sharpshooters armed with rocket-propelled grenade launchers and heavy machine guns.

The unit's commander, who gave his name as Musa Khan, was a short, lean 40-something man sporting the mustache-less beard of hard-line militants. Kashmir Khan had ordered the unit to attend the meeting, said Musa Khan, who made it clear he had more important business to attend to.

Musa Khan said his unit had 25 to 30 fighters, a handful of whom were deployed on the hilltops surrounding the interim base, securing all the potential access routes to the camp. This is how the Taliban operate in the eastern provinces, Musa Khan explained through a translator -- "groups of 20 to 40 lightly equipped men who are extremely mobile and effective in this rugged terrain."

They can move across their zone of operations -- from Karongal to Shaygal in the north, Chowki to the south, Nuristan to the west and the mountainous Kamdesh area along the Pakistan-Afghan border to the east, in essence almost anywhere in the 3,000-square-mile region -- in a matter of hours, invisible to anything but helicopters.

"And those can't fly too low," he said, pointing at the rocket-propelled grenade launcher by his side.

Over the years, Musa Khan has learned to trust the stringent logic of hit-and-hide tactics: "The U.S. helicopters cannot land if we are around, and they can't always target us from the air. They know we only need a split second to hit them and disappear. We only assemble with other units for large-scale attacks. With a few hours' advance notice, we can be virtually anywhere in the province. Once we have split up, it's extremely difficult to locate us without risking being hit."

The movement's leadership is growing in confidence, the commander said, and the same applies to the rank and file: "There are five young men ready to enlist for every fighter killed by coalition forces, and this is something you can't buy with money." Enlistees also get paid approximately \$140 per month by the Taliban, compared to \$100 paid by the Afghan National Army.

The 1979-89 anti-Soviet campaign is still a vivid memory here, and remains a model for resistance long after the Cold War ended.

Musa Khan held up a Kalashnikov rifle taken from the Russians more than two decades ago, and many of the weapons around the camp were Soviet ordnance, sometimes modified, seemingly in perfect working condition. Shells once used by tanks were wired

to a battery and improvised into missiles with a range of more than 5 miles, with the ballistic accuracy of a lamppost hurled at the speed of a jet.

Amir -- who like many Afghans goes by only one name -- also was a veteran of the anti-Soviet jihad and apparently was in charge of the unit's weapons.

There were the customary Kalashnikovs, "Kalakovs" -- the Afghans' name for AK-74s -- sniper rifles, at least a dozen rocket-propelled grenade launchers and a few heavy 12.6mm machineguns called Dashakas.

Amir said there were more weapons hidden underground. "We can move without too much equipment around here. We have interim bases like this one, equipped with all we need to survive and fight for days."

The unit is constantly on the move, Musa Khan said. In the eastern mountains, insurgents don't need to sacrifice men on a costly front line, as the Taliban are doing in Helmand province, because they know this terrain so well. Despite the presence of several thousand U.S. troops engaged here in the hunt for Osama bin Laden, the Afghans do not make an easy target.

"Afghanistan has grown used to being the victim of others' foreign policy interests," Musa Khan said. "NATO's expansion to the east is a sign that the U.S. is tired. Bush's strategists think that fighting under NATO command will shield the U.S. from the backlash resulting from their eventual defeat in Afghanistan."

Away from their commander, the mujahedeen were remarkably talkative. Hamid, whose black, Kandahar-style turban stood out among the ubiquitous pakol, the traditional felt berets of the Afghan east, knew about "a constant flow of arrivals from Pakistan" -- they were Arabs, he said, but he didn't know precisely where they came from.

"Some of them stay for six months and then go back, nobody knows where. They pay a lot to get in and out. None of them will talk, but they come here to train, I guess. Al Qaeda has its own network in Konar and Nuristan (provinces); they don't need us," he said.

Hamid said the Afghans and the Arabs have a common enemy, but don't necessarily like each other. He described the Arabs as firebrand Islamists who don't obey orders and are obsessed with martyrdom. "They won't stop shooting even when they are told to. And they always write messages home before a battle -- they get ready to die. I know them well, and I don't like them; they just don't trust Afghans."

The fighters are confident about the conflict's outcome.

"The American troops move slowly, they carry pounds of body armor and equipment," Hamid said. "You can't win if you can't move on these mountains. Their helicopters are the only real danger for us, but we have learned how to hit them, even without Stingers."

Musa Khan's main grievance against the United States in Afghanistan appears to be what he calls the "cultural invasion" by provincial reconstruction teams -- small, development-oriented, hybrid military-civilian units aimed at winning hearts and minds. The teams take on development projects in rural areas: mosques, wells, schools or whatever else is considered a priority in the area.

The mujahedeen insist that these teams are intended to disguise the activities of undercover agents. "They are uniformed soldiers, not nurses," Musa Khan said.

He would not answer questions on the presence of al Qaeda's leaders in the region. But the Konar-Nuristan triangle, including the Pakistani tribal district of Bajaur, is thought to be the most likely hideout for bin Laden's second-in-command, Ayman al-Zawahiri, and a number of other key figures.

"You must understand," Musa Khan said, "that one Arab is worth 10 Afghans in terms of religious zeal. They truly hate the West and all Westerners, without exception. They would never allow the press on these mountains. They are not fighting our war, but their own personal jihad. Protecting their own people and achieving martyrdom are their first priority."

Hafizullah, a small-scale trader from a nearby village who sells his wares to the Taliban gunmen, said he could estimate the numbers of Arabs from the quantity of batteries they buy for their walkie-talkies -- and, he added, business was booming. According to Hafizullah, Pakistan is the main source for their arms and ammunition, via the mountains of Kamdesh.

"They wouldn't risk having to deal with the Americans, and they know Afghans would talk sooner or later. Pakistan's tribal areas are different. The tribes and the ISI (Pakistan's intelligence service) have complete control over there. Nobody can question what or who they have seen crossing the border with a convoy of donkeys," he said.

The trader's stern analysis seemed to fit the known facts. The road to Karongal was sealed until mid-October, and U.S. forces were screening every vehicle into and out of the area. Pakistan's tribal areas are known to be both a haven and a route for foreign jihadis to get into Afghanistan.

Musa Khan said he is convinced that growing numbers of Afghans would prefer a return of the Taliban and strict Islamic rule: "Our people have learned the truth about (Afghan President Hamid) Karzai and his democracy. The Taliban are an alternative to corruption and incompetence. We aim to be a political movement, but won't disarm until the last infidel is gone. Afghans don't need democracy, but the return of the Islamic Emirate."

As for the conflict's eventual outcome, Musa Khan is confident that Afghanistan can prevail over NATO and the United States, as it has over other foreigners throughout its history.

"It's just a matter of how many corpses the American public will need before realizing that 'Enduring Freedom' was definitely a bad idea.

"It took 10 years for the Russians, and you are already halfway through.

"Do you really want to be as stupid as the Russians?"

**IF YOU DON'T LIKE THE RESISTANCE
END THE OCCUPATION**

**OCCUPATION ISN'T LIBERATION
BRING ALL THE TROOPS HOME NOW!**

IRAQ WAR REPORTS

Texas Marine Killed



Cpl. Jacob H. Neal, 23, of San Marcos, Texas, died Jan. 19, 2007 in Al Anbar Province, Iraq. Neal was assigned to Marine Forces Reserve's 1st Battalion, 24th Marine Regiment, 4th Marine Division, Grand Rapids, Mich. (AP Photo/Houston County Courier)

Marine Killed In Anbar

26 January 2007 Public Affairs Office, Camp Victory RELEASE No. 20070126-10

CAMP FALLUJAH, Iraq – One Marine assigned to Regimental Combat Team 6 died today from wounds sustained due to enemy action while operating in Al Anbar Province.

Two Resistance Rockets Hit Occupation Headquarters Area, Six Wounded

25 Jan 2007 Reuters

Two rockets hit the Green Zone in Baghdad, prompting alarms to sound and warnings urging people to take cover. The U.S. military said six people had been wounded, five of them slightly, but little damage was caused to buildings.

**REALLY BAD IDEA:
NO MISSION;
HOPELESS WAR:
BRING THEM ALL HOME NOW**



U.S. armoured vehicles in Baghdad November 6, 2006. REUTERS/Namir Noor-Eldeen

TROOP NEWS

Killer Bacteria Strikes Down Wounded Troops And Spreads To Civilians: Bottom Feeding Scum Sucker Duane Hospenthal, DoD, Caught Spreading Stupid Happy Talk Lies About Where It Comes From And How Serious It Is

Comment: T

This is long but well worth it.

You'll read how a deadly bacterial infection caught hold and started killing wounded soldiers. You'll read how the usual DoD rats desperately tried to keep a lid on it , tell the press "as little as possible" and block journalists who wanted to expose what was going on

You'll read how the fraud Hospenthal, in the face of overwhelming evidence, keeps up the tired old lie to this day when he says it comes from dirt in Iraq. The evidence shows the bacteria live in the army hospitals and the troops get it there. You'll read how.

You'll read how negligent killer Hospenthal tells civilians not to worry about it and makes fun of the idea it will spread to civilian health care facilities and kill patients there, as it has already spread to civilian health care facilities here in the USA.

You' read how he lies and spins, and lies some more, over and over again, and how his stupid lies get ripped to pieces.

You'll read about the horrors of the army medical system in Iraq; about how Pentagon budget cutters made our medical personnel work in filthy, unsanitary, combat hospitals complete with pigeon shit, no air conditioning, and no disinfectant supplies.

And you'll read how one courageous woman, Marcie Hascall Clark, decided she would not rest until the whole world knew the truth about all this when her husband was infected.

GI Special is honored to run the article she sent in, with this message:

From: Marcie Hascall Clark
To: GI Special
Sent: January 22, 2007 11:14 AM
Subject: Long time

I have been very busy trying to expose the AB thing and finally found a journalist who would not back down when the DOD tried to block them.

This is a real door opener to the truth

Marcie Hascall Clark
www.acinetobacter.org

Jan, 22, 2007 By Steve Silberman,Wired.com

A homemade bomb exploded under a Humvee in Anbar province, Iraq, on August 21, 2004. The blast flipped the vehicle into the air, killing two US marines and wounding another - a soft-spoken 20-year-old named Jonathan Gadsden who was near the end of his second tour of duty.

In previous wars, he would have died within hours. His skull and ribs were fractured, his neck was broken, his back was badly burned, and his stomach had been perforated by shrapnel and debris.

Gadsden got out of the war zone alive because of the Department of Defense's network of frontline trauma care and rapid air transport known as the evacuation chain. Minutes after the attack, a helicopter touched down in the desert.

Combat medics stanching the marine's bleeding, inflated his collapsed lung, and eased his pain. He was airlifted to the 31st Combat Support Hospital in Baghdad, located in an old health care facility called the Ibn Sina, which had formerly catered to the Baathist elite. [The horrors of the "lean and mean" support hospitals are described below in detail that will make you puke. T]

Army surgeons there repaired Gadsden's cranium, removed his injured spleen, and pumped him full of broad-spectrum antibiotics to ward off infection.

Three days later, he was flown to the Landstuhl Regional Medical Center in Germany, the largest American military hospital in Europe. He was treated for his burns, and his spine was stabilized for the 18-hour flight to the US. Just a week after nearly dying in the desert, Gadsden was recuperating at the National Naval Medical Center in Bethesda, Maryland, with his mother, Zeada, at his bedside.

The surgeons, nurses, medics, and pilots of the evacuation chain have saved thousands of lives. Soldiers wounded in Vietnam were six weeks of transit time away from US hospitals, and one out of every four of them died. By contrast, a soldier's odds of

surviving battle injuries in Iraq are nine out of 10. Unfortunately, this remarkable advance in battlefield logistics has also resulted in an increase in the number of traumatically injured patients who are particularly susceptible to infections during their recovery.

In Gadsden's case, from the moment he was carried into the Ibn Sina, the injured marine was in the crosshairs of an enemy he didn't even know was there.

At first, he did quite well. By early September, Gadsden was weaned off his ventilator and breathing on his own. For weeks he gradually improved. His buddies took him to a Washington Redskins game in his wheelchair, and the next day he navigated 50 feet with a walker. Soon Gadsden was transferred to a veterans' hospital in Florida called the James A. Haley Medical Center, where he offered to serve as the eyes of a fellow marine blinded in an ambush. The doctors told Zeada that her son might be able to go home by the end of October.

But he still had mysterious symptoms that he couldn't shake, like headaches, rashes, and intermittent fevers. His doctors gave him CT scans, laxatives, methadone, beta-blockers, Xanax, more surgery, and more antibiotics.

An accurate evaluation of his case was difficult, however, because portions of his medical records never arrived from Bethesda. If they had, they would have shown a positive test for a kind of bacteria called Acinetobacter baumannii.

In the taxonomy of bad bugs, acinetobacter is classified as an opportunistic pathogen. Healthy people can carry the bacteria on their skin with no ill effects - a process known as colonization.

But in newborns, the elderly, burn victims, patients with depressed immune systems, and those on ventilators, acinetobacter infections can kill. The removal of Gadsden's spleen and the traumatic nature of his wounds made him a prime target.

On October 17, the marine was given a day pass to accompany his mother to Wal-Mart, where he bought her a purse.

Hours after returning to the hospital, his condition deteriorated abruptly. His heart rate and blood pressure were elevated, and his white blood cell count was spiking. Nurses noted in his chart that he had become "disoriented to place, time, and people - thinking he is at home - sitting up thinks he's lying down." He struggled through occupational therapy the following morning, shivering and complaining of the cold.

Gadsden had a seizure and a heart attack the next day. The neurology team discovered that his cerebrum and cerebellum had swelled up overnight; he was clinically brain-dead.

His family and minister were called to the hospital, and on October 22 he was taken off life support.

The Marine Corps public affairs office sent out the customary press release attributing Gadsden's death to "injuries as a result of enemy action."

But then a few weeks later, Zeada's dentist told her a Florida newspaper was reporting that her son had died of bacterial meningitis. Aided by US representative Bill Young, Zeada - who works as a cardiac-care technician in South Carolina - demanded an investigation.

She discovered that an autopsy was performed shortly after her son's death. The coroner recorded the "manner of death" as "homicide (explosion during war operation)" but determined the actual cause of death to be a bacterial infection.

The organism that killed Gadsden, called Nocardia, had clogged the blood vessels leading to his brain. But the acinetobacter had been steadily draining his vital resources when he could least afford it.

For weeks, it had been flourishing in his body, undetected by the doctors at Haley, resisting a constant assault by the most potent antibiotics in the medical arsenal.

"No one said that my son had anything like that," Zeada says. "I never had to wear gloves or a mask, and none of the nurses did either. No one had any information."

Since OPERATION Iraqi Freedom began in 2003, more than 700 US soldiers have been infected or colonized with *Acinetobacter baumannii*.

A significant number of additional cases have been found in the Canadian and British armed forces, and among wounded Iraqi civilians.

The Armed Forces Institute of Pathology has recorded seven deaths caused by the bacteria in US hospitals along the evacuation chain. Four were unlucky civilians who picked up the bug at Walter Reed Army Medical Center in Washington, DC, while undergoing treatment for other life-threatening conditions.

Another was a 63-year-old woman, also chronically ill, who shared a ward at Landstuhl with infected coalition troops.

Forerunners of the bug causing the military infections have been making deadly incursions into civilian hospitals for more than a decade. In the early 1990s, 1,400 people were infected or colonized at a single facility in Spain. A few years later, particularly virulent strains of the bacteria spread through three Israeli hospitals, killing half of the infected patients.

Death by acinetobacter can take many forms: catastrophic fevers, pneumonia, meningitis, infections of the spine, and sepsis of the blood. Patients who survive face longer hospital stays, more surgery, and severe complications.

Nevertheless, the bug makes an unlikely candidate for the next mass plague. It preys exclusively on the weakest of the weak and the sickest of the sick, slipping into the body through open wounds, catheters, and breathing tubes.

Colonization poses no threat to people who aren't already ill, but colonized health care workers and hospital visitors can carry the bacteria into neighboring wards and other medical facilities.

Epidemiologist Roberta Carey at the Centers for Disease Control and Prevention calls acinetobacter the Rodney Dangerfield of microorganisms: "It doesn't get a lot of respect because it's not out there bumping off normal, healthy people."

But lately the bacteria has been getting its due, because it is rapidly evolving resistance to all of the antibiotics that used to keep it in check.

Until a few years ago, most strains could be dispatched with a wide variety of drugs. For the most tenacious infections, doctors could rely on a family of ultrabroad spectrum antibiotics called carbapenems.

But strains of acinetobacter are emerging now that are immune to every known remedy.

Multidrug - resistant pathogens are an epidemiologist's nightmare - reminders of the dark ages when millions of people died every year of runaway infections.

"We've been looking at acinetobacter in real time for years and years in our lab," says John Quinn, scientific director of the Chicago Infectious Disease Research Institute. "Then all of a sudden in 2005, we started seeing more bugs that were resistant to the carbapenems.

"First one out of 10 bugs, then four out of 10, and then almost all of the bugs. So there's a new sheriff in town. That's a clinical disaster."

To battle these new strains, clinicians are being forced to dust off a World War II-era relic called colistin, which is so toxic that it causes kidney damage in as many as one in four patients who take it.

In 2004, the Infectious Diseases Society of America included acinetobacter on its "bad bugs, no drugs" short list of pathogens that are "raising significant public health concerns." According to a recent CDC study, the new multidrug-resistant organisms are almost four times more deadly than older strains.

And they're spreading fast.

A major outbreak in Chicago two years ago infected 81 patients, killing at least 14. Arizona health officials tracked more than 200 infections in state hospitals early last year.

Doctors at Vanderbilt University Medical Center in Tennessee used to see an infection or two every year; now it's one or more a month.

"These bacteria are developing very, very quickly," says CDC epidemiologist Arjun Srinivasan, who has been consulting with the DOD about the military outbreak. "The bad news is that we're many years away from having new drugs to treat them. It should be a call to arms."

I VISITED WALTER REED in 2004 to write about anesthesia on the front lines. As I spoke with an Army sergeant who had survived a brutal attack in Najaf, US senator John McCain and talk-radio host Don Imus came into the room to thank him for his service.

When we walked out, McCain's assistant whipped out a bottle of sanitizing gel and passed it around. A nurse explained to me, "It's this bug that grows in the soil over there and gets blown into their wounds by IEDs. These poor guys are covered with it. Around here we call it Iraqibacter." Rumors were circulating at the hospital that insurgents dosed their homemade bombs with the flesh of dead animals.

Here Comes Liar Hospenthal With His Phony "Questions," Pretending He Doesn't Know Everybody Else Knows The Answers

Nearly four years into the war, the notion that deadly bacteria is lurking in the Iraqi dirt is still proposed by DOD officials as the most likely explanation for the military infections.

In November, Duane Hospenthal, an infectious-disease expert at Brooke Army Medical Center in Texas and a consultant to the Army Surgeon General, said, "The question really has been: Is it coming from these old facilities we're using in Iraq? Is it coming from some of the Iraqi patients we have? Is it normal flora for our deployed soldiers who have been there for a while? Or is it being blown into them from shrapnel, dirt, and other materials by these explosive devices?"

Hospenthal added that he believes there is little cause for concern. "It's a low-grade, low-virulence pathogen that can be recovered from soil and water. Without having it blasted into you or your being immunocompromised, it's not going to hurt you. We still see acinetobacter, but now that it's been recognized, people are less excited about it here.

"It's hard for me to even understand if this is a big issue."

It's true that many species of acinetobacter flourish widely in the environment. Thriving colonies have been recovered from soil, cell phones, frozen chicken, wastewater treatment plants, Formica countertops, and even irradiated food all over the world. But the particular species causing the military infections, baumannii, is almost always found in just one environment - hospitals.

Lenie Dijkshoorn, a senior researcher at Leiden University Medical Center in the Netherlands, has studied the bug since 1984. "My colleagues and I have been looking for Acinetobacter baumannii in soil samples for years, and we haven't found it," she says. "These organisms are quite rare outside of hospitals."

In fact, they are supremely adapted to life in critical-care facilities.

They can survive for weeks on a stethoscope, a blood-pressure cuff, a mattress, or a computer keyboard. The short, plump, rod-shaped bacilli are so adept at mining nutrients from recalcitrant sources that Israeli geneticists have engineered strains to biodegrade oil spills. Even before the bug evolved resistance to multiple antibiotics, it knew its way around a sponge and bucket. A Norwegian microbiologist noted in 1973 that disinfectant used to clean catheters in a gynecologist's lab contained "a veritable culture of the strain."

Hospenthal also told me that the acinetobacter has been recovered from the skin of those who have never been to war: "We've swabbed nondeployed soldiers and found the bacteria in their toe webs and other parts of their bodies."

The study he was referring to, however, published last July in the journal *Infection Control and Hospital Epidemiology*, pointed out that those organisms were genetically very different from the bacteria infecting men and women evacuated from Iraq.

The *Acinetobacter baumannii* colonizing new enlistees in Texas was still susceptible to antibiotics; the organisms infecting veterans are highly resistant.

In Europe, multidrug-resistant acinetobacter is spreading through civilian hospitals, precipitating a public health crisis.

A 2003-2004 epidemic hit more than 50 hospitals and long-term care facilities in France, making scores of patients sick and killing 34 people. Thirty-nine infected patients died at St. Mary's Hospital in London two years ago.

British health care officials are deeply concerned about a possible link between the civilian outbreaks and coalition troops carrying the bacteria home from Iraq. The UK's Health Protection Agency sent out a notice in 2003 asking doctors to submit samples of acinetobacter - from patients known to have returned from Iraq, or from patients on a ward where there have been Iraq returnees - to a lab for genotyping.

Three months ago, a health official in England told *The Independent* that the same strain of bacteria infecting troops had been implicated in at least three civilian outbreaks. Prime minister Tony Blair recently announced that a major civilian hospital will open a ward just for military patients.

Bacteria that know how to disable or block the efficacy of multiple drugs are highly educated organisms. They're typically the product of an environment where antibiotics are in frequent use, and they have downloaded genetic cheat codes from other resistant bacteria into their own DNA. Multidrug-resistant staph, for example, hijacked genes from a bug called *Enterococcus* that have made it resistant to vancomycin - the drug of last resort. Once a strain acquires these upgrades, Darwin's selective pressure weeds out the late adopters.

So where are these highly educated military bugs coming from? "It would be very interesting," Dijkshoorn says, "to investigate the routing of these patients."

THE FIRST NEWS that US troops had engaged an unforeseen enemy in Iraq appeared on a physicians' email list called ProMED on April 17, 2003. A communicable-disease expert in the Navy named Kyle Petersen posted a request for information about unusual infections he was seeing aboard the USNS Comfort, a 1,000-bed hospital ship off the coast of Kuwait.

The Comfort was taking in 50 new patients a day by helicopter, many of them Iraqi civilians and prisoners of war. Petersen told the ProMED list that he had seen "several cases of (multidrug-resistant) acinetobacter amongst Iraqi natives wounded by gunshots, shrapnel, burns or motor vehicle accidents."

Reviewing the literature, he found reports of an outbreak in Turkish hospitals after an earthquake in 1999, which suggested to him that "acinetobacter species are fairly common pathogens in traumatic wounds, especially if they are dirty."

The bugs on the Comfort, however, were more resistant than the Turkish strains. He continued: "Can anyone familiar with the soil biology of Iraq or the drug prescribing practices of the pre-regime medical system explain the severe drug resistance pattern we are seeing among our trauma victims medevaced from Iraq. Any comments would be greatly appreciated."

The bug's emergence on the Comfort made a tough job even tougher. In infected burn victims, skin grafts failed. Two Iraqi patients died. Luckily, the acinetobacter on the Comfort was still susceptible to imipenem, one of the carbapenem-based "magic bullets" kept in reserve for the day when nothing else works. The staff quickly ran through its stock of the drug, firing off urgent requests for more. By isolating carriers in an area of the ship nicknamed Acinetobacter Alley and maxing out the imipenem, the medics finally brought the spread of the bacteria under control.

Soon, however, the bug started popping up in other hospitals along the evacuation chain. More than 70 patients at Walter Reed eventually contracted acinetobacter infections of the blood.

Other infected patients and carriers surfaced at Landstuhl, Bethesda, and Balad Air Base, the embarkation point for troops on their way out of Iraq.

By early 2005, nearly one-third of the wounded soldiers admitted to the National Naval Medical Center had been colonized by the bacteria. Only a handful of the early cases could be traced directly to the bugs on the Comfort, because the ship steamed out of the Gulf three months into the war.

But almost all of the infected patients and carriers had received medical care at field hospitals in Iraq.

Known as combat support hospitals or CSHs, these facilities had been hastily erected in tents and other temporary structures, in keeping with the Pentagon's goal of a lean and mobile fighting force.

Maintaining sterile conditions in the desert required creative efforts.

Sand blew through every available opening in the walls, and the 130-degree days took their toll on drugs, power supplies, and diagnostic equipment.

To move trauma care closer to the action, the DOD deployed modified shipping containers called ISO boxes as portable operating rooms.

It was standard procedure to have a dozen nurses, surgeons, and anesthesiologists in each box crowded around two patients undergoing surgery simultaneously - an infection risk in any hospital.

At the 28th CSH near Camp Dogwood - home to more than 4,000 US and British soldiers - there was only one washer and dryer to launder all of the linen, including the surgical scrubs. Army nurses reported to the DOD that "sheets were more often than not soaked with blood and other body fluids - linen that covered the patients who were transferred back to Germany was not replaced."

When hospital-grade disinfectants ran low, which was often, the supply crew stocked up on bleach from a local bazaar.

The derelict infrastructure of the Ibn Sina, where Jonathan Gadsden was treated during his evacuation, bedeviled the staff's best infection-control efforts.

Rainwater dripped into operating rooms and supply closets, and pigeons roosted in the ventilation system, wafting the smell of droppings into the surgical suites.

(A request was filed to the Iraqi Ministry of Health in September 2003 to "eliminate bird feces" from the air ducts.)

Clean sheets and scrubs were scarce at the Ibn Sina as well, because the civilian laundry contractor was apparently selling them on the black market.

"When you're interested in immediate lifesaving, you can't be thinking about every infection-control nuance," says microbiologist Roberta Carey, branch chief of epidemiology at the CDC. "In any emergency room that deals with trauma patients, there's a limit - if they get too many patients from a car crash, they put the others on bypass and send them to another institution. But there is no bypass in a war zone."

The most effective way to curtail the development of multidrug-resistant bacteria is to limit the use of broad-spectrum antibiotics. But these drugs were dispensed widely in the CSHs. For wounded soldiers en route to Germany, they were employed as a kind of antimicrobial body armor to forestall future infection. But injured Iraqis would linger on antibiotic IV drips for weeks because the local medical facilities were overwhelmed or under rubble.

In the summer of 2003, civilian patients started getting sick at the Saarland University Hospital, one of the German facilities that admitted US troops evacuated from Iraq.

A few months later, an elderly woman being treated for chronic lung disease at Landstuhl died suddenly of antibiotic-resistant acinetobacter pneumonia and

bacteremia. DOD investigators found a perfect genetic match between the bug that caused her death and one infecting a military patient down the hall.

Eventually, more than 30 civilian patients picked up acinetobacter infections at Walter Reed.

The bacteria was spreading beyond the theater of war.

“A Contractor Named Merlin Clark”

Meanwhile, families of wounded US and British troops were being told -often in haphazard ways - that their loved ones were infected with an obscure organism they had somehow picked up in the desert.

A contractor named Merlin Clark was clearing mines near Baghdad for a company called Ronco Consulting when an IED took off the front of his left leg and severed a nerve in his right arm. When he first arrived at Walter Reed, his wife, Marcie, says, "They told us they had found bacteria, which you would expect from a dirty wound. We were more concerned that he might lose his leg."

Just before Marcie put her husband on a medevac to a hospital in Orlando, Florida, a nurse handed her a folder, which she put in her purse.

"I went down to get Merlin's bags," Marcie recalls, "and the soldier who brought me to the van told me, 'Put everything in the laundry right away. Don't touch this stuff. Don't breathe around it. It's got that bug the guys are bringing back from Iraq.'"

She tossed the dusty clothes in a hotel washing machine and checked the folder, where she saw the words *Acinetobacter baumannii* for the first time.

Frantic for more information about her husband's infection, she found little advice on sites for Iraq war veterans.

"We felt so alone, having to figure out everything for ourselves," she says. (When PDHealth.mil, a Web site for doctors who treat vets, finally added an acinetobacter FAQ in 2005, it became one of the two most popular pages on the site.)

A veterans' activist named Kirt Love helped Marcie create a Web site to raise public awareness of the outbreak, which launched in 2004 at www.acinetobacter.org.

Email started pouring in.

"After speaking with other family members at Brooke, I discovered that almost all of their sons and daughters, husbands and wives, had tested positive," wrote the mother of one infected soldier.

Another message read: "An apparently healthy civilian registered nurse working in the ICU at the National Naval Medical Center in Bethesda has a life-threatening acinetobacter infection - Are other workers within the same environment equally at risk?"

As the bacteria spread through hospitals in the US and Europe, the DOD worked overtime to keep a lid on the rumors.

In a PowerPoint presentation about acinetobacter and pneumonia delivered at the US Air Force School of Aerospace Medicine, a slide labeled "How to handle the press" read: "Don't lie. Don't obfuscate. Don't tell them any more than you absolutely have to."

Quietly, in spring 2004, a group of military doctors, infectious-disease specialists, and microbiologists decided to find out what was really going on with this bug.

"My concern was that we were changing the bacterial environment in our hospitals, and I wasn't seeing a whole lot being done about it," says Tim Endy, the former communicable-disease research director at Walter Reed.

"And now there were infections in patients who had never been to Iraq. The potential consequences to health care and to the cost of health care are huge."

The bills for imipenem use were soaring at Walter Reed, and each dose of the drug contributed to the snowballing resistance of the bacteria. Endy drafted a paper that became the catalyst for a full-fledged epidemiological consultation (an epicon, in military-speak) under the authority of the Army Surgeon General. Dozens of infectious-disease experts joined the investigation, along with academic researchers and epidemiologists from the CDC.

The task force sent field teams into Iraq and Kuwait to gather soil samples, swipe stretcher handles, and scour chow halls. When a storm dumped sand onto the decks of the Comfort, they swabbed the gunwale. To put the IED theory to the test, they took samples of bacteria from the dirty wounds of soldiers as they were admitted to the Ibn Sina. They also analyzed soil archived by the DOD before the war began.

The investigators did find acinetobacter in Iraq. It wasn't in the dirt - except for a few bugs under a dripping air conditioner outside a health care facility in Mosul - or in the fresh wounds, either.

But multidrug - resistant Acinetobacter baumannii was thriving in the emergency rooms, ICUs, and operating rooms of the combat support hospitals. As Paul Scott, one of the lead investigators, told a meeting of civilian epidemiologists in Chicago last spring, "This appeared to be a hospital-associated outbreak throughout our entire health care system."

The wounded soldiers were not smuggling bacteria from the desert into military hospitals after all. Instead, they were picking it up there.

The evacuation chain itself had become the primary source of infection.

By creating the most heroic and efficient means of saving lives in the history of warfare, the Pentagon had accidentally invented a machine for accelerating bacterial evolution and was airlifting the pathogens halfway around the world.

To stem the outbreak at its source, the epicon team proposed sweeping reforms throughout the combat zone.

The CSHs had to be run more like real hospitals, with frequent scrub-downs, stringent hand-washing, and HEPA filters to clean the air.

The dead tissue surrounding "frag" wounds turned out to be an ideal colonization site for the bugs, so it had to be removed more aggressively up front.

"If you don't have that necrotic tissue, your own innate defenses help keep the wound clean," says Kim Moran, a tropical-disease specialist who assisted the investigation when she worked at Walter Reed. Wound dressings needed to be changed less often, so bacteria from the hospital environment had less opportunity to get in. And the broad-spectrum anti-biotics had to be reserved for the treatment of identified bugs.

At first, these reforms ran into a major obstacle: Each link in the evacuation chain was owned by a different branch of the DOD. "There was no coordination among the services about infection-control policy," Endy says.

"No coordination about what kinds of antibiotics to use, no communication within the services about infectious disease problems. So it was almost impossible to coordinate any kind of broad policy changes." But then the task force phoned Donald Jenkins, a quick-thinking trauma surgeon at Balad who had already taken stock of the situation and tightened infection control in his own hospital. Jenkins briefed Elder Granger, head of the medical command throughout the region.

"We basically tried to initiate a policy change from the bottom up, rather than the top down," Endy recalls. "And it worked."

Back in Washington, the DOD ramped up its medical surveillance networks to track the enemy as it moved instead of waiting for reports of full-blown infections. Epidemiological data across the armed services was logged in a central database for the first time. To pinpoint the particular strains causing the military infections, the investigators shipped more than 200 samples of acinetobacter to a biotech firm called Isis Pharmaceuticals, which has developed a new system for genetically fingerprinting unknown pathogens. For purposes of comparison, the Institut Pasteur in France also sent samples gathered during outbreaks in European hospitals years before the war.

"Lo and behold, most of the bacteria from the military hospitals were the same as the isolates from Europe - the same molecular signatures, the same patterns of antibiotic resistance," says Isis microbiologist David Ecker.

"So my hypothesis became that there was a contamination of the US military health care system from organisms circulating in Europe, which happened somewhere along the path of the wounded soldiers."

The task force concluded that Camp Dogwood and Ibn Sina Hospital were likely the first links in the chain where the bugs took hold.

At the epidemiologists' meeting in Chicago last spring, Paul Scott said that some of the medical equipment used at the two facilities was originally packed in Germany and may have been contaminated before it was shipped to Iraq. But the "index case" that set the whole process in motion may never be known.

It's not over.

Acinetobacter is now a difficult part of daily life in many military hospitals, as it is in civilian ICUs and burn wards worldwide. And the rise of many other types of multidrug-resistant bacteria will make things even more difficult in the next few years, because there are few new antibiotics coming down the pipeline.

"The bugs are outpacing us, and these drugs are not the kind that bring in incredible profits," says Robert Guidos, director of public policy for the Infectious Diseases Society of America.

"We're planning for bioterrorism and pandemic influenza, but what about the hundreds of thousands of people dying each year from nontheoretical situations? We need to think in longer terms."

One of the most unsettling long-term questions about the military outbreak is how far the bugs of war will proliferate now that thousands of Iraq veterans have entered the VA hospital system. Many of the older vets who are already there - struggling with chronic conditions for decades, in and out of nursing homes - fall into the bacteria's target demographic.

Here Comes Piece Of Shit Hospenthal With More Lies

Duane Hospenthal of the DOD downplays the possibility that acinetobacter could become a problem in the wider population.

"Mom comes to visit her son," he says, "and everybody's dressed up in gowns and gloves and hats and masks, and she wants to know, 'Is this something I'm going to drag home to my 4-year-old?'" Those are the misconceptions I have to deal with from day to day. I can easily tell the family, "No, this is something we do to keep it from passing from patient to patient. If you have it on your hands, it's not going to cause any disease."

Once acinetobacter makes itself at home in a health care facility, however, it's hard to get rid of and easy to pass along.

Before Roberta Carey started working for the CDC, she spent months trying unsuccessfully to eradicate the bug from a university hospital in Illinois. "This organism requires many different assaults to get rid of," she says. "We see the bacteria metastasizing to neighboring institutions because medical personnel,

students, families, and patients go back and forth into the community and to other medical centers. So we have to be vigilant."

When a team of geneticists unlocked the secret of the bug's rapid evolution in 2005, they found that one strain of multidrug-resistant *Acinetobacter baumannii* carries the largest collection of genetic upgrades ever discovered in a single organism.

Out of its 52 genes dedicated to defeating antibiotics, radiation, and other weapons of mass bacterial destruction, nearly all have been bootlegged from other bad bugs like *Salmonella*, *Pseudomonas*, and *Escherichia coli*.

In the open source world of bacteria, everyone is working for the resistance.

Ramping up the immunity of any single organism, while dramatically increasing the size of the population most susceptible to infection, only helps the enemy.

To an aspiring superbug, war is anything but hell.

FORWARD OBSERVATIONS

An Honest U.S. Army Officer Who Refused To Serve In Iraq But Wants To Serve In Afghanistan Betrayed By Deceitful "Anti-War" Sleaze Hiding His Real Point Of View

Comment: T

There is a major campaign going on to defend 1st Lt. Ehren Watada from prosecution by the Bush regime for refusing to serve in Iraq.

Rightly so.

However, some organizations promoting his defense have buried under concrete the truth about what he believes. That betrays him and how he sees the truth.

It is not necessary to agree with him that the war in Afghanistan is justified to demand that the public know what he believes and does not believe, and what he wishes to do as well as what he refuses to do.

What he refuses to do is go to Iraq, and participate in the war there, which he regards as without any justification whatever.

What he has repeatedly offered to do, instead, is obey orders to go to serve with the U.S. occupation of Afghanistan.

This man is risking prison to stand up for his beliefs, and he has every right to them, and to have them known. He is not a puppet or a piece of furniture, to be used as convenient by some anti-war organizations for their own purposes.

And it is certainly not necessary to hide or defend his view that the invasion and occupation of Afghanistan are honorable to defend him from government attack for his completely accurate understanding that the war in Iraq is indefensible.

Hiding what he believes about Afghanistan from the public, which some campaigning in his defense have done, is not merely lying by omission to the public about Watada, it's refusing to accord him the dignity that he has earned by risking prison for the clear views he holds.

Lt. Watada's view of the war in Afghanistan as a just war is mistaken, but he has not tried to hide it for one second. He is principled, open and honest about it, as the list below shows. Respect to Lt. Watada for his honesty about what he believes.

Deepest respect also to his mother and father, who, in speaking to the public, have repeatedly pointed out the Army turned down his offer to serve in Afghanistan instead of Iraq.

On Jan 7, in an interview with the Honolulu Advertiser, his father reconfirmed his offer to serve in Afghanistan. Speaking in Princeton, New Jersey, his mother, Carolyn Ho, once again made his offer to serve in Afghanistan clear to the audience who heard her speak: [Trenton (NJ) Times, December 14, 2006]

It is not Lt. Watada or his family who have engaged in a campaign of deceit. But those who use him for their own agendas while refusing to make known where he stands are beneath contempt. They betray him and disgrace the movement they pretend to serve.

Understand, again, that this soldier has never hidden what he believes about serving in Afghanistan; that he and his family have been honest, principled and open about his views all along; and that no dishonor attaches to him for the sleaze who are lying by omission about where he stands.

Which organizations lie by omission?

Check for yourself.

Check the web sites of any in the Watada defense campaign to find out.

See if they tell you about *this*: A very small sample of the news reports which have accurately presented his views:

www.google.com/search?hl=en&q=Watada+%2B+Afghanistan

War Crimes | Features | The Stranger, Seattle's Only Newspaper

When he realized he could not allow himself to deploy to Iraq, **Watada** asked to be sent to **Afghanistan**, a war he supports because it has a clear connection ...

www.thestranger.com/seattle/Content?oid=57019 - 81k - Jan 25, 2007 - Cached - Similar pages

Seattle Post-Intelligencer: Sound Off

Watada is no coward. He volunteered for **Afghanistan** as an alternative, but he has the cojones to stand up to the US military for what he believes. ...

seattlepi.nwsourc.com/soundoff/comment.asp?articleID=299599 - 98k - Cached - Similar pages

starbulletin.com | News | /2006/12/25/

When the Army denied his request to be deployed to **Afghanistan** instead, **Watada** brought his case to the public's attention, appearing at anti-war ...

starbulletin.com/2006/12/25/news/story03.html - 33k - Cached - Similar pages

The Seattle Times: Local News: **Watada** can't base defense on war's ...

Watada said he is not a conscientious objector and offered to deploy to **Afghanistan**. But he cited specific objections to the legality of the war in Iraq and ...

seattletimes.nwsourc.com/html/localnews/2003528296_watada17m.html - 33k - Jan 25, 2007 - Cached - Similar pages

Missing From the NIE: **Afghanistan** » Netscape.com

Politics – September 29, 2006 Missing From the NIE: **Afghanistan** by Paul Sperry ... Politics – September 26, 2006 The Lt. **Watada** Case: a Day of Reckoning for ...

politics.netscape.com/story/2006/09/29/missing-from-the-nie-afghanistan/ - 27k - Cached - Similar pages

YouTube - First Lt. **Watada** (Part one)

In solidarity with the Iraq Veterans In solidarity with the Iraq Veterans Against the War, First Lt. Ehren **Watada** speaks at the Veterans for peace ...

www.youtube.com/watch?v=Qa6ZHYcG_EM - 89k - Jan 25, 2007 - Cached - Similar pages

Afghanistan Education News - Media Monitoring Service by EIN News

after finishing a degree at Hawaii Pacific University, Lt. **Watada** served so ably during a ... promotion. **Watada** has volunteered to serve in **Afghanistan**, ...

www.einnews.com/afghanistan/newsfeed-afghanistan-education - Similar pages

Tennessee Independent Media Center: feature/16102

It is important to note that 1LT **Watada** agreed to deploy to **Afghanistan**. One of the most important legal principles established at the Nuremburg trials is ...

www.tnmc.org/feature/display/16102 - 24k - Cached - Similar pages

Ehren **Watada**

"Eric Seitz, **Watada's** attorney, said the Army rejected offers by his client to give up his commission and serve in another combat zone, such as **Afghanistan**. ...

MORE:

STATEMENT BY THE MILITARY PROJECT ON THE WATADA CASE & OUTREACH TO THE TROOPS AT FT. LEWIS BY IRAQ VETERANS AGAINST THE WAR

To: Iraq Veterans Against The War Deployed, Ft. Lewis

Honorable Brothers and Sisters,

The action of members of Iraq Veterans Against The War to reach out to the troops at the gates of Ft. Lewis concerning the Watada case is magnificent.

As Tim Goodrich, Iraq Veterans Against The War, has noted: "The single largest failure of the anti-war movement at this point is the lack of outreach to the troops."

Support for members of the armed forces targeted by the government for refusing to go to Iraq is necessary. The war is a lie and a complete betrayal of military personnel.

No less deserving of support are those members of the armed forces, whether in Iraq, Afghanistan or elsewhere, who may not have not filed for CO status, refused to deploy or gone to Canada, but are quietly acting within the armed forces to build resistance to these wars of Empire

Their work can end the war, as it did in Vietnam, when resistance within the armed forces made it impossible to continue that war.

Concerning this particular case, the refusal of Lt. Watada to go to Iraq because he finds no justification for that war is a step in the right direction. However, his attorney's request that he be deployed to Afghanistan so he can serve as an officer in command of U.S. occupation troops, is not.

The invasion and occupation of Afghanistan has not benefited the Afghan people, and the U.S. never sought to "bring democracy" to Afghans. In fact, it is impossible for a foreign army of occupation to do this.

It is sufficient to note that Bush chose Hamid Karzai, a former employee of Unocal Corporation, the parent company of Union Oil Company of California, to run the Afghan collaborator "government."

Nothing less than the immediate, unconditional withdrawal of all occupation troops from Iraq and Afghanistan can free the people who live in either from the curse of Imperial war and death, and nothing less can preserve the lives of and restore honor to the members of our armed forces.

With deepest respect for your outstanding service in reaching out to the soldiers at Ft. Lewis with a message no civilians can deliver half so effectively,

In Solidarity,

The Military Project
www.militaryproject.org
Contact@militaryproject.org

Do you have a friend or relative in the service? Forward GI Special along, or send us the address if you wish and we'll send it regularly. Whether in Iraq or stuck on a base in the USA, this is extra important for your service friend, too often cut off from access to encouraging news of growing resistance to the war, at home and inside the armed services. Send email requests to address up top or write to: The Military Project, Box 126, 2576 Broadway, New York, N.Y. 10025-5657

What do you think? Comments from service men and women, and veterans, are especially welcome. Write to The Military Project, Box 126, 2576 Broadway, New York, N.Y. 10025-5657 or send to contact@militaryproject.org:. Name, I.D., withheld on request. Replies confidential. Same to unsubscribe.

Happy Anniversary: January 27, 1847 Several Hundred Citizens Of Marshall, Michigan, Helped Former Slaves Escape To Canada

Several hundred citizens of Marshall, Michigan, helped former slaves escape to Canada rather than be returned to their "owner" by bounty hunters.

Adam Crosswhite and his family, escaped Kentucky slaves, were tracked to the abolitionist town of Marshall by Francis Troutman and others.

Both black and white residents detained the bounty hunters and threatened them with tar and feathers.

While Troutman was being charged with assault and fined \$100, the Crosswhites fled to Canada. Back in Kentucky, the slave master stirred up intense excitement about "abolitionist mobs" in Michigan.

Happy Anniversary: January 28, 1989 To The Committee Of Soldiers' Mothers Of Russia: "Hundreds Of Mothers Organised By CSMR Went To Chechnya To Take Their Sons Away From The War"



Carl Bunin Peace History

"...for their courage in upholding the common humanity of Russians and Chechens and opposing the militarism and violence in Chechnya"

CSMR was founded in 1989 and officially registered the same year by 300 mothers of soldiers, whose initial aim was to campaign for their sons to return home early from military service in order to resume their studies.

They succeeded in bringing home nearly 180,000 young men for this purpose.

The mothers had been horrified by what they saw and learned about conditions in the armed forces: the regular beatings, abuse and humiliations, the lack of food or other necessities, the effective slavery imposed in the 'construction' battalions which comprised about 30 per cent of military manpower.

Their demands were for thorough reform of military structures, reform of the armed forces on a democratic basis, an end to forced labour in the construction battalions, demilitarisation of the justice system, the establishment of effective civil control over the military and legislation to provide for an alternative civil service.

In 1990 some of these demands, including partial demobilisation of the construction battalions, were conceded by President Gorbachev, but in general the situation did not improve.

CSMR set up a Rehabilitation Centre for soldiers who left the army for health reasons. Its activities expanded and diversified to include the organisation of human rights education for conscripts and their parents, dealing with individual complaints concerning human rights violations, regular inspections of military units, the working out of legislative proposals and the organisation of non-violent public protests.

In November 1994 the war in Chechnya broke out and, as CSMR put it, "the peaceful time for the Committee was over".

They opposed the war from the start, both in itself and for the threat it posed to the new Russian democracy.

Their new activities included dealing with individual complaints from soldiers and their mothers, running a weekly 'School for Conscripts', supervising the special military unit for the rehabilitation of so-called 'deserters', which is under the aegis of the CSMR, as well as participating in working groups of the State Duma (parliament).

In the first six months of the war, the Committee received letters from up to 200 people a day and in the same period nearly 10,000 people brought their complaints in person.

Hundreds of mothers organised by CSMR went to Chechnya to take their sons away from the war. They negotiated with the Chechen army and obtained the release of 'prisoners of war'.

CSMR organised a remarkable 'March of Mothers' Compassion', bombarded the Russian government with statements and petitions, and campaigned for the young men who refused to serve in Chechnya, declaring themselves conscientious objectors.

Most controversially, they started a campaign encouraging mothers to support the right of their sons to refuse military service - and they travelled abroad to support the idea of an International Tribunal on Chechnya.

The founders of CSMR were five women - two engineers, a journalist, a teacher and an economist. An all-volunteer organisation with no regular budget, CSMR now acts as the umbrella group for 50 regional organisations of soldiers' mothers and liaises with others.

In 1995, CSMR received the Sean MacBride Award from the International Peace Bureau and an award from the Norwegian Committee on Human Rights.

**"The mothers' love, the mothers' aspirations to defend their children, turned very soon into conscious human rights activity... The soldiers' mothers understood that to defend their children they have to change the State and society. Their call for human rights in all the military power structures meant a call for democracy."
- Ida Kuklina**

Contact Details:
Committee of Soldiers' Mothers of Russia
4 Luchnikov Lane, Door 3, Room 32, 103982 Moscow
Russia

NEED SOME TRUTH? CHECK OUT TRAVELING SOLDIER

Telling the truth - about the occupation or the criminals running the government in Washington - is the first reason for Traveling Soldier. But we want to do more than tell the truth; we want to report on the resistance - whether it's in the streets of Baghdad, New York, or inside the armed forces. Our goal is for Traveling Soldier to become the thread that ties working-class people inside the armed services together. We want this newsletter to be a weapon to help you organize resistance within the armed forces. If you like what you've read, we hope that you'll join with us in building a network of active duty organizers.

<http://www.traveling-soldier.org/> And join with Iraq War vets in the call to end the occupation and bring our troops home now! (www.ivaw.net)

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