

GI SPECIAL 7F3:

BARACK OBAMA SELLING HIS WAR IN AFGHANISTAN TO SUCKERS.



MR. FISH

[Thanks to Mark Shapiro, Military Project, who sent this in.]

U.S. Military: Heavily Armed And Drugged To The Teeth

**“If I Had Never Been Put On
Medications And Just Had
Counseling, I’d Be A Lot Better
Off”**

**Prescription Drug Addiction
Among American Troops Is On
The Rise:**

**“16% Had Thought About Killing A
Superior Or Someone Else Who Was
Not The Enemy”**

**“Many Of These Soldiers Are Sent To
Afghanistan Despite A Doctor Saying
They Shouldn’t Go Or Leaders Knowing
They Shouldn’t Deploy”**

Thousands of American fighters armed with the latest killing technology are taking prescription drugs that the Federal Aviation Administration considers too dangerous for commercial pilots.

[Thanks to Sandy Kelson, Military Project & Veterans For Peace, who sent this in.]

May 19, 2009 By Melody Petersen, MSNBC.com

Marine Corporal Michael Cataldi woke as he heard the truck rumble past.

He opened his eyes, but saw nothing. It was the middle of the night, and he was facedown in the sands of western Iraq. His loaded M16 was pinned beneath him.

Cataldi had no idea how he'd gotten to where he now lay, some 200 meters from the dilapidated building where his buddies slept.

But he suspected what had caused this nightmare: His Klonopin prescription had run out.

His ordeal was not all that remarkable for a person on that anti-anxiety medication [translation: addictive drugs].

In the lengthy labeling that accompanies each prescription, Klonopin users are warned against abruptly stopping the medicine, since doing so can cause psychosis, hallucinations, and other symptoms.

What makes Cataldi's story extraordinary is that he was a U. S. Marine at war, and that the drug's adverse effects endangered lives — his own, his fellow Marines', and the lives of any civilians unfortunate enough to cross his path.

"It put everyone within rifle distance at risk," he says.

In deploying an all-volunteer army to fight two ongoing wars, in Iraq and Afghanistan, the Pentagon has increasingly relied on prescription drugs to keep its warriors on the front lines.

In recent years, the number of military prescriptions for antidepressants, sleeping pills, and painkillers has risen as soldiers come home with battered bodies and troubled minds.

And many of those service members are then sent back to war theaters in distant lands with bottles of medication to fortify them.

According to data from a U. S. Army mental-health survey released last year, about 12 percent of soldiers in Iraq and 15 percent of those in Afghanistan reported taking antidepressants, anti-anxiety medications, or sleeping pills.

Prescriptions for painkillers have also skyrocketed.

Data from the Department of Defense last fall showed that as of September 2007, prescriptions for narcotics for active-duty troops had risen to almost 50,000 a month, compared with about 33,000 a month in October 2003, not long after the Iraq war began.

In other words, thousands of American fighters armed with the latest killing technology are taking prescription drugs that the Federal Aviation Administration considers too dangerous for commercial pilots.

“There are risks in putting people back to battle with medicines in their bodies,” says psychiatrist Judith Broder, M. D., founder of the Soldiers Project, a group that helps service members suffering from mental illness [translation: traumatic stress, which is not a “mental” or any other form of “illness”: it is a normal reaction to trauma. T]

She worries that some soldiers are being medicated and then sent back to fight before they’re ready.

“The military is under great pressure to have enough people ready for combat,” she says. “I don’t think they’re as cautious as they would be if they weren’t under this kind of pressure.”

When Cataldi talks about what happened to him in Iraq, he begins with an incident that took place on a cold January night in 2005, when he and five other Marines received a radio call informing them that a helicopter had disappeared. The men roared across the desert of western Iraq and found what was left of the chopper. Flames roared from the pile of metal. Cataldi, 20, was ordered to do a body count.

The pilot’s body was still on fire, so he shoveled dirt on it to douse the acrid flames. He picked up a man’s left boot in order to find the dog tag every Marine keeps there. A foot fell to the ground.

“People were missing heads,” Cataldi remembers. “They were wearing the same uniform I was wearing.”

The final death toll from that crash of a CH-53E Super Stallion was 30 Marines and one sailor.

For days, Cataldi couldn’t escape the odor of burning flesh. “I had the smell all over my equipment,” he says. “I couldn’t get it off.”

When he returned to his stateside base at Twentynine Palms, California, he knew he’d brought more than memories back from Iraq. He would cry for no reason. He flew into fits of rage. One night he woke up with his hands around the throat of his wife, Monica, choking her.

“It scared the crap out of me,” he says.

He went to see a psychiatrist on base. “He said, ‘Here’s some medication,’ “ Cataldi recalls.

The prescribed drugs were Klonopin, for anxiety; Zoloft, for depression; and Ambien, to help him sleep. Later, other military doctors added narcotic painkillers for the excruciating pain in his leg, which he’d injured during a training exercise. He was also self-medicating with heavy doses of alcohol. [Klonopin is viciously addictive, as addictive as heroin, and, combined with opiates, can suppress respiration enough to kill.]

Those prescriptions didn’t stop the Marine Corps from sending Cataldi back to Iraq.

In 2006, he returned to the same part of the Iraqi desert to do the same job: performing maintenance on armored personnel carriers known as LAVs.

He also took his turn driving the 14-ton tanklike vehicles, one of which was armed with a 25 mm cannon and two machine guns and loaded with more than 1,000 rounds of ammunition.

Marine Major Carl B. Redding says he can't talk about the medical history of any Marine because of privacy laws. **[Marine Major Carl B. Redding is a liar, and a stupid liar at that. "Privacy laws" simply require consent of the patient to release medical information, which medical information a patient has the right to acquire for him or herself, and also may consent to release to any person of his or her choice.]**

He says the Corps has procedures to ensure that service members taking medications [translation: drugs] for psychiatric conditions are deployed only if their symptoms are in remission. Those Marines, he says, must be able to meet the demands of a mission.

But it's difficult to square those regulations with Cataldi's experience. His medications [translation: drugs] came with written warnings about the dangers of driving and operating heavy machinery. The labels don't lie.

One night, Cataldi took his pills after his commander told him he was done for the day.

Five minutes later, however, plans changed, and he was told to drive the LAV. He asked the Marine sitting behind him to help keep him awake. "I said, 'Kick the back of my seat every 5 minutes,' and that's what he did."

Cataldi says he managed on the medications — until his Klonopin [translation: highly addictive drug] ran out. The medical officer told him there was no Klonopin anywhere in Iraq.

So the officer gave him a drug called Seroquel. That's when Cataldi says he started to become "loopy."

"I'd go to pick up a wrench and come back with a hammer," he says. "I wasn't able to do my job. I wasn't able to fight."

And Iraq isn't the first place U. S. military doctors have prescribed medications to troops on the front.

During the Vietnam war, military psychiatrists spoke enthusiastically about some newly psychiatric medicines, including Thorazine, an anti-psychotic, and Valium, for anxiety. According to an army textbook, doctors frequently prescribed those drugs to soldiers with psychiatric symptoms. Anxiety-ridden soldiers with upset bowels were sometimes given the antidiarrheal Compazine, a potent tranquilizer.

But the use of those drugs in Vietnam became controversial.

Critics said it was dangerous to give soldiers medications that slowed their reflexes, a side effect that could raise their risk of being injured, captured, or killed.

That risk was real. In a report supported by the U. S. Navy 14 years after the United States withdrew from Vietnam, researchers looked at the records of all Marines wounded there between 1965 and 1972.

Marines who'd been hospitalized for psychiatric reasons before being sent back to battle were more likely to have been injured in combat than those who hadn't been hospitalized.

Critics of medication use in Vietnam also said that a soldier traumatized by battle may not be coherent enough to give his consent to take the drugs in the first place.

Plus, a soldier would risk court-martial if he refused to follow orders, they said, making it unlikely he could make a reasoned decision about taking the medications.

After the war, the practice of liberally giving psychiatric drugs to warriors fell out of favor.

In War Psychiatry, a 1995 military medical textbook, a U. S. Air Force flight surgeon warned about the use of psychiatric drugs, saying they should be used sparingly.

“Sending a person back to combat duty still under the influence of psychoactive drugs may be dangerous,” he wrote. “Even in peacetime, people in the many combat-support positions... would not be allowed to take such medications and continue to work in their sensitive, demanding jobs.”

Surveys of behavioral-health professionals offer hints about what has happened as soldiers are medicated and then sent back to fight. In last year's surveys, carried out by teams sent to Iraq and Afghanistan by the Army Surgeon General, a staff member reported that there had been “quite a few (evacuations for) psychotic breakdowns.”

“Many of these soldiers are sent to Afghanistan,” the staff member said, “despite a doctor saying they shouldn't go or leaders knowing they shouldn't deploy.”

In an article in the journal Military Medicine, Jeffrey Hill, M. D., and his colleagues wrote about soldiers who had made suicidal or homicidal threats at a base in Tikrit, Iraq.

Of 425 soldiers evaluated for psychiatric treatment, they reported, about 30 percent had considered killing themselves in the previous week, and 16 percent had thought about killing a superior or someone else who was not the enemy.

Each of these soldiers poses a dilemma for physicians, they wrote, because of his or her duty “to conserve the fighting strength” — the motto of the U. S. Army Medical Department.

“She Is Furious That The Army Gave Him Prozac”

“She Points Out That The Labeling Of Prozac, Zoloft, And Similar Antidepressants State That The Drugs Have Been Shown To Increase Suicidal Behavior In People Age 24 And Younger”

When Travis Virgadamo arrived from his army unit in Iraq for a visit with his family in July 2007, he hesitated to tell his grandmother, Katie O'Brien, what he had seen. “I've seen little children killed,” she remembers him saying. “You can't imagine what it's like, Grandma. You just can't.”

Virgadamo, shy and quiet as a boy, had grown up wanting to be a soldier. “It was his dream,” O'Brien says. “He was a good kid. He would do anything for you.”

Soon after entering the army, however, Virgadamo began to have problems. In boot camp he became angry and suicidal, prompting an army doctor to write him a prescription for Prozac, his grandmother says.

Not long after that, he was sent to Iraq. One day as men in his unit were cleaning weapons, the commander sent Virgadamo for some gun oil, O'Brien says. When he didn't return, they went to look for him. They found him with a gun in his mouth.

Virgadamo was sent home to Pahrump, Nevada, to be with his family for 10 days. Then he would be returned to Iraq. O'Brien learned that he was sent to a class meant to help him, and that he had been given a new medication instead of Prozac. The day he supposedly completed his class, O'Brien says, his commander gave him his gun back.

That night he used it to kill himself.

“They all knew he was in a very serious situation,” O'Brien says. “He was a danger to the other soldiers as well as to himself.”

She is furious that the army gave him Prozac.

She points out that the labeling of Prozac, Zoloft, and similar antidepressants state that the drugs have been shown to increase suicidal behavior in people age 24 and younger — a group that includes large numbers of American soldiers.

Virgadamo was 19 when he died.

“It was so unnecessary,” she says. “We can't bring him back.”

At age 26, with a new wife and child, Michael R. De Vlieger never seemed to have enough money. He had resorted to selling his blood plasma for extra cash when he noticed the recruiting station next door to the donation center. That was in November 2004. Fifteen months later he was on the ground in northern Iraq, a gunner with the 101st Airborne.

Not long after he landed in Iraq, roadside bombs blew apart two Humvees from his platoon, killing nine soldiers, including men he knew well.

The next month, as he manned a Humvee on patrol passing through a crowded market, grenade-throwing insurgents jumped from behind the fruit stands. One antitank grenade landed under the vehicle. The blast didn't pierce its metal, but the force drove De Vlieger's knee through the door.

He was later evacuated by helicopter and returned to Fort Campbell, in Kentucky, to recuperate. But his personality had changed. He began to drink heavily, and flew into rages. One day, he attacked his wife's dog.

"I had lost so many friends and went through a near-death experience," he says. "I wasn't who I was when I left."

He was updating his will and preparing to return to Iraq when he broke down. His wife, Christine, found him awake in the middle of the night, rocking while babbling incoherently.

Frightened, Christine called his squad leader, who took him to the base emergency room.

Doctors then sent him to a nearby private psychiatric hospital, where he stayed for 16 days, receiving medications to calm his panic and treat his blood pressure and depression. The doctors released him with four prescriptions.

A noncommissioned officer in charge of De Vlieger's unit's stateside operations told him that day that he had to leave immediately for Iraq.

Less than 18 hours after being released from the hospital, De Vlieger was on a plane heading for the Middle East.

"I was in no condition to leave," he says. "I'm an infantryman. If I'm screwed up in my head, it could cost my life or the lives of the men with me."

Pentagon policy requires that service members with psychiatric conditions be stable for at least 3 months before they can be deployed.

DeVlieger says the medications altered his thinking — a side effect he didn't want to deal with at war. He threw the pills away.

"I had a weapon, entire magazines filled with rounds. It's not like it would have been difficult for me to commit suicide," he says. "I don't believe it was safe."

How The Drug Industry Bribes Thieving, Dishonorable Military Doctors To Use Their Toxic Shit On The Troops

Military physicians can be swayed by the aggressive promotional efforts of the pharmaceutical industry just like civilian doctors often are.

The military has rules that limit the handouts doctors can take from drug companies. A doctor can go to a dinner paid for by a drug company, but the meal's value can't be more than \$20, and the value of all gifts received from a company over the course of a year can't exceed \$50.

The drug companies have devised ways of working around those limits.

When thousands of military and federal health-care professionals met in November for the annual meeting of the Association of Military Surgeons of the United States (AMSUS), more than 80 pharmaceutical companies and other health-care firms were on hand.

The companies helped pay for that San Antonio event in exchange for the opportunity to set up booths in the convention hall, where sales reps pressed doctors to prescribe their products or to use their medical equipment and devices.

The 6-day meeting included a celebration; 15 military and federal doctors and other health professionals received awards that included cash prizes provided by various drug companies.

Aggressive corporate promotion is one reason behind the army's fast-rising use of narcotic painkillers.

Manufacturers of narcotics like OxyContin and Actiq have spent millions in recent years to convince doctors that the drugs aren't as addictive or as dangerous as most people believe. Before such corporate marketing campaigns, many doctors hesitated to prescribe narcotics unless a patient was suffering from a serious, pain-inflicting condition — terminal cancer, for instance.

Drugmakers expanded the market by encouraging docs to prescribe narcotics to people suffering from more moderate pain, and by downplaying the drugs' addictive potential.

These same manufacturers fund organizations like the American Pain Society. The society's noble goal of eliminating pain has made it the perfect conduit for drug marketing.

The Defense Department and the Department of Veterans Affairs also issued a guideline in 2003 that directed doctors on how to prescribe narcotic painkillers for chronic pain.

Chronic pain can be related to conditions ranging from arthritis to the phantom-limb pain experienced by amputees.

“Repeated exposure to opioids in the context of pain treatment only rarely causes addiction,” the guideline noted.

That statement is controversial.

In a study at Brigham and Women's Hospital, in Boston, 22 percent of patients taking narcotics for long-term treatment showed signs of abusing the drugs.

The army has plenty of firsthand evidence of how addictive the painkillers can be.

At Fort Leonard Wood, in Missouri, officials charged more than a dozen soldiers with illegally using and distributing narcotics, including drugs they'd reported picking up at the base's pharmacy for little or no cost.

Many of the soldiers had suffered injuries in Iraq or in training but had later begun abusing the painkillers reportedly prescribed by army doctors.

One problem is that injured soldiers in pain are often also suffering from posttraumatic stress disorder (PTSD), which makes them vulnerable to abusing alcohol or drugs. A soldier taking a narcotic can start using it to escape more than his pain.

Cataldi, who's now out of active duty, says that when he returned from his first tour of Iraq, both he and a friend were taking painkillers for injuries.

They couldn't seem to get enough of the drugs, he says.

"We'd find pills on the floor," he says, "and just take them."

Narcotics can make patients dizzy and unable to function. Their labels warn about performing "potentially hazardous tasks."

Staff Sergeant Jack Auble took Oxy-Contin, Percocet, and Vicodin for a serious back injury as he worked in Camp Stryker, in Baghdad.

Prior to that tour, he had been in the process of being medically discharged from the army after 20 years of service because of severe osteoporosis in his spine. Then he was sent to Iraq.

Auble's job in Baghdad was to monitor a computer that showed in real time what was happening on the battlefield. But the side effects of the drugs made his job impossible, he says.

He frequently lost track of what people said to him and the positions of troops in the field. At times, he says, he dozed off in his chair.

"I could not do the job," Auble says. "My judgment was clouded all the time."

After 3 months in Baghdad, Auble's pain worsened. The army evacuated him to a hospital outside Iraq. At 44, he is now retired with a permanent disability, and walks with a cane.

Cataldi now works as a mechanic in Riverside, in Southern California. He lives with his wife, 2-year-old daughter, and 10-year-old stepson in an apartment at the foot of a mountain. On his living-room wall hang framed photos of his grandfather and uncles dressed in their USMC uniforms.

Doctors at the V. A. still aren't sure how to help Cataldi. His current diagnoses include PTSD and traumatic brain injury that might have been caused by several concussions he suffered in training and in Iraq.

He also still feels intense pain in his leg.

He shows a visitor snapshots taken at the funerals of some of his buddies. He goes to the kitchen, bringing back four bottles of medications, including Klonopin, the drug he blames for creating a needless ordeal in Iraq.

He fears he'll be on Klonopin for the rest of his life.

When he tries to stop taking it, he spaces out and isolates himself.

"If I had never been put on medications and just had counseling, I'd be a lot better off," he says.

MORE:

Confirmed!
**"Only One Treatment Method —
Exposure Therapy — Has Been
Proven To Help PTSD In Studies
By Objective Researchers"**
**Previous Research Finding
Confirmed By Atlanta V.A. Test
Program;**
**"81% Showing 'Clinically Significant
Improvement,' Which Was Still At 81
% Six Months Later"**

[Reprinted from GI Special 6G17: June 2007]

July 28, 2008 By Kelly Kennedy, Army Times

Three new studies looking at combat stress have found group exposure therapy seems to work, that troops with traumatic brain injuries are more likely to have post-traumatic stress disorder, and that stress debriefings held after traumatic events don't appear to prevent PTSD.

The research comes as the Department of Veterans Affairs works to find the best treatment methods for combat veterans.

It follows a report by Rand Corp. that showed only one treatment method — exposure therapy — has been proven to help PTSD in studies by objective researchers.

The first study looked at a program that had been in place for four years at the Atlanta VA Medical Center. The center's Posttraumatic Stress Disorder Clinical Team began researching group-based exposure treatment.

Past studies have shown group therapy to be ineffective on veterans with PTSD, but authors of this study, published in the April issue of the Journal of Traumatic Stress, said the amount of exposure therapy — 60 hours — in this group may be the key to why it works.

First, nine to 11 people get to know each other and talk about their experiences before they joined the military. Then, they spend several weeks talking about their wartime experiences.

A total of 93 Vietnam veterans, four Gulf War veterans, one Korean War veteran and two Iraq war veterans took part in the study, with 81 percent showing “clinically significant improvement,” which was still at 81 percent six months later.

And the study found something else: VA clinicians indicated to researchers that they do not use exposure therapy out of concern for possible increases in suicide ideation, hospitalizations and dropout rates, but “we found the opposite to be true,” the study's authors said.

Many patients said hearing others' traumatic experiences evoked painful recall of what had happened to them, but “none reported any negative lasting effects, and many indicated that this process helped them put their own experience into better perspective,” the study said.

For example, one-third of the group members said they had frozen under fire. “Learning how common this was helped reduce the shame and guilt that many patients had felt for decades,” researchers said.

MORE: From GI SPECIAL 6E15: 5.24.08:

This Information Could Save Your Sanity, Or Your Life:

If Somebody Tries To Drug You Or A Buddy Or Family Member, The Fact The Information Below Appeared In Army Times Can Be A Powerful Weapon Of Self-Defense

Comment: T

Because of the extreme importance of this information to every member of the armed forces, for or against the war, it is being reprinted again from a previous GI Special.

This news report below makes clear that there is now new evidence based research about what works and what doesn't work for troops experiencing PTSD.

The credibility and importance of this research -- initiated by the Department of Veterans Affairs -- is underlined by publication of the findings in Army Times, rather than appearing on some obscure web site or other as somebody or other's opinion.

The V.A. has long practiced drugging troops with all kinds of very dangerous pills as a "treatment" for PTSD. As this article documents, that's useless. And dangerous: overdoses can kill. Benzodiazepines [Valium & Librium are well known examples] are viscosly addictive and potentially deadly drugs handed out to troops like bags of popcorn.

As the article below reports, the only effective treatment for PTSD so far is "exposure therapy; reliving a traumatic experience by writing or talking about it."

A lot of quacks, including at V.A. facilities as well as privately, are hustling other bullshit phony treatments, ranging from moving your eyeballs around to eating herbs and weeds.

Excuse a personal note, but I've been working professionally with traumatic stress survivors for over 30 years, both military and civilian, both at VA and private facilities, and can testify that the research finding reported in this article is 100% right: the only effective treatment for PTSD so far is "reliving a traumatic experience by writing or talking about it."

But you don't have to believe that.

Here's the report, from Army Times.

Assuming you give a shit about whether troops live or die, send it around, word for word, and be sure to mention it comes from Army Times in case some idiot thinks you sucked it out of your thumb.

Most important, if somebody in command or at the V.A. tries to drug you or a buddy or family member, the fact this information appeared in Army Times can be a powerful weapon of self-defense:

MORE:

**“Research Has Not Shown Serotonin Re-Uptake Inhibitors, Such As Prozac, Zoloft Or Celexa, To Be Effective In Treating PTSD”
“Exposure Therapy -- Reliving A Traumatic Experience By Writing Or Talking About It -- Is The Only Therapy Proved Effective By Independent Research”**

April 14, 2008 By Kelly Kennedy, Army Times [Excerpts]

“Problems related to getting troops adequate mental health treatment cannot be resolved unless two issues — stigma and access — are addressed,” Todd Bowers, director of government affairs for Iraq and Afghanistan Veterans of America, told the House Veterans’ Affairs subcommittee on health on April 1.

Almost 59,000 veterans of the wars in Iraq and Afghanistan have been diagnosed with PTSD by the Department of Veterans Affairs. Army post-deployment health assessments have found that 20 percent of active-duty and 40 percent of reserve-component troops had symptoms of PTSD, and some experts say the real numbers could be much higher.

But because PTSD hasn’t been addressed until fairly recently — the first scientific paper about the disorder in veterans of the 1991 Persian Gulf War didn’t come out until five years after that war ended — VA and Pentagon officials say much needs to be done to determine good screening techniques and therapies.

“This is the first war where DoD and VA recognized the psychological impact going in,” said Army Col. Charles Hoge, chief of psychiatry and neuroscience at the Walter Reed Institute of Research.

Combat vets are not sleeping, experience startle reactions and are hyper-alert.

“All of these things that we label as symptoms are things they need in combat,” Hoge said. “No sooner are they transitioned back home than they’re right back in rotation.”

At the House hearing, Hoge said an Army assessment last summer showed that the numbers of soldiers with PTSD is going up with each deployment.

“There’s a direct connection between mental health and multiple deployments,” he said, adding that troops also need more time between deployments.

David Matcher, of the Institute of Medicine’s Committee on Treatment of Posttraumatic Stress Disorder, said a recent study found that research has not shown serotonin re-uptake inhibitors, such as Prozac, Zoloft or Celexa, to be effective in treating PTSD.

Exposure therapy — reliving a traumatic experience by writing or talking about it — is the only therapy proved effective by independent research, he said.

Other treatments exist, but they have been tested mainly by the same people who developed them.

That’s an important point because the Defense Department and VA use several such methods, including group and drug therapy, to treat combat veterans.

DO YOU HAVE A FRIEND OR RELATIVE IN THE MILITARY?

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 wars, inside the armed services and at home. Send email requests to address up top or write to: The Military Project, Box 126, 2576 Broadway, New York, N.Y. 10025-5657. Phone: 917.677.8057

IRAQ WAR REPORTS

Baghdad IED Kills U.S. Soldier

June 03, 2009 U.S. Department of Defense News Release No. 391-09

Sgt. Justin J. Duffy, 31, of Cozad, Neb., died June 2 in Baghdad, Iraq, when an improvised explosive device detonated near his vehicle. He was assigned the 3rd Brigade Combat Team, 82nd Airborne Division, Fort Bragg, N.C.

U.S. Combat Troops Will Continue To Occupy Baghdad; Obama Shits On Bush Agreement To Withdraw From Cities By June 30: “U.S. Officials Have Declined To Say How Many Troops Would Stay Behind Under Their Plan”



[Thanks to Mark Shapiro, Military Project, who sent this in.]

[Thanks to Elaine Brower, Military Project, who sent this in.]

Jun 3 By CHELSEA J. CARTER, Associated Press Writer

The U.S. and Iraqi militaries have tentatively agreed to keep a joint base on the edge of Baghdad's slum of Sadr City, maintaining an American presence in a strategic area even after the June 30 deadline for U.S. combat troops to pull out of the capital.

The base - Joint Security Station Commanche - is one of about 14 joint facilities that U.S. officials say privately that they would like to keep in flashpoint neighborhoods after the deadline.

Commanche is the most significant because it controls the area where militants poured rocket fire onto the Green Zone during the last major fighting in the city in 2008.

"We consider that critical," Brig. Gen. Mike Murray, a deputy commander of U.S. forces in Baghdad, told The Associated Press on Tuesday.

The pact, which took effect Jan. 1, specifies that combat troops must withdraw, not necessarily advisers and trainers working alongside Iraqi forces.

The status of the troops left behind in Baghdad has been kept vague, probably to avoid embarrassing the Iraqi government, which has told its people that all combat forces will be out on time.

Regardless of their formal status, all U.S. troops in Iraq are armed and trained to fight.

U.S. officials have declined to say how many troops would stay behind under their plan.

Iraqi government officials could not immediately be reached for comment on the plan to keep the joint base on the edge of Sadr City.

But Firyad Rawndouzi, a member of the parliament's security and defense committee, said some "unstable areas" may require "U.S. support" after June 30.

Keeping any U.S. troops in Baghdad is likely to draw criticism that the Americans are failing to live up to their commitment.

Followers of anti-American cleric Muqtada al-Sadr [translation: anti-occupation nationalist Muqtada al-Sadr] opposed the security agreement when it was approved last year, saying it had loopholes for the U.S. to avoid the withdrawal timetable.

Sadrist lawmaker Baha al-Aaraji said "the coming days will prove our reading of the agreement" that the "occupation forces will not withdraw from Baghdad" as well as Mosul and Diyala provinces, where insurgents remain active.

NEED SOME TRUTH? CHECK OUT TRAVELING SOLDIER

Telling the truth - about the occupations 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 to Imperial wars 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 Veterans Against the War to end the occupations and bring all troops home now! (www.ivaw.org/)**

This Is Such Total Bullshit; ALL HOME NOW!



A U.S. Army soldier from 8th Cavalry Regiment , squeezes through a metal door with the help of a comrade and an Iraqi policeman during a joint search operation in Mosul, 360 kilometers (225 miles) northwest of Baghdad, Iraq, Wednesday, April 22, 2009. (AP Photo/ Maya Alleruzzo)

AFGHANISTAN WAR REPORTS

Soldier From 2nd Battalion The Rifles Killed Near Gereshk

3 Jun 09 Ministry of Defence

It is with sadness that the Ministry of Defence must announce that a British soldier from 2nd Battalion The Rifles was killed in Helmand province yesterday, Tuesday 2 June 2009.

The soldier was killed as a result of an explosion that happened whilst on a patrol near Gereshk.

TROOP NEWS

**NOT ANOTHER DAY
NOT ANOTHER DOLLAR
NOT ANOTHER LIFE**



The body of Army specialist Israel Candelaria Mejias upon his return to the U.S. at Dover Air Force Base, Delaware, April 7, 2009. Army specialist Mejias, from San Lorenzo, Puerto Rico, died April 5 near Baghdad, Iraq, of wounds sustained when a mine detonated near him during combat operations. He was assigned to the 1st Battalion, 2nd Infantry Regiment in Task Force... REUTERS/Tim Shaffer

FORWARD OBSERVATIONS



“At a time like this, scorching irony, not convincing argument, is needed. Oh had I the ability, and could reach the nation’s ear, I would, pour out a fiery stream of biting ridicule, blasting reproach, withering sarcasm, and stern rebuke.

“For it is not light that is needed, but fire; it is not the gentle shower, but thunder.

“We need the storm, the whirlwind, and the earthquake.”

Frederick Douglass, 1852

**“Hope for change doesn’t cut it when you’re still losing buddies.”
-- J.D. Englehart, Iraq Veterans Against The War**

**“What country can preserve its liberties if its rulers are not warned from time to time that their people preserve the spirit of resistance? Let them take arms.”
Thomas Jefferson to William Stephens Smith, 1787.**

**“The mighty are only mighty because we are on our knees. Let us rise!”
-- Camille Desmoulins**

One day while I was in a bunker in Vietnam, a sniper round went over my head. The person who fired that weapon was not a terrorist, a rebel, an extremist, or a so-called insurgent. The Vietnamese individual who tried to kill me was a citizen of Vietnam, who did not want me in his country. This truth escapes millions.

Mike Hastie
U.S. Army Medic
Vietnam 1970-71
December 13, 2004

**“The Democrats Ain’t Gonna
End The War”**

**“Ninety-Nine % Of The American
People Protesting On The Same
Day Ain’t Gonna Do It Either”**

**“Only Those Fighting The War Can
End It”**

**“By Laying Down Their Arms And
Refusing To Kill Anymore, Including
Themselves”**

In January 1946, Senator Edwin Johnson of Colorado declared “It is distressing and humiliating to all Americans to read in every newspaper in the land accounts of near mutiny in the Army.”

May 22, 2009 By Scotty, Vietnam Veteran.

Okay, Obama ain’t gonna get out of Afghanistan or Iraq no matter what anyone says or does short of a) impeachment, b) a lobotomy, or c) one of his daughters setting herself afire in the Oval Office as a war protest.

And the Democrats ain’t gonna end the war.

Ninety-nine percent of the American people protesting on the same day ain’t gonna do it either, in this democracy.

(No, I’m sorry to say that I don’t think the Vietnam protesters ended the war. There were nine years of protest -- 1964 to 1973 -- before the US military left Vietnam. It’s a stretch to ascribe a cause and effect to that. The United States, after all, had to leave sometime.)

Only those fighting the war can end it.

By laying down their arms and refusing to kill anymore, including themselves.

Some American soldiers in Iraq have already refused to go on very dangerous combat missions.

Iraq Veterans Against the War, last month at their annual meeting, in St. Louis, voted to launch a campaign encouraging American troops to refuse to fight.

“Iraq Veterans Against the War decided to make support of war resisters a major part of what we do,” said Garrett Reppenhagen, a former U.S. Army sniper who served in Iraq from February 2004 to February 2005.

The veterans' group has begun organizing among active duty soldiers on military bases. Veterans have toured the country in busses holding barbeques outside the base gates. They also plan to step up efforts to undermine military recruiting efforts.

Of course it's a very long shot to get large numbers of soldiers into an angry, protesting frame of mind.

But consider the period following the end of World War Two.

Late 1945 and early 1946 saw what is likely the greatest troop revolt that has ever occurred in a victorious army.

Hundreds of thousands, if not millions, of American soldiers protested all over the world because they were not being sent home even though the war was over.

The GIs didn't realize it at first, but many soon came to understand that the reason they were being transferred from Europe and elsewhere to various places in the Pacific area, instead of being sent back home, was that the United States was concerned about uprisings against colonialism, which, in the minds of Washington foreign-policy officials, was equated with communism and other nasty un-American things.

The uprisings were occurring in British colonies, in Dutch colonies, in French colonies, as well as in the American colony of the Philippines.

Yes, hard to believe, but the United States was acting like an imperialist power.

In the Philippines there were repeated mass demonstrations by GIs who were not eager to be used against the left-wing Huk guerrillas. The New York Times reported in January 1946 about one of these demonstrations: “The Philippines are capable of handling their own internal problems,’ was the slogan voiced by several speakers. Many extended the same point of view to China.”

American marines were sent to China to support the Nationalist government of Chang Kai-shek against the Communists of Mao Tse-tung and Chou En-lai. They were sent to the Netherlands Indies (Indonesia) to be of service to the Dutch in their suppression of native nationalists.

And American troop ships were used to transport the French military to France's former colony in Vietnam.

These and other actions of Washington led to numerous large GI protests in Japan, Guam, Saipan, Korea, India, Germany, England, France, and Andrews Field, Maryland, all concerned with the major slowdown in demobilization and the uses for which the soldiers were being employed.

There were hunger strikes and mass mailings to Congress from the soldiers and their huge body of support in the States.

In January 1946, Senator Edwin Johnson of Colorado declared "It is distressing and humiliating to all Americans to read in every newspaper in the land accounts of near mutiny in the Army."

On January 13, 1946, 500 GIs in Paris adopted a set of demands called "The Enlisted Man's Magna Charta", calling for radical reforms of the master-slave relationship between officers and enlisted men; also demanding the removal of Secretary of War Robert Patterson.

In the Philippines, soldier sentiment against the reduced demobilization crystallized in a meeting of GIs that voted unanimously to ask Secretary Patterson and certain Senators: "What is the Army's position in the Philippines, especially in relation to the reestablishment of the Eighty-sixth Infantry Division on a combat basis?"

By the summer of 1946 there had been a huge demobilization of the armed forces, although there's no way of knowing with any exactness how much of that was due to the GIs' protests.

(For more information about the soldiers' protests, see: Mary-Alice Waters, "G.I.'s and the Fight Against War" (New York, 1967), a pamphlet published by "Young Socialist" magazine.)

If this is how American soldiers could be inspired and organized in the wake of "The Good War", imagine what can be done today in the midst of "The God-awful War".

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

**THE TROOPS HAVE THE POWER TO STOP THE
WARS**

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 send email contact@militaryproject.org: Name, I.D., withheld unless you request publication. Same address to unsubscribe. Phone: 917.677.8057

June 4, 1989 Dishonorable Anniversary



Carl Bunin Peace History June 4-10

Hundreds of civilians were shot dead by China's People's Liberation Army during a bloody military operation in Beijing's Tiananmen Square.

Students and workers had become part of a growing pro-democracy movement, gathering there continuously for weeks. The Chinese government still officially denies any deaths occurred; thousands arrested "disappeared" and remain unaccounted for.

DANGER: POLITICIANS AT WORK

Yes, These Reports Are For Real

June 2009 Funny Times

The U.S. National Nuclear Security Administration recently postponed its crucial program to rejuvenate quarter-century-old Trident missile warheads because no one can remember how to make a key component of the weapons (codenamed “Fogbank”), according to a report of the Government Accountability Office.

The GAO found that, despite concern over the bombs’ safety and reliability, NNSA could not replicate the manufacturing process because all knowledgeable personnel have left the agency and no written records were kept.

Said one commentator, “This is like James Bond destroying his instructions as soon as he’s read them.”

The GAO report came two months after the German Interior Ministry reported to Parliament that over a 10-year period, it had lost 332 secret files that were in fact so secret that no one in the Ministry could recall what was in them.



Scumsucking Rats Punish High School Student More For Birth Control Pills Than Others For Heroin

June 2009 Funny Times

A high school student in Oakton, VA, was suspended for two weeks when she inadvertently brought birth-control pills to school (her prescription which was approved by her mother).

It was only then (with two weeks off to research it) that the girl discovered that, in comparison, county rules required only one week's suspension for bringing heroin to school.

Officials told the Washington Post that birth-control pills are particularly objectionable because they countermand the school system's "abstinence-only" sex education classes.

CLASS WAR REPORTS



RECEIVED

Stop Talisman Sabre [Australia]

No War Games Stop Talisman Sabre!

**We Call For People To Join Us To Protest Against The Exercises
At
Peace Convergence
Rockhampton And Yeppoon (Central Queensland)
July 10 – 13**

Nothing Spoils The Planet Like A War!

[Thanks to Max Watts, Australia, who sent this in.]

**THE WAR WHICH IS COMING
Is not the first one. There were
Other wars before it.
When the last one came to an end
There were conquerors and conquered.
Among the conquered the common people
Starved. Among the conquerors
The common people starved too.
-- Bertolt Brecht**

The Australian Government is hosting Talisman Sabre, a huge US-Australian military exercise in July.

We oppose these war games because

They are held on land which belongs to the Aboriginal people.

They are designed to practice aggression and offensive military strategies, not to defend Australia or protect its people.

They are intended to train Australian military personnel to take US military orders – the so-called “seamless interoperability”.

The exercises will cost well over \$100 million, an obscene amount in these times of economic recession.

They will cause serious environmental damage in a beautiful area near the irreplaceable Great Barrier Reef.

Military exercises are an unacceptable use of Australia's unique environment and ancient cultural heritage. Australia is the oldest continent on the planet. We should be protecting it for future generations, not bombing it to pieces.

Talisman Sabre will use areas of high environmental significance, such as the Great Barrier Reef Marine Park, and natural heritage listed sites.

These areas are habitat to many migratory birds and threatened species. Shoalwater Bay is considered crucial to the stabilisation and recovery of local dugong numbers. The region also supports nesting sites for green turtles and endangered loggerhead turtles, critical feeding areas for turtles and dugongs and is also home to 26 species of dolphins and whales including humpbacks and the endangered Blue Whale.

Environmental impacts include effects on air quality, fire potential, noise pollution, waste disposal and spills and erosion from amphibian craft landings and weapon target zones, collisions with marine mammals, and contamination from toxic chemicals including red and white phosphorus and perchlorate.

There are better things to do with our money!

Australia's current military spending of \$62 million a day steals the resources which should be funding human and social needs.

An extra \$700 million (less than two weeks military spending) spent on public hospitals each year would overcome their critical problems.

A percentage of military spending should go to upgrading public schools, reducing the cost of university education, supporting childcare, developing Medicare, assisting the needy in our community and creating jobs.

Military spending creates far fewer jobs that spending the same dollars on civilian projects and businesses.

Only 30% of Australians support spending more on the military.

The Government gives priority to supporting US foreign policy, military spending and increasingly repressive social control.

We want a focus on sustainable development, socially useful production and the needs of the community

For more information contact Denis from the Anti--Bases Campaign on 0418 290 663, email denis@anti-bases.org or mail to PO Box 899, Sydney South, NSW 1235

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*This is how Obama brings the troops home,
BRING THEM ALL HOME NOW, ALIVE.*



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

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