

## **Military Resistance 8C6**

### **HOW MANY MORE FOR OBAMA'S WARS?**



Feb 22, 2010: Marines carry the body of a U.S. Marine killed in action to a U.S. Army Task Force Pegasus medevac helicopter, in Helmand province, Afghanistan. (AP Photo/Brennan Linsley)

**The Army Kills Its Own:  
“At Least One In Six Service  
Members Is On Some Form Of  
Psychiatric Drug”  
“Some Double The Risk For  
Suicide”  
“As The Number Of Medications  
Goes Up, The Probability Of Adverse**

# **Events Like Hospitalization Or Death Goes Up Exponentially”**

**“There Is Overwhelming Evidence That The Newer Antidepressants Commonly Prescribed By The Military Can Cause Or Worsen Suicidality, Aggression And Other Dangerous Mental States”**



**Doctors — and, more recently, lawmakers — are questioning whether the drugs could be responsible for the spike in military suicides during the past several years, an upward trend that roughly parallels the rise in psychiatric drug use.**

**He cited dozens of clinical studies conducted by drug companies and submitted to federal regulators, including one among veterans that showed “completed suicide rates were approximately twice the base rate following antidepressant starts in VA clinical settings.”**

March 8, 2010 By Andrew Tilghman and Brendan McGarry, Army Times [Excerpts]

At least one in six service members is on some form of psychiatric drug.

And many troops are taking more than one kind, mixing several pills in daily “cocktails” — for example, an antidepressant with an antipsychotic to prevent nightmares, plus an anti-epileptic to reduce headaches — despite minimal clinical research testing such combinations.

The drugs come with serious side effects: They can impair motor skills, reduce reaction times and generally make a war fighter less effective.

Some double the risk for suicide, prompting doctors — and Congress — to question whether these drugs are connected to the rising rate of military suicides.

“It’s really a large-scale experiment. We are experimenting with changing people’s cognition and behavior,” said Dr. Grace Jackson, a former Navy psychiatrist.

A Military Times investigation of electronic records obtained from the Defense Logistics Agency shows DLA spent \$1.1 billion on common psychiatric and pain medications from 2001 to 2009.

It also shows that use of psychiatric medications has increased dramatically — about 76 percent overall, with some drug types more than doubling — since the start of the current wars.

Troops and military health care providers also told Military Times that these medications are being prescribed, consumed, shared and traded in combat zones — despite some restrictions on the deployment of troops using those drugs.

**The investigation also shows that drugs originally developed to treat bipolar disorder and schizophrenia are now commonly used to treat symptoms of post-traumatic stress disorder, such as headaches, nightmares, nervousness and fits of anger.**

**But experts say the lack of proof that these treatments work for other purposes, without fully understanding side effects, raises serious concerns about whether the treatments are safe and effective.**

The DLA records detail the range of drugs being prescribed to the military community and the spending on them:

- Antipsychotic medications, including Seroquel and Risperdal, spiked most dramatically — orders jumped by more than 200 percent, and annual spending more than quadrupled, from \$4 million to \$16 million.
- Use of antianxiety drugs and sedatives such as Valium and Ambien also rose substantially; orders increased 170 percent, while spending nearly tripled, from \$6 million to about \$17 million.
- Antiepileptic drugs, also known as anticonvulsants, were among the most commonly used psychiatric medications. Annual orders for these drugs increased about 70 percent, while spending more than doubled, from \$16 million to \$35 million.
- Antidepressants had a comparatively modest 40 percent gain in orders, but it was the only drug group to show an overall decrease in spending, from \$49 million in 2001 to \$41 million in 2009, a drop of 16 percent. The debut in recent years of cheaper generic versions of these drugs is likely responsible for driving down costs.

Antidepressants and anticonvulsants are the most common mental health medications prescribed to service members.

Seventeen percent of the active duty force, and as much as 6 percent of deployed troops, are on antidepressants, Brig. Gen. Loree Sutton, the Army's highest-ranking psychiatrist, told Congress on Feb. 24.

Many of the newest psychiatric drugs come with strong warnings about an increased risk for suicide, suicidal behavior and suicidal thoughts.

Doctors — and, more recently, lawmakers — are questioning whether the drugs could be responsible for the spike in military suicides during the past several years, an upward trend that roughly parallels the rise in psychiatric drug use.

From 2001 to 2009, the Army's suicide rate increased more than 150 percent, from 9 per 100,000 soldiers to 23 per 100,000. The Marine Corps suicide rate is up about 50 percent, from 16.7 per 100,000 Marines in 2001 to 24 per 100,000 last year. Orders for psychiatric drugs in the analysis rose 76 percent over the same period.

"There is overwhelming evidence that the newer antidepressants commonly prescribed by the military can cause or worsen suicidality, aggression and other dangerous mental states," said Dr. Peter Breggin, a psychiatrist who testified at the same Feb. 24 congressional hearing at which Sutton appeared.

**Other side effects — increased irritability, aggressiveness and hostility — also could pose a risk.**

**"Imagine causing that in men and women who are heavily armed and under a great deal of stress," Breggin said.**

**He cited dozens of clinical studies conducted by drug companies and submitted to federal regulators, including one among veterans that showed "completed suicide rates were approximately twice the base rate following antidepressant starts in VA clinical settings."**

**Defense officials repeatedly have denied requests by Military Times for copies of autopsy reports that would show the prevalence of such drugs in suicide toxicology reports.**

Spc. Mike Kern enlisted in 2006 and spent a year deployed in 2008 with the 4th Infantry Division as an armor crewman, running patrols out of southwest Baghdad. Kern went to the mental health clinic suffering from nervousness, sleep problems and depression. He was given Paxil, an antidepressant that carries a warning label about increased risk for suicide.

A few days later, while patrolling the streets in the gunner's turret of a Humvee, he said he began having serious thoughts of suicide for the first time in his life.

"I had three weapons: a pistol, my rifle and a machine gun," Kern said. "I started to think, 'I could just do this and then it's over.' That's where my brain was: 'I can just put this gun right here and pull the trigger and I'm done. All my problems will be gone.'"

Kern said the incident scared him, and he did not take any more drugs during that deployment. But since his return, he has been diagnosed with PTSD and currently takes a variety of psychotropic medications.

**Other side effects cited by troops who used such drugs in the war zones include slowed reaction times, impaired motor skills, and attention and memory problems.**

One 35-year-old Army sergeant first class said he was prescribed the anticonvulsant Topamax to prevent the onset of debilitating migraines. But the drug left him feeling mentally sluggish, and he stopped taking it.

**“Some people call it ‘Stupamax’ because it makes you stupid,” said the sergeant, who asked not to be identified because he said using such medication carries a social stigma in the military.**

Being slow — or even “stupid” — might not be a critical problem for some civilians.

But it can be deadly for troops working with weapons or patrolling dangerous areas in a war zone, said Dr. John Newcomer, a psychiatry professor at Washington University in St. Louis and a former fellow at the American Psychiatric Association.

Little hard research has been done on such unique aspects of psychiatric drug usage in the military, particularly off-label usage.

**A 2009 VA study found that 60 percent of veterans receiving antipsychotics were taking them for problems for which the drugs are not officially approved.**

**For example, only two are approved for treating PTSD — Paxil and Zoloft, according to the Food and Drug Administration.**

**But in actuality, doctors prescribe a range of drugs to treat PTSD symptoms.**

**To win FDA approval, drug makers must prove efficacy through rigorous and costly clinical trials. But approval determines only how a drug can be marketed; once a drug is approved for sale, doctors legally can prescribe it for any reason they feel appropriate.**

**Such off-label use comes with some risk, experts say.**

“Patients may be exposed to drugs that have problematic side effects without deriving any benefit,” said Dr. Robert Rosenheck, a professor of psychiatry at Yale University who studied off-label drug use among veterans. “We just don’t know. There haven’t been very many studies.” Some military psychiatrists are reluctant to prescribe off-label.

**Combinations of drugs pose another risk.**

**Doctors note that most drugs are tested as a single treatment, not as one ingredient in a mixture of medications.**

**“In the case of poly-drug use – the ‘cocktail’ — where you are combining an antidepressant, an anticonvulsant, an antipsychotic, and maybe a stimulant to keep this guy awake — that has never been tested,” Breggin said.**

**Newcomer agreed. “When we go to the literature and try to find support for these complex cocktails, we’re not going to find it,” he said.**

**“As the number of medications goes up, the probability of adverse events like hospitalization or death goes up exponentially.”**

Dr. Harry Holloway, a retired Army colonel and a psychiatry professor at the Uniformed Services University of the Health Sciences in Bethesda, Md., said the increased use of these medications is simply another sign of deployment stress on the force.

“For a long time, the ops tempo has been completely unrelieved and unrestrained,” Holloway said.

“When you have an increased ops tempo, and you have certain scheduling that will make it hard for everyone, you will produce a more symptomatic force.”

**MORE:**

**“The Pentagon Issued A Rule Barring Troops Who Were Taking Some Drugs From Deploying To A Combat Zone”  
“Drugs Specifically Mentioned In The Policy Are, In Fact, Making Their Way To The War Zones”  
“Any Soldier Can Deploy On Anything,” Said Capt. Maria Kimble:  
“A Psychiatrist And Former Navy Lieutenant Commander Resigned Her Commission “Because She Was**

# Uncomfortable With The Military's Heavy And Growing Use Of Psychotropic Drugs”

He said he's tried to wean himself off the psychiatric medications he began taking a few years ago.

“I was a zombie; I couldn't remember my kids' names,” he said.

March 8, 2010 By Andrew Tilghman, Army Times [Excerpts]

Sgt. Chuck Luther wasn't on any psychotropic drugs when he deployed to Iraq in October 2006, settling in at Camp Taji with the 1st Cavalry Division during the war's darkest days, shortly before the surge began.

But after a few months, he was shaken by the deaths in his unit.

“I started having nightmares ... having to go and pick up the body bags at the gate and deliver them to the mortuary affairs units; nightmares about getting killed, getting blown up,” Luther recalled.

He told his command he was depressed, angry and having trouble sleeping. They sent him to a social worker who suggested he begin taking psychotropic drugs. But the social worker, a lieutenant colonel, lacked the legal authority to prescribe such drugs.

“He sent me to a captain, a psychiatrist who could actually prescribe medicine,” Luther said. “We had five minutes of face time. We call it ‘checking the box’ in the military.

“He says, ‘I heard you're having thoughts of suicide, I hear you're having anger. We're going to try this. Just go over to the pharmacy and pick it up.’ ” Luther returned to his trailer that night with four bottles of pills: Selexa, an antidepressant; Seroquel, an antipsychotic; Ambien, sleeping pills; and the antianxiety drug Valium.

In late 2006, the Pentagon issued a rule barring troops who were taking some drugs from deploying to a combat zone. They include “antipsychotics used to treat bipolar and chronic insomnia symptoms; lithium and anticonvulsants used to control bipolar symptoms.”

The rule came in response to a congressional mandate to tighten mental health screening for deployed troops.

Doctors say they help ensure that troops can handle the demands of deployment while also having access to the medical supervision and follow-up care these drugs can require.

But the rules are ambiguous; drugs specifically mentioned in the policy are, in fact, making their way to the war zones, according to deployed troop data maintained by Tricare.

“Any soldier can deploy on anything,” said Capt. Maria Kimble, an Army reservist and clinical social worker who served as the primary behavioral health officer for brigade combat teams in Iraq and Afghanistan.

“It’s always kind of subjective. If they really want someone to deploy, they can always find a loophole.”

The quantities of these heavy psychiatric medications going downrange is unclear.

Officials at Tricare and the Defense Logistics Agency say they do not have comprehensive estimates for the quantity and type of drugs heading specifically into the war zones.

**One Tricare official said some drug shipments to clinics in U.S. Central Command, which oversees the Iraq and Afghanistan war zones, “fall into a black hole.”**

**Another official, Rear Adm. Tom McGuiness, chief pharmacy officer for Tricare, acknowledged in an interview that “the records aren’t great in the forward units.”**

Tricare’s estimates on drugs provided to deploying troops appear to show some quantities of antipsychotics and anticonvulsants are being issued to troops heading overseas.

**About 89,000 antipsychotic pills and 578,000 anticonvulsant pills were prescribed and provided to deploying troops in 2008, according to Tricare data provided to Military Times.**

Military studies have estimated that from 5 percent to 17 percent of troops in the war zones from 2007 to 2009 were taking medications for mental health problems or combat stress.

**Anecdotally, the numbers may be far higher. Kimble, the Army social worker, put the figure at upwards of 50 percent in some individual units.**

Many military psychiatrists acknowledge that the use of mental health drugs is uniquely complex in military medicine, especially in combat zones.

Military physicians must consider not only the health of the individual patients, but also their duty to the mission, said Grace Jackson, a psychiatrist and former Navy lieutenant commander who resigned her commission in 2002 because she was uncomfortable with the military’s heavy and growing use of psychotropic drugs.

“There has always been an added complication with military medicine,” Jackson said. “The physician in uniform takes two oaths — an oath to serve the patient and an oath to serve the nation, commander in chief and the larger military. Where do you draw the line between performance enhancement and the treatment of pathology?”



The issue of psychiatric drug use in the war zones has begun to attract attention on Capitol Hill.

**Luther said drug use was common among troops he served with, and many passed around these controlled substances — technically a crime under state and federal law — just like any other piece of essential gear shared among a tightly knit unit.**

“We didn’t just share MREs and water; we shared Ambien, too,” Luther said.

“One time another soldier said, ‘Hey, I’m running out of my Ambien and I can’t get it until I get back to refit our truck in a few days.’ I said, ‘Sure, I can help you out, as long as you get me back when you refill.’ ”

Luther was separated from the Army because doctors said he had a “personality disorder” — essentially they blamed his problems on a pre-existing condition rather than on his combat experience.

These days, Luther lives near Fort Hood, where he has a job driving a truck delivering snack food.

He believes he was improperly discharged and has been fighting the Army’s medical determination.

**He said he’s tried to wean himself off the psychiatric medications he began taking a few years ago.**

“I was a zombie; I couldn’t remember my kids’ names,” he said.

But even now, he remains on two daily medications — Trazodone, an antidepressant, and Buspar, typically used as an anti-anxiety drug.

They were prescribed by VA doctors.

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## **ACTION REPORTS**

# **“Things Don’t Always Go as Planned!”**

## **[New York National Guard Armory Outreach Report]**

From: Alexis B

To: Military Resistance  
Sent: March 08, 2010  
Subject: 3/6/10 Armory Outreach Report

On Saturday, March 6th, 2010, five members of Military Resistance showed up to the [XXXXX] New York National Guard armory bright and early. It wasn't the coldest day we've been out there, but still cold enough to provide a little discomfort. By 6am, all five members had shown up, as planned, and were prepared to reach out to the men and women of the National Guard who would be reporting for their monthly training – or so we thought.

By 6:05am, we took up our positions, as always, and prepared to greet the arriving soldiers. But no one arrived. We stayed until around 7am, at which point it became clear that an internal scheduling change must have taken place.

Did the soldiers report the evening before, as is sometimes the case? We can't always be sure of the training schedule, but we get the most reliable information we can and act based on that, hoping for the best.

Usually, our outreach attempts at this site are very successful, with many contacts and much interest and positive feedback from the soldiers. But you can't win 'em all.

As with any endeavor, but especially with this kind of activism, the best course is to hope for success and work towards it as much as possible, but to be prepared for failures, setbacks, and obstacles along the way.

If you're not prepared for the setbacks, you can't easily jump back on your feet and try again.

But sometimes, there are no clear setbacks and no clear gains, but rather nothing much seems to be happening. If one is not prepared for these eventualities, as well, it is very easy for feelings of stagnation and pessimism to creep in. It is easy to start thinking that you're spending your time and energy for nothing. But, the hardy folks of the Military Resistance organization have shown time and again that we don't only show up for the fair weather – and we're definitely in it for the long haul.

So, will we be out there next month?

Will we give up more of our precious weekend morning time that could be used for such fun activities as sleeping, breakfast, relaxing? Will we put ourselves in the position to withstand more of the chilly winds coming from the East River? Putting in the time and effort even though we know that we can't be certain of the scheduling information and, like Saturday, maybe no soldiers will show up?

Count on it.

**MORE:**

**ACTION REPORTS WANTED:**

# FROM YOU!

**An effective way to encourage others to support members of the armed forces organizing to resist the Imperial war is to report what you do.**

If you've carried out organized contact with troops on active duty, at base gates, airports, or anywhere else, send a report in to Military Resistance for the Action Reports section.

Same for contact with National Guard and/or Reserve components.

They don't have to be long. Just clear, and direct action reports about what work was done and how.

If there were favorable responses, say so. If there were unfavorable responses or problems, don't leave them out.

## **NOTE WELL:**

**Do not make public any information that could compromise the work.**

**All identifying information – locations, personnel – will be omitted from the reports.**

**Whether you are serving in the armed forces or not, do not in any way identify members of the armed forces organizing to stop the wars.**

**The sole exception: occasions when a member of the armed services explicitly directs identifying information be published in reporting on the action.**

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## **IRAQ WAR REPORTS**

### **Four Wounded In Attack On U.S. Convoy; Nationality Not Announced**

3.6.10 New York Times

Two roadside bombs struck an American and an Iraqi convoy in Diyala, according to security officials there. At least four people were wounded, two of them Iraqi soldiers.

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# **AFGHANISTAN WAR REPORTS**

## **Two NATO Soldiers Killed In Khost; Nationality Not Announced**

March 9, 2010 Reuters

Two foreign soldiers were killed Tuesday when a bomber blew himself up outside a military base in Afghanistan, the alliance and local government sources said.

NATO spokesman Lieutenant Commander Iain Baxter confirmed alliance soldiers had been killed in an attack in Khost but was unable to give further details about the incident or disclose the soldier's nationalities.

A local government source, who declined to be named, told Reuters that a man wearing a vest detonated the device outside a U.S. military base also used by the Afghan National Border Police in the Ali Sher district of Khost Province, close to Afghanistan's eastern border with Pakistan.

A spokesman for the Taliban, Zabiullah Mujahid, said the attacker was a member of the Islamist group and had infiltrated the border police.

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## **Soldier From 1 RIFLES Killed Near Sangin**

8 Mar 10 Ministry of Defence

It is with sadness that the Ministry of Defence must confirm the death of a soldier from 1st Battalion The Rifles (1 RIFLES), serving as part of the 3 RIFLES Battle Group, in Afghanistan yesterday, Sunday 7 March 2010.

The soldier died as a result of an explosion which occurred in an area three kilometres south of Sangin district centre, in Helmand province.

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## **Fifth Soldier From Rifles Regiment Killed In A Week In Helmand**

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

March 9, 2010 By Tom Coghlan, The Times [UK]

A British soldier has been killed near the town of Sangin in Helmand province, the fifth British soldier and the fifth member of the Rifles Regiment to die in Helmand in the past week.

All were killed in and around the town of Sangin.

The soldier's death takes to 272 the number of British servicemen killed in Afghanistan since 2001.

**Following a cluster of fatalities around Sangin in recent days, the army's Strategic Communications officer refused to rule out a Taleban push in the area, a tactic that the Taleban has used in the past in an attempt to draw forces away from major operations in other parts of the province.**

The main British and American effort in the past few weeks has been directed further south at Marja District, where the largest offensive of the war, Operation Mushtarak, has been taking place.

"The bottom line is that we can't discount it," said Major-General Gordon Messenger. "There is no evidence of displacement (of Taleban fighters from Marja to Sangin) but we can't preclude an increase in Taleban activity around Sangin."

**Three of those killed in the past week have died from gunshot wounds, an unusually high proportion. US forces further south in Marja have reported a striking increase in the Taleban's sniper capability in recent weeks.**

The Ministry of Defence announced the names of two teenage Riflemen killed near Sangin on Friday and Saturday. Rifleman Jonathan Allott, 19, from Bournemouth, died in an explosion while Rifleman Liam Maughan, 18, from Doncaster, was shot dead on patrol. Another Rifleman from A Company 4 Rifles was shot dead yesterday when his patrol base was attacked but he has not yet been named. He was attached to the same battalion as the teenage casualties.

Last Tuesday Corporal Richard Green, 23, from Reading was shot dead at a checkpoint near Sangin.

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## 'Ewa Beach Soldier Killed By Explosive



Pfc. JR Salvacion

February 24, 2010 By William Cole, Honolulu Advertiser Military Writer

An 'Ewa Beach man and father of a young child was killed in Senjaray, Afghanistan, on Sunday when his Army unit was attacked with an improvised explosive device.

Pfc. JR Salvacion, 27, was assigned to the 1st Battalion, 12th Infantry Regiment, 4th Brigade Combat Team, 4th Infantry Division, out of Fort Carson, Colo., the Pentagon said yesterday.

Salvacion entered the Army just over a year ago and deployed to Afghanistan as an infantryman in August, according to Fort Carson.

"R.I.P. Salvacion, J.R., I miss you brother, and I hope you are doing good in heaven," said a fellow soldier in a Web site memorial. "Send your angels to your 9-month baby and take care of your wife while in heaven."

Salvacion's American flag-draped casket arrived at Dover Air Force Base in Delaware on Monday for return to his family.

His awards include the National Defense Service Medal, Afghanistan Campaign Medal, Global War on Terrorism Service Medal, Army Service Ribbon and NATO medal.

Senjaray, where Salvacion was killed, is a Taliban stronghold west of Kandahar.

Three other soldiers from Salvacion's battalion were killed on Feb. 13 in Zhari province when a motorcyclist detonated a bomb when the soldiers were on a foot patrol. Several others were injured.

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## Chesapeake Marine Dies In Afghanistan

21 Feb 2010 Jason Marks, WAVY

A Marine from Chesapeake died Thursday during combat operations, while supporting Operation Enduring Freedom in Helmand province, Afghanistan, the Department of Defense announced Friday.

Lance Cpl. Kielin T. Dunn, 19, was assigned to 1st Battallion, 6th marine Regiment, 2nd Marine Division, II Marine Expeditionary Force, Camp Lejune, N.C.

"He truly was a remarkable person," said David Mount.

Friends say that's the only way you can describe Dunn. He lived for protecting his country and Thursday he died doing the same thing.

"Every person that serves in our armed forces is my hero," Mount added. "They're serving to preserve our personal freedoms that we have become accustomed to."

Dunn graduated from Western Branch High School in 2008. The very next day he was off to boot camp. A short time later, the Marine deployed to Afghanistan.

"His demeanor and his tone was confident and resolved," Mount said.

Dunn was one of five Marines killed in the last three days. He was part of the US offensive working to take out the Taliban. One thing that can't be described is the sense of loss.

"It has devastated us over the last 24 hours," Mount added.

Mount was not only Dunn's friend, but a mentor. He says Dunn came to the Seton Youth Shelter in Virginia Beach wanting help.

"He came to us with specific goals and specific needs," Mount said. "It was a privilege for me to know him and it was our honor to serve him."

Dunn reached his goal.

"He represented everyone well," Mount said.

But then it was Dunn who gave back. He mentored other teens at the shelter and gave them lessons on life.

"He would come back and his visits here served as an inspiration for young people," Mount added. "I'd prefer to celebrate his life and what he was able to accomplish in his short years he was with us."

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## **Army Staff Sgt. Michael Cardenaz Is Remembered For His Loyalty And Fun-Loving Nature**

February 24, 2010 By MARK MUCKENFUSS, The Press-Enterprise

Priscilla Cardenaz remembers her brother Michael as a man who loved his hometown of Corona, loved his family and loved having a good time.

Michael Cardenaz, 29, an Army staff sergeant, was killed by enemy fire Saturday in Kuar, Afghanistan.

Priscilla, 33, of Moreno Valley, said her brother, who enlisted as soon as he turned 18 in 1998, had recently signed a 20-year contract with the Army.

"We would tell him to get out," she said. "But he loved it."

Michael Cardenaz and his wife, Macarena, lived in Colorado Springs, near Fort Carson where he was stationed. They had three daughters, the oldest 5, the youngest 18 months, Priscilla Cardenaz said.

"Before he left to Afghanistan, he spent a week fishing every day with his daughters," she said. "He loved to fish."

He also had an older son and daughter from previous relationships, she said, adding that before he married he was popular with women.

"Girls followed him," she said. "He had a suave tongue. He was like a Frank Sinatra."

Michael Cardenaz's friend, Gabriel Arellano, 29, of Murrieta, said he often heard about such exploits.

"He would give me stories," Arellano said. "But he settled down once he got married."

Arellano became friends with Michael Cardenaz in their freshman year at Corona High School. Each time he was on leave they would try to get together.

"I have a little boy who's 2 and we were looking forward to having our kids play together and just sharing dad stories," he said.

Both Arellano and Iliana Andrade, another friend, remarked on Cardenaz's loyalty.

Andrade, 29, of Los Angeles, met Cardenaz in seventh grade. She said he looked out for her in high school.

"People knew not to give me a hard time, because they would have to answer to him," she said. "He was on top of making sure I was respected. That made me feel taken care of."

Cardenaz, who was an infantry platoon sergeant, was due to return from his tour in late March and was planning a big 30th birthday party at the Cardenaz family's Moreno Valley home.

"He told my mom he wanted everybody to be there," said his sister Monica, 19. "We were starting to plan it, and now he gets a funeral instead."

Macarena Cardenaz said services for her husband are still being arranged.

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**“US-Supported Afghan Militias Are Being Made To Wear ‘Bright Yellow Reflector Belts’ So NATO Forces Can**



# Distinguish Them From Taliban Fighters” [No, This Is Not From The Onion]



8 March 2010 By Jon Queally, CommonDreams

The Guardian is reporting a scheme in which US-supported Afghan militias are being made to wear 'bright yellow reflector belts' so NATO forces can distinguish them from Taliban fighters.

**If you worry the Taliban might catch on and use the sashes to their advantage, don't worry. The report assures us that, "Officers count them out and count them back in at the end of each day."**

**Phew.**

**Good thing no one outside the Pentagon can create a yellow belt with a bike reflector on it.**

(Story below:)

8 March 2010 By Jon Boone in Arghandab, Guardian News

They are a secret tribal militia, the controversial creation of US commanders in Afghanistan eager to buttress local opposition to the Taliban. So clandestine are the units formed to protect villages in a critical valley in southern Afghanistan that US officials and special forces commanders in Kabul refuse to discuss them.

But the Guardian has learned that in one important regard, the Local Defence Initiative forces are not so secretive after all.

As they patrol villages close to the key southern city of Kandahar, the fighters are being forced to wear bright yellow reflector belts so that their special forces mentors do not mistake them for Taliban.

The garish sashes were introduced to distinguish the non-uniformed militias from an enemy who favour the same get-up of traditional Afghan garb and AK-47 slung over the shoulder.

Mindful that the belts could become valuable currency in a conflict where subterfuge and camouflage are standard tactics, officers count them out and count them back in at the end of each day.

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## REALLY BAD PLACE TO BE: ALL HOME NOW



U.S. Marines move for cover after Taliban fighters opened fire in Marjah, Helmand province, February 19, 2010. REUTERS/Goran Tomasevic



U.S. soldiers of the 1st Battalion, 17th Infantry Regiment, 5th Brigade, 2nd Infantry Division search for improvised explosive devices during a foot patrol in the Badula Qulp area, west of Lashkar Gah in Helmand province, southern Afghanistan, Feb. 19, 2010. (AP Photo/Pier Paolo Cito)



U.S. Marines take cover during a heavy gun battle in Helmand province February 21, 2010. REUTERS/Goran Tomasevic



U.S. Marines from Bravo Company of the 1st Battalion, 6th Marines move towards Taliban positions during a battle in Marjah in Helmand province, southern Afghanistan February 22, 2010. REUTERS/Goran Tomasevic



U.S. Marines from Bravo Company of the 1st Battalion, 6th Marines in combat; Marjah, Helmand province February 22, 2010. REUTERS/Goran Tomasevic

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## 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**

## **Change You Can Believe In**



Portland, Oregon 2009: Photograph by Mike Hastie

From: Mike Hastie  
To: Military Resistance  
Sent: March 02, 2010  
Subject: Change You Can Believe In

**Change You Can Believe In**

**It’s all about chump change.  
Whether it is Obama or Bush.**

**Continuous war is the monster  
that America won't change.**

**For now.....**

**Mike Hastie**

**Vietnam Veteran**

**March 2, 2010**

**"I can't eat freedom, I need a job."**

**Victor Moche**

**African National Congress veteran**

**Died in China on August 2, 2009**

**from cancer.**

Photo and caption from the I-R-A-Q (I Remember Another Quagmire) portfolio of Mike Hastie, US Army Medic, Vietnam 1970-71. (For more of his outstanding work, contact at: ([hastiemike@earthlink.net](mailto:hastiemike@earthlink.net)) T)

## **THIS IS HOW OBAMA BRINGS THE TROOPS HOME: BRING THEM ALL HOME NOW, ALIVE**



March 2, 2010: The casket of U.S. Army Sgt. Marcos Gorra, 22, of North Bergen, N.J., at Fairview Cemetery, Fairview, N.J. Gorra was killed Feb. 21 at Kandahar Airfield, Afghanistan. The 22-year-old soldier was assigned to the 2nd Battalion, 82nd Combat Aviation Brigade, 82nd Airborne Division, headquartered at Fort Bragg, N.C. (AP Photo/Mel Evans)

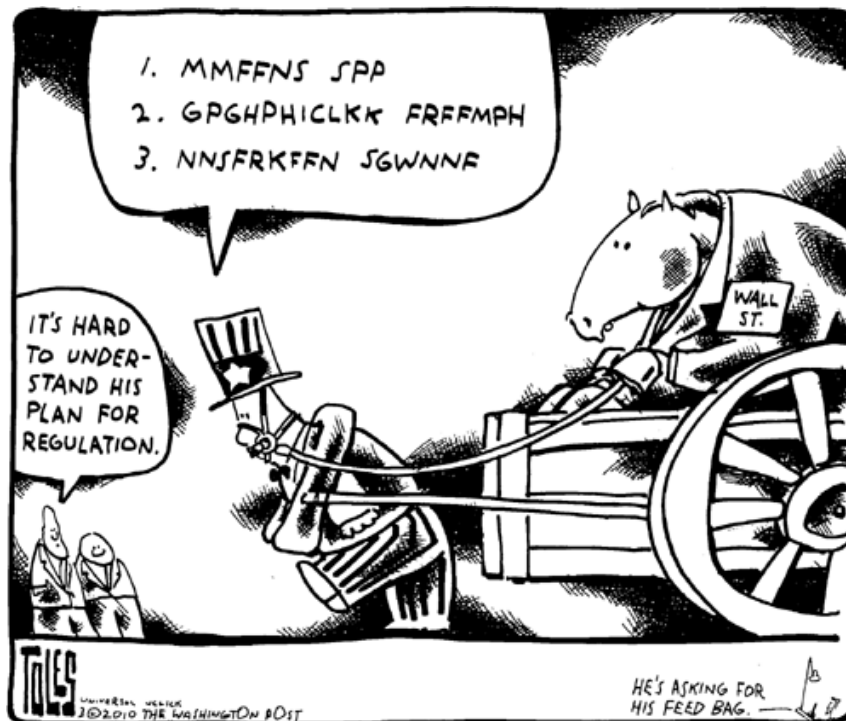
**POLITICIANS CAN'T BE COUNTED ON TO HALT  
THE BLOODSHED**

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

**DO YOU HAVE A FRIEND OR RELATIVE IN THE  
MILITARY?**

Forward Military Resistance 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 Resistance, Box 126, 2576 Broadway, New York, N.Y. 10025-5657. Phone: 888.711.2550

## **DANGER: POLITICIANS AT WORK**



### 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 to [contact@militaryproject.org](mailto:contact@militaryproject.org): Name, I.D., withheld unless you request publication. Same address to unsubscribe. Phone: 888.711.2550

## CLASS WAR REPORTS



## **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/](http://www.ivaw.org/))



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

## **MILITARY RESISTANCE BY MAIL FREE FOR ACTIVE DUTY TROOPS**

IF YOU WISH TO HAVE A SELECTION OF GI SPECIALS MAILED TO YOU, EMAIL YOUR ADDRESS TO: [CONTACT@MILITARYPROJECT.ORG](mailto:CONTACT@MILITARYPROJECT.ORG) OR DROP A LINE TO: BOX 126, 2576 BROADWAY, NEW YORK, N.Y. 10025-5657 USA. 888.711.2550

Please say how many you wish sent.

NOTE WELL: They will all be different issues of GI Special to satisfy DOD regs that you may possess copies, *provided you don't have more than one of the same issue.*

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

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

## Vietnam GI: Reprints Available



**Vietnam: They Stopped An Imperial War**

Not available from anybody else, anywhere

Edited by Vietnam Veteran Jeff Sharlet from 1968 until his death, this newspaper rocked the world, attracting attention even from Time Magazine, and extremely hostile attention from the chain of command. The pages and pages of letters in the paper from troops in Vietnam condemning the war are lost to history, but you can find them here.

The Military Project has copied complete sets of Vietnam GI. The originals were a bit rough, but every page is there. Over 100 pages, full 11x17 size.

**Free on request to active duty members of the armed forces.**

Cost for others: \$15 if picked up in New York City. For mailing inside USA add \$5 for bubble bag and postage. For outside USA, include extra for mailing 2.5 pounds to wherever you are.

Checks, money orders payable to: The Military Project

Orders to:  
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2576 Broadway  
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All proceeds are used for projects giving aid and comfort to members of the armed forces opposed to today's Imperial wars.

**Military Resistance Looks Even Better Printed Out**

Military Resistance/GI Special are archived at website  
<http://www.militaryproject.org> .

The following have chosen to post issues; there may be others:

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[news@uruknet.info](mailto:news@uruknet.info); [http://www.traprockpeace.org/qi\\_special/](http://www.traprockpeace.org/qi_special/)

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