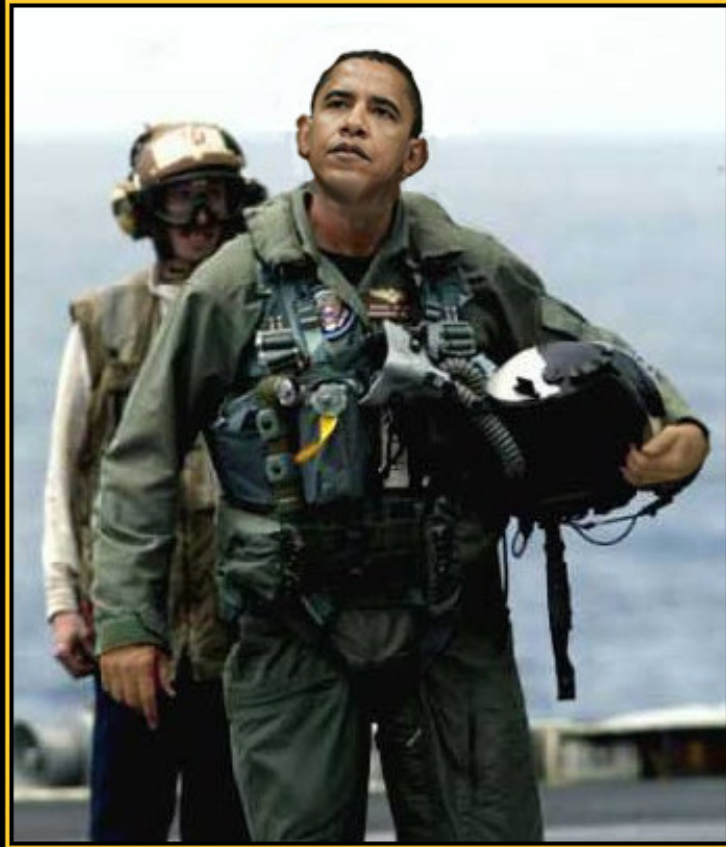


Military Resistance: thomasfbarton@earthlink.net 6.17.10 Print it out: color best. Pass it on.

Military Resistance 8F9



WAR

IT'S A GOOD THING WHEN I WAGE IT - TRUST ME - I MADE A
SPEECH ONCE SO I KNOW

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

IRAQ WAR REPORTS

Loved Ones Honor Fallen Miami-Dade Soldier



Army Staff Sgt. Amilcar H. Gonzalez was killed in Iraq.

06.03.10 BY LAURA FIGUEROA, Miami Herald

Just days after the 9/11 attacks, Amilcar H. Gonzalez left behind the life he knew as a Southridge High School student in South Miami-Dade to become a U.S. Army soldier.

Deployed to Iraq four times, Gonzalez transformed from quiet teen to respected staff sergeant who earned an Army Commendation Medal for valor as he helped lead the 1st Battalion, 64th Armor Regiment.

The 26-year-old was killed May 21 by insurgent gunfire while on duty in Iraq. On Wednesday, friends and family members gathered to mourn at the Caballero Rivero Funeral Home in South Miami-Dade.

"This is the unfortunate side of the war," said Miami-Dade County Commissioner Jose "Pepe" Diaz, who joined Gonzalez's family a day earlier when they retrieved his body at Homestead Air Reserve Base. "This is a young man who was a true patriot, who was out there protecting our way of life," Diaz said. "It's unfortunate that after four tours of duty, he had to come back this way."

In a private ceremony, military honor guards paid final tribute to the fallen soldier, who was nicknamed "Gonzo" by his fellow soldiers. A family spokesman said Gonzalez's mother was too upset to comment.

Outside the funeral home, family friend Jim Silva, 19, said: “Whenever I felt like I was in trouble, he was someone I could turn to for advice.”

Silva described Gonzalez as a “really caring” person who, when visiting Miami, frequently attended Sunday church services.

Gonzalez, a tank commander, has posthumously been awarded a Bronze Star and a Purple Heart.

He joined the Army on Sept. 17, 2001, less than a week after 9/11, forgoing his senior year at Southridge High. He was born in Managua, Nicaragua.

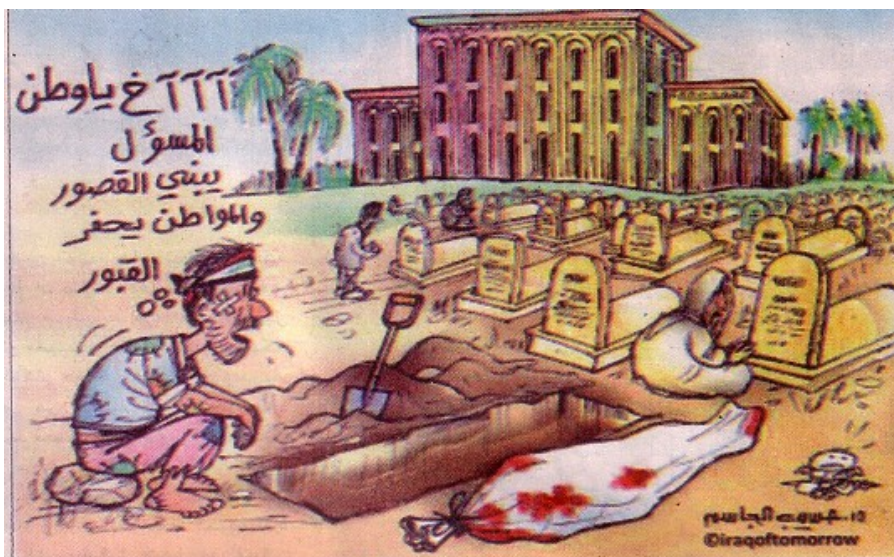
His former high school computer teacher John Zatroch remembered Gonzalez as a hardworking student, who mostly earned A’s and B’s in the class.

“He was an all-around good kid,” Zatroch said. “He was pretty quiet and reserved, but he obviously got very far in the Army. You don’t just become a staff sergeant by sitting around. You have to have gained some level of respect.”

Zatroch said Gonzalez paid close attention in his class, and was a quick learner.

“He was very polite,” Zatroch said. “The type of kid you wish there were more of.”

On the Facebook page for Gonzalez’s military unit, fellow soldiers and friends mourned the young soldier, leaving messages that described him as a “true hero.” “He was a leader, warrior, soldier, and friend to the entire Desert Rogue family,” wrote Lt. Col. Richard R. Coffman. “He will be missed by all of us.”



“Alas my country, the officials build palaces and the people dig graves.”

[Posted by Laith June 14, 2010: Inside Iraq]

AFGHANISTAN WAR REPORTS

Michigan Marine Killed In Helmand

June 17, 2010 U.S. Department of Defense News Release No. 503-10

Cpl. Jeffrey R. Standfest, 23, of St. Clair, Mich., died June 16 while supporting combat operations in Helmand province, Afghanistan. He was assigned to 3rd Combat Engineer Battalion, 3rd Marine Division, III Marine Expeditionary Force, based at Marine Corps Air Ground Combat Center Twentynine Palms, Calif.

Lake George Area Soldier Killed In Combat

June 17, 2010 By: Kumi Tucker, WNYT

QUEENSBURY -- Pride. Honor. Dedication.

Twenty-seven-year-old Spc. Benjamin Osborn began serving in the U.S. Army in 2007.

"It's something that's in our blood," said his cousin, Marc Cristaldi. "When you walk into a recruiting station, you know what you want. He knew he wanted combat. He knew he wanted the infantry. He chose it."

He did a 15-month tour of duty in Iraq. In his second tour, he served in Afghanistan.

His mother in Queensbury told us Osborn was a top gunner who died Tuesday in a skirmish.

"He'd want the rest of his brothers and sisters in his unit to know that he died for them. That's why he jumped behind that machine gun and that's why he was able to defend his brothers and sisters. He sacrificed himself for them," said Cristaldi.

Flags were lowered at Lake George Junior-Senior High School, where Osborn graduated in 2002.

He had worked as a bartender at the Lobster Pot where they said each day he brought smiles and fun to his work.

He was a popular, friendly athlete who was good at baseball and football.

Town Supervisor Frank McCoy, who also knew him, asked for prayers for the family. "It's a real honorable thing to sign up for the Army, which he volunteered, and to go

serve your country and I hope everybody respects that and remembers that," said McCoy.

"Just coming up here I saw on the readerboards, 'rest in peace.' And I expect a lot of flags to be out in Lake George tomorrow," he added.

McCoy plans to declare a town-wide day of mourning.

All around town, there were signs of mourning -- flags at half staff, yellow ribbons.

Osborn's family said he just married a woman from South Glens Falls in February.

They honor the man who made the ultimate sacrifice. "I'm proud of him," said Cristald, with tears in his eyes. "Deep down, I'm so proud of him."

San Antonio 'PJ' Dies In Afghan Crash



Sgt. Michael P. Flores, a 1997 John Marshall High School graduate, was one of four killed after a copter went down during rescue mission. COURTESY PHOTO

06/11/2010 By Sig Christenson - Express-News

Tech. Sgt. Michael P. Flores was an elite Air Force "PJ" on a mercy flight when his helicopter went down Wednesday in one of Afghanistan's most violent provinces, but it wasn't just any mission.

That was the day the father of two marked his fifth wedding anniversary.

"I'm sad that it happened to him, but if it wasn't his helicopter, it would have been someone else's helicopter and someone else's family and that is something you wouldn't

wish upon someone,” said his sister, Anna Flores of San Antonio. “That’s the way I feel. I don’t know how he would feel.”

A 1997 Marshall High School graduate, Flores, 31, of San Antonio was killed along with three others after their Air Force HH-60 Pavehawk helicopter went down in Helmand province. He was posthumously promoted Thursday from staff sergeant.

Among the other victims was a fellow pararescuer from the same Arizona-based squadron as Flores, Senior Airman Benjamin D. White, 24, of Erwin, Tenn. First Lt. Joel C. Gentz, 25, of Grass Lake, Mich., and Staff Sgt. David C. Smith, 26, of Eight Mile, Ala., also were killed.

Gentz was a combat rescue officer with the 58th Rescue Squadron at Nellis AFB, Nev., and Smith was a flight engineer with the 66th Rescue Squadron at Nellis.

Other people on the casualty evacuation mission were hurt, but officials wouldn’t say how many.

“They were getting multiple missions a day, so this was just one of many,” said Flores’ boss, Chief Master Sgt. Chaz Stiefken.

Insurgents claimed to have shot down the Osprey.

The International Security Assistance Force headquarters in Kabul initially said it was hit by hostile fire, but a spokeswoman there told the San Antonio Express-News that report couldn’t be confirmed. “We have a team out to investigate it, so I can’t confirm that is the reason the helicopter went down,” Air Force Master Sgt. Sabrina Foster said.

The crash ended a stellar career that began after Flores graduated from high school, where he was on the swim team.

At one time, pararescuers were known as “parajumpers.” The name changed, but the “PJ” initials stuck.

When he started two years of rigorous PJ training at Lackland AFB, Flores’ time as a competitive swimmer may have given him an edge.

On his first day, Flores had to swim 75 feet underwater, run 1 1/2 miles in less than 10 minutes and 30 seconds, and perform 50 sit-ups in 2 minutes and 50 pushups in 2 minutes.

Many wash out of PJ training during the water test. The standards only became tougher. In 1999, pararescue graduates had to run 6 miles in 45 minutes, swim 2 1/2 miles in 80 minutes and swim 75-foot laps underwater — six times.

As a “7-level” leader with the 48th Rescue Squadron at Davis-Monthan AFB, Ariz., he met exceptionally rigorous rules because he ran the standards and evaluation department. Lean and athletic at 5 feet 11 inches, he ran three miles in less than 23 minutes, exceeding physical training standards that other PJs had to meet.

“When you’re a 7-level, you’re at the peak of your qualifications. You’re qualified to be in charge of any mission out there and Sgt. Flores was an exceptional team leader,” said Stiefken, who oversees all issues for enlistees in the squadron, which includes about 40 pararescuers.

“He led his men into literally hundreds of combat missions, saving hundreds of lives,” added Stiefken, 42, of Anchorage, Alaska. “He was in charge of all operations once on the ground and he always brought his men home alive and accomplished the mission, whether to recover the remains (of dead troops) or save the lives of the patients, since we’ve been in Afghanistan.”

It was his second tour of Afghanistan in less than a year.

Life as a PJ is a bit of the Army, Air Force and James Bond. Pararescuers hold many of the same skills as those in special operations. They know hand-to-hand combat, jump from airplanes at 20,000 feet at night, swim to shore in scuba gear and rappel from helicopters.

As important is the fact that they’re skilled emergency medical technicians, trained to save people trapped in crashed aircraft — even if the plane or copter is on a mountain.

“Our real cream of the crop and bread and butter, and the reason these guys are put in harm’s way, is because of their medical qualifications. They’re advanced combat trauma medics,” said Stiefken, the son of an Air Force PJ.

“He knew the dangers and the consequences, but he loved it,” his 29-year-old sister said. “What the PJs stand for is that others may live. I think he enjoyed the special training they got and they were able to use it for good, to save lives.”

Marine, 20, From Macomb County Killed In Afghanistan



Marines carry the remains of Lance Cpl. Anthony A. Dilisio on Tuesday, June 1, 2010, at Dover Air Force Base, Del. (Steve Ruark/AP)

June 2, 2010 By ZLATI MEYER, FREE PRESS STAFF WRITER

A 20-year-old Marine from Macomb Township died Sunday in Afghanistan, according to the U.S. Department of Defense.

Lance Cpl. Anthony Dilisio was supporting combat operations in Helmand Province.

He was assigned to 1st Battalion, 6th Marine Regiment, 2nd Marine Division, II Marine Expeditionary Force, Camp Lejeune, N.C.

"They stopped to check on a truck. They were ambushed and a battle ensued," David Dilisio said this morning about his nephew, who served as a mortar man.

Anthony Dilisio, a graduate of Dakota High School who swam and played football and baseball, enlisted approximately two years ago and was deployed in December, according to David Dilisio.

He was scheduled to come home at the end of July or early August.

"He was a people person and he was always compelled to give back in some way," David Dilisio recalled. "He wanted to serve in some capacity, whether it was as a firefighter or a police officer or a Marine, which to him was the pinnacle."

Anthony Dilisio's father, Lorenzo, himself an Army veteran, and two of Anthony's five siblings, flew to Dover Air Force Base in Delaware and are scheduled to return with the body to Selfridge Air National Guard Base on Friday, according to David Dilisio. He'll be buried in Resurrection Cemetery in Clinton Township.

Funeral arrangements are incomplete.

Anthony Dilisio, who was engaged to be married, also enjoyed golf and music, his uncle said.

"He was a very personable guy," he added. "He had a big heart. He had a lot of friends. There are a lot of kids in the family, who looked up to him."

Notes From A Lost War:

**“Dan And The Others Hope Khan
Will Help The Soldiers Gain A
Foothold Among Villagers”**

**“He Usually Is Very Open With Us,
Seemed To Support Our Cause”**

“With No Explanation, Khan Had Fled Toward Kandahar City Six Days Ago”

06/17/10 by Tom Bowman, NPR [Excerpts]

In Afghanistan, the battle for Kandahar may not have officially begun, but it is quietly under way.

The mission is different for every American military unit in the country. U.S. military police patrol in Kandahar city. In rural Kandahar province, American soldiers are preparing to strike at Taliban strongholds.

But building ties with villagers may prove the most difficult job of all.

A unit of U.S. Army Special Forces, the Green Berets, working outside Kandahar city is seeking to win over villagers by building schools and clinics and providing security.

The desert village of Ezabad resembles a town from a Hollywood Western. Except in Ezabad, the bad guys are the Taliban. “We really are on the outskirts of bad-guy land,” says Dan, a lanky, 28-year-old Green Beret captain with dark stubble on his face. For security reasons, only his first name can be used.

The Afghan army special forces are highly trained soldiers in a country where many security forces, especially the police, are corrupt. Their commander, Capt. Dost, says through his interpreter that the police were part of the problem.

“They weren’t asking about people’s problems. They didn’t want to live with them, and they didn’t want to build up relationships with the people. That’s why people were complaining about them,” he says.

On a recent day, Dost leads the way as the Afghans and Americans leave their compound and head toward the village. They cross fields, covered by small green plants with sharp, narrow leaves — marijuana, and lots of it.

The Afghan commander waves to several farmers. They slowly trudge toward him. The Afghans — Dost and the farmers — sit down in the field. And Dan stands off to one side.

One farmer says he is worried that the Taliban will come and the villagers will be caught in the crossfire. Dost assures them nothing is going to happen.

Maybe the farmer believes him, maybe not. This is the critical link if the war in Afghanistan is to be won — winning the trust of the villagers. And it’s no easy task.

Dost leads the American and Afghan troops to another house, in hopes of talking to Khan, the nephew of a village elder who fled after Taliban threats.

Dan and the others hope Khan will help the soldiers gain a foothold among villagers.

But there's only disappointment: With no explanation, Khan had fled toward Kandahar city six days ago.

The American and Afghan patrol heads out of the village, as the sun begins to dip into the desert.

Back at the soldiers' compound, Dan says he is disappointed that Khan had disappeared. "He usually is very open with us, seemed to support our cause. So tomorrow anything could happen. It's another day," Dan says.

He turns to Dost, his Afghan partner, as they head to their bunks.

"Try and get some rest, bro," he tells the Afghan. "Good job today."

Still, it's clear that reaching out to the village of Ezabad will take time.

<p>IF YOU DON'T LIKE THE RESISTANCE END THE OCCUPATIONS</p>
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**U.S. Has No Long-Term Strategy
For Afghanistan:
"There Is No Common Definition Of
What That Progress Is"
"No One Knows If We're Getting There
And We Don't Know If We Can't Get
There"**

Jun. 16, 2010 By JONATHAN S. LANDAY AND NANCY A. YOUSSEF, McClatchy Newspapers [Excerpts]

The Obama administration is focused on meeting its July 2011 deadline to begin withdrawing U.S. troops from Afghanistan, but it has no political strategy to help stabilize the country, current and former U.S. officials and other experts are warning.

The failure to articulate what a post-American Afghanistan should look like and devise a political path for achieving it is a major obstacle to success for the U.S. military-led counterinsurgency campaign that's under way, these officials and experts said.

The result is “strategic confusion,” said Ronald E. Neumann, who served as the U.S. ambassador to Afghanistan from 2005 to 2007.

“We have a great many people working hard to produce progress,” said Neumann, the former U.S. ambassador.

“But there is no common definition of what that progress is. No one knows if we’re getting there and we don’t know if we can’t get there, and that produces strategic confusion.”

TROOP NEWS

HOW MANY MORE FOR OBAMA’S WARS?



The body of Sgt. Denis Kisseloff arrives at Jefferson Barracks National Cemetery for his funeral service May 22, 2010, in St. Louis, Mo. Kisseloff, 45, died May 14 when his unit was attacked with a rocket propelled grenade and fire from small arms in Afghanistan. (AP Photo/Jeff Roberson)

Army Doctors Tell Soldiers With Brain Injuries To ‘Stop Complaining’

**“Some Received Psychotropic
Drugs Instead Of Rehabilitative
Therapy That Could Help Retrain
Their Brains”**

**“Others Say They Have Received No
Treatment At All, Or Have Been
Branded As Malingerers”**

**“Senior Levels Of Leadership That
Should Be Responsible For This Issue
Either Don’t Care, Can’t Understand The
Problem Due To Lack Of Experience, Or
Are So Disengaged That They Haven’t
Fixed It”**

[Thanks to Phil G, who sent this in.]

Some received psychotropic drugs instead of rehabilitative therapy that could help retrain their brains. Others say they have received no treatment at all, or have been branded as malingerers.

June 10, 2010 By T. Christian Miller and Daniel Zwerdling, ProPublica; Alternet
[Excerpts]

Daniel Zwerdling has been an investigative reporter for NPR since 1980. He has won the DuPont, Peabody, Edward R. Murrow and Robert F. Kennedy awards for investigative reporting. T. Christian Miller is a senior reporter for ProPublica and the author of ‘Blood Money: Wasted Billions, Lost Lives, and Corporate Greed in Iraq.’

The military medical system is failing to diagnose brain injuries in troops who served in Iraq and Afghanistan, many of whom receive little or no treatment for lingering health problems, an investigation by ProPublica and NPR has found.

So-called mild traumatic brain injury has been called one of the wars' signature wounds. Shock waves from roadside bombs can ripple through soldiers' brains, causing damage that sometimes leaves no visible scars but may cause lasting mental and physical harm.

Officially, military figures say about 115,000 troops have suffered mild traumatic brain injuries since the wars began.

But top Army officials acknowledged in interviews that those statistics likely understate the true toll.

Tens of thousands of troops with such wounds have gone uncounted, according to unpublished military research obtained by ProPublica and NPR.

"When someone's missing a limb, you can see that," said Sgt. William Fraas, a Bronze Star recipient who survived several roadside blasts in Iraq. He can no longer drive, or remember simple lists of jobs to do around the house.

"When someone has a brain injury, you can't see it, but it's still serious."

In 2007, under enormous public pressure, military leaders pledged to fix problems in diagnosing and treating brain injuries. Yet despite the hundreds of millions of dollars pumped into the effort since then, critical parts of this promise remain unfulfilled.

Over four months, we examined government records, previously undisclosed studies, and private correspondence between senior medical officials. We conducted interviews with scores of soldiers, experts and military leaders.

Among our findings:

From the battlefield to the home front, the military's doctors and screening systems routinely miss brain trauma in soldiers.

One of its tests fails to catch as many as 40 percent of concussions, a recent unpublished study concluded.

A second exam, on which the Pentagon has spent millions, yields results that top medical officials call about as reliable as a coin flip.

Even when military doctors diagnose head injuries, that information often doesn't make it into soldiers' permanent medical files.

Handheld medical devices designed to transmit data have failed in the austere terrain of the war zones.

Paper records from Iraq and Afghanistan have been lost, burned or abandoned in warehouses, officials say, when no one knew where to ship them.

Without diagnosis and official documentation, soldiers with head wounds have had to battle for appropriate treatment.

Some received psychotropic drugs instead of rehabilitative therapy that could help retrain their brains. Others say they have received no treatment at all, or have been branded as malingerers.

In the civilian world, there is growing consensus about the danger of ignoring head trauma: Athletes and car accident victims are routinely tested for brain injuries and are restricted from activities that could result in further blows to the head.

But the military continues to overlook similarly wounded soldiers, a reflection of ambivalence about these wounds at the highest levels, our reporting shows.

Some senior Army medical officers remain skeptical that mild traumatic brain injuries are responsible for soldiers' troubles with memory, concentration and mental focus.

Civilian research shows that an estimated 5 percent to 15 percent of people with mild traumatic brain injury have persistent difficulty with such cognitive problems.

"It's obvious that we are significantly underestimating and underreporting the true burden of traumatic brain injury," said Maj. Remington Nevin, an Army epidemiologist who served in Afghanistan and has worked to improve documentation of TBIs and other brain injuries.

"This is an issue which is causing real harm. And the senior levels of leadership that should be responsible for this issue either don't care, can't understand the problem due to lack of experience, or are so disengaged that they haven't fixed it."

When Lt. Gen. Eric Schoomaker, the Army's most senior medical officer, learned that NPR and ProPublica were asking questions about the military's handling of traumatic brain injuries, he initially instructed local medical commanders not to speak to us.

"We have some obvious vulnerabilities here as we have worked to better understand the nature of our soldiers' injuries and to manage them in a standardized fashion," he wrote in an e-mail sent to bases across the country. "I do not want any more interviews at a local level."

Soldiers like Michelle Dyarman wonder what's taking so long.

Dyarman, a former major in the Army reserves, was involved in two roadside bomb attacks and a Humvee accident in Iraq in 2005.

Today, the former dean's list student struggles to read a newspaper article. She has pounding headaches. She has trouble remembering the address of the farmhouse where she grew up in the hills of central Pennsylvania.

For years, Dyarman fought with Army doctors who did not believe that she was suffering lasting effects from the blows to her head. Instead, they diagnosed her with an array of maladies from a headache syndrome to a mood disorder.

“One of the first things you learn as a soldier is that you never leave a man behind,” said Dyarman, 45. “I was left behind.”

In 2008, after Dyarman retired from the Army, Veterans Affairs doctors linked her cognitive problems to her head traumas.

Dyarman has returned to her civilian job inspecting radiological devices for the state, but colleagues say she turns in reports with lots of blanks; they cover for her.

Dyarman’s 67-year-old father, John, looks after her at home, balancing her checkbook, reminding her to turn the oven on before cooking.

The joyful, bright child he raised, the first in the family to attend college, is gone, forever gone.

“It hurts me, too,” he said, growing upset as he spoke. “That’s my daughter sitting there, all screwed up. She’s not the kid she was.”

Better armor and battlefield medicine mean troops survive explosions that would have killed an earlier generation. But blast waves from roadside bombs, insurgents’ most common weapon, can still damage the brain.

The shock waves can pass through helmets, skulls and through the brain, damaging its cells and circuits in ways that are still not fully understood.

Secondary trauma can follow, such as sending a soldier tumbling inside a vehicle or hurling into a wall, shaking the brain against the skull.

Not all brain injuries are alike. Doctors classify them as moderate or severe if patients are knocked unconscious for more than 30 minutes. The signs of trauma are obvious in these cases and medical scanning devices, like MRIs, can detect internal damage.

But the most common head injuries in Iraq and Afghanistan are so-called mild traumatic brain injuries. These are harder to detect. Scanning devices available on the battlefield typically don’t show any damage.

Recent studies suggest that breakdowns occur at the cellular level, with cell walls deteriorating and impeding normal chemical reactions.

Doctors debate how best to categorize and describe such injuries. Some say the term mild traumatic brain injury best describes what happens to the brain. Others prefer to use concussion, insisting the word carries less stigma than brain injury.

Whatever the description, most soldiers recover fully within weeks, military studies show. Headaches fade, mental fogs clear and they are back on the battlefield.

For a minority, however, mental and physical problems can persist for months or years. Nobody is sure how many soldiers who suffer mild traumatic brain injury will have long-term repercussions.

Researchers call the 5 percent to 15 percent of civilians who endure persistent symptoms the “miserable minority.”

A study published last year in the Journal of Head Trauma Rehabilitation found that, of the 900 soldiers in one battle-hardened Army brigade who suffered brain injuries, most of them mild, almost 40 percent reported having at least one symptom weeks or months later.

The long-term effects of mild traumatic brain injuries can be devastating, belying their name.

Soldiers can endure a range of symptoms, from headaches, dizziness and vertigo to problems with memory and reasoning. Soldiers in the field may react more slowly.

Once they go home, some commanders who led units across battlefields can no longer drive a car down the street. They can’t understand a paragraph they have just read, or comprehend their children’s homework. Fundamentally, they tell spouses and loved ones, they no longer think straight.

Such soldiers are sometimes called “walkie talkies” -- unlike comrades with missing limbs or severe head wounds, they can walk and talk. But the cognitive impairments they face can be severe.

“These are people who go on to live” with “a lifelong chronic disability,” said Keith Cicerone, a leading researcher in the field. “It is going to be terrifically disruptive to their functioning.”

An increasing number of brain-injury specialists say the best way to treat patients with lasting symptoms is to get them into cognitive rehabilitation therapy as soon as possible. That was the consensus recommendation of 50 civilian and military experts gathered by the Pentagon in 2009 to discuss how to treat soldiers.

Such therapy can retrain the brain to compensate for deficits in memory, decision-making and multitasking.

A soldier whose injuries are not diagnosed or documented misses out on the chance to get this level of care -- and the hope for recovery it offers, say veterans advocates, soldiers and their families.

“Talk is cheap. It is easy to say we honor our servicemen,” said Cicerone, who has helped the military develop recommendations for appropriate treatments for soldiers with brain injuries.

“I don’t think the services that we are giving to those servicemen honors those servicemen.”

The military’s handling of traumatic brain injuries has drawn heated criticism before.

ABC News reporter Bob Woodruff chronicled the difficulties soldiers faced in getting treatment for head traumas after recovering from one himself, suffered in a 2006 roadside bombing in Iraq. The following year, a Washington Post series about

substandard conditions at Walter Reed Army Medical Hospital described the plight of several soldiers with brain injuries.

Members of Congress responded by dedicating more than \$1.7 billion to research and treatment of traumatic brain injury and post-traumatic stress, a psychological disorder common among soldiers returning from war. They passed a law requiring the military to test soldiers' cognitive functions before and after deployment so brain injuries wouldn't go undetected.

But leaders' zeal to improve care quickly encountered a host of obstacles. There was no agreement within the military on how to diagnose concussions, or even a standardized way to code such incidents on soldiers' medical records.

Good intentions banged up against the military's gung ho culture. To remain with comrades, soldiers often shake off blasts and ignore symptoms.

Commanders sometimes ignore them, too, under pressure to keep soldiers in the field. Medics, overwhelmed with treating life-threatening injuries, may lack the time or training to recognize a concussion.

The NPR and ProPublica investigation, however, indicates that the military did little to overcome those battlefield hurdles. They waited for soldiers to seek medical attention, rather than actively seeking to evaluate those in blasts.

The military also has repeatedly bungled efforts to improve documentation of brain injuries, the investigation found.

Several senior medical officers said soldiers' paper records were often lost or destroyed, especially early in the wars. Some were archived in storage containers, then abandoned as medical units rotated out of the war zones.

Lt. Col. Mike Russell, the Army's senior neuropsychologist, said fellow medical officers told him stories of burning soldiers' records rather than leaving them in Iraq where anyone might find them.

"The reality is that for the first several years in Iraq everything was burned. If you were trying to dispose of something, you took it out and you put it in a burn pan and you burned it," said Russell, who served two tours in Iraq. "That's how things were done."

To improve recordkeeping, medics began using pricey handheld devices to track injuries electronically. But they often broke or were unable to connect with the military's stateside databases because of a lack of adequate Internet bandwidth, said Nevin, the Army epidemiologist.

"These systems simply were not designed for war the way we fight it," he said.

In 2007, Nevin began to warn higher-ups that information was being lost. His concerns were ignored, he said. While communications have improved in Iraq, Afghanistan remains a concern.

That same year, clinicians interviewed soldiers about whether they had suffered concussions for an unpublished Army analysis, which was reviewed by NPR and ProPublica.

They found that the military files showed no record of concussions in more than 75 percent of soldiers who reported such injuries to the clinicians.

Nevin said that without documentation of wounds, soldiers could have trouble obtaining treatment, even when they report they can't think, or read, or comprehend instructions normally anymore.

Doctors might say, "there's no evidence you were in a blast," Nevin said. "I don't see it in your medical records. So stop complaining."

Problems documenting brain injuries continue.

Russell said that during a tour of Iraq last year, he examined five soldiers the day after they were injured in a January 2009 rocket attack. The medical staff had noted shrapnel injuries, but Russell said they failed to diagnose the soldiers' concussions.

The symptoms were "classic," Russell said. The soldiers had "dazed" expressions, and were slow to respond to questions.

"I found out several of them had significant gaps in their memory," Russell said. "It wasn't clear how long they were unconscious for, but the last thing they remember is they were playing video games. The next thing they remember, they are outside the trailer."

Another doctor told NPR and ProPublica of finding soldiers with undocumented mild traumatic brain injuries in Afghanistan as recently as February 2010.

"It's still happening, there's no doubt," said the military doctor, who did not want to be named for fear of retribution

After the Walter Reed scandal, the military instituted a series of screens to better identify service members with brain injuries. Soldiers take an exam before deploying to a war zone, another after a possible concussion in theater, and a third after returning home.

But each of these screens has proved to have critical flaws.

The military uses an exam called the Automated Neuropsychological Assessment Metrics, or ANAM, to establish a baseline for soldiers' cognitive abilities. The ANAM is composed of 29 separate tests that measure reaction times and reasoning capabilities. But the military, looking to streamline the process, decided to use only six of those tests.

Doubts immediately arose about the exam, which had never been scientifically validated. Schoomaker, the Army surgeon general, recently told Congress that the ANAM was "fraught with problems" and that "as a screening tool," it was "basically a coin flip."

Military clinicians have administered the exam to more than 580,000 soldiers, costing the military millions of dollars per year, but have accessed the results for diagnostic purposes only about 1,500 times.

Rep. Bill Pascrell Jr., D-N.J., who has led efforts to improve the treatment and study of brain injuries, accused the military of ignoring the Congressional directive.

“We are not doing service to our bravest,” Pascrell said. “There needs to be a sense of urgency on this issue. We are not doing justice.”

Once in theater, soldiers are supposed to take the Military Acute Concussion Evaluation, or MACE, to check for cognitive problems after blasts or other blows to the head.

But in interviews, soldiers said they frequently gamed the test, memorizing answers beforehand or getting tips from the medics who administer it.

Just last summer, Sgt. Victor Medina was leading a convoy in southern Iraq when a roadside bomb exploded. He was knocked unconscious for 20 minutes.

Afterwards, Medina had trouble following what other soldiers were saying. He began slurring his words. But he said the medic helped him to pass his MACE test, repeating questions until he answered them correctly.

“I wanted to be back with my soldiers,” he said. “I didn’t argue about it.”

Senior military officials said problems with the MACE were common knowledge.

“There’s considerable evidence that people were being coached or just practicing,” said Russell, the senior neuropsychologist. “They don’t want to be sidelined for a concussion. They don’t want to be taken out of play.”

If cases of brain trauma get past the battlefield screen, a third test -- the post-deployment health assessment, or PDHA -- is supposed to catch them when soldiers return home.

But a recent study, as yet unpublished, shows this safety net may be failing, too.

When soldiers at Fort Carson, Colo., were given a more thorough exam bolstered by clinical interviews, researchers found that as many as 40 percent of them had mild traumatic brain injuries that the PDHA had missed.

In a 2007 e-mail, a senior military official bluntly acknowledged the shortcomings of PDHA exams, describing them as “coarse, high-level screening tools that are often applied in a suboptimal assembly line manner with little privacy” and “huge time constraints.”

Col. Heidi Terrio, who carried out the Fort Carson study, said the military’s screens must be improved.

"It's our belief that we need to document everyone who sustained a concussion," she said. "It's for the benefit of the Army and the benefit of the family and the soldier to get treatment right away."

Gen. Peter Chiarelli, the Army's second in command, acknowledged that the military has not made the progress it promised in diagnosing brain injuries.

"I have frustration about where we are on this particular problem," Chiarelli said.

Fundamentally, he said, soldiers, military officers and the public needed to take concussions seriously.

The shift Chiarelli envisions may be impossible without buy-in from senior military medical officials, some of whom are skeptical about the long-term harm caused by mild traumatic brain injuries.

One of Schoomaker's chief scientific advisors, retired Army psychiatrist Charles Hoge, has been openly critical of those who are predisposed to attribute symptoms like memory loss and concentration problems to mild traumatic brain injury.

In 2009, he wrote a opinion piece in the New England Journal of Medicine that said the "illusory demands of mild TBI" might wind up hobbling the military with high costs for unnecessary treatment. Recently, Hoge questioned the importance of even identifying mild traumatic brain injury accurately.

"What's the harm in missing the diagnosis of mTBI?" he wrote to a colleague in an April 2010 e-mail obtained by NPR and ProPublica. He said doctors could treat patients' symptoms regardless of their underlying cause.

In an interview, Hoge said, "I've been concerned about the potential for misdiagnosis, that symptoms are being attributed to mild traumatic brain injury when in fact they're caused by other" conditions. He noted that a study he conducted, published in the New England Journal of Medicine, "found that PTSD really was the driver of symptoms. That doesn't mean that mTBI isn't important. It is important. It's very important."

Other experts called Hoge's posture toward mild TBI troubling.

To be sure, brain injuries and PTSD sometimes share common symptoms and co-exist in soldiers, brought on by the same terrifying events. But treatments for the conditions differ, they said. A typical PTSD program, for instance, doesn't provide cognitive rehabilitation therapy or treat balance issues. Sleep medication given to someone with nightmares associated with PTSD might leave a brain-injured patient overly sedated, without having a therapeutic effect.

"I'm always concerned about people trivializing and minimizing concussion," said James Kelly, a leading researcher who now heads a cutting-edge Pentagon treatment center for traumatic brain injury. "You still have to get the diagnosis right. It does matter. If we lump everything together, we're going to miss the opportunity to treat people properly."

At her family farm outside Hanover, Pa., Michelle Dyarman has a large box overflowing with medical charts, letters and manila envelopes. They are the record of her fight over the past five years to get diagnosis and treatment for her traumatic brain injury.

After her last roadside blast in Baghdad, which killed two colleagues, Dyarman wound up at Walter Reed for treatment of post-traumatic stress. Over the course of two and a half years, she received drugs for depression and nightmares. She got physical therapy for injuries to her back and neck. A rehabilitation specialist gave her a computer program to help improve her memory.

But it wasn't until she began talking with fellow patients that she heard the term mild traumatic brain injury. As she began to research her symptoms, she asked a neurologist whether the blasts might have damaged her brain.

Records show the neurologist dismissed the notion that Dyarman's "minor head concussions" were the source of her troubles, and said her symptoms were "likely substantially attributable" to PTSD and migraine headaches.

"It was disappointing," she said. "It felt like nobody cared."

When she was later given a diagnosis of traumatic brain injury by Veterans Affairs doctors, she said she felt vindicated, yet cheated all at once.

"I always put the military first, even before my family and friends. Now looking back, I wonder if I did the right thing," she said. "I served my country. Now what's my country doing for me?"

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

I say that when troops cannot be counted on to follow orders because they see the futility and immorality of them THAT is the real key to ending a war.

-- Al Jaccoma, Veterans For Peace

“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

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

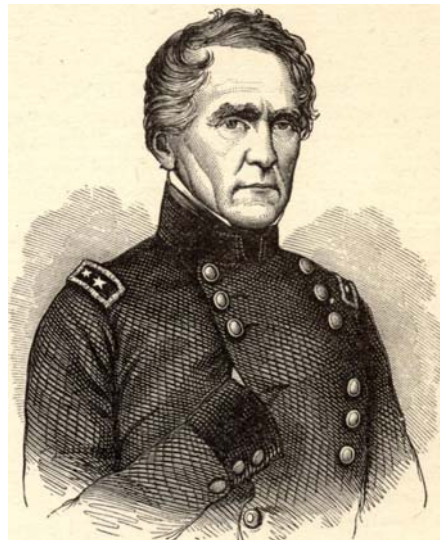
The Social-Democrats ideal should not be the trade union secretary, but the tribune of the people who is able to react to every manifestation of tyranny and oppression no matter where it appears no matter what stratum or class of the people it affects; who is able to generalize all these manifestations and produce a single picture of police violence and capitalist exploitation; who is able to take advantage of every event, however small, in order to set forth before all his socialist convictions and his democratic demands, in order to clarify for all and everyone the world-historic significance of the struggle for the emancipation of the proletariat.”

-- V. I. Lenin; What Is To Be Done

“The Nixon administration claimed and received great credit for withdrawing the Army from Vietnam, but it was the rebellion of low-ranking GIs that forced the government to abandon a hopeless suicidal policy”
-- David Cortright; *Soldiers In Revolt*

It is a two class world and the wrong class is running it.
-- Larry Christensen, *Soldiers Of Solidarity & United Auto Workers*

June 17, 1838: Anniversary On A Most Honorable Act By General John Wool Of The United States Army



General John Wool [Sonofthesouth.net]

Carl Bunin Peace History June 16-22

The Cherokee Nation began the 1,200-mile forced march known as the Trail of Tears.

Their removal from ancestral land in the southeast U.S. had been ordered by Pres. Andrew Jackson as the result of a treaty signed by a small minority of the tribe, and approved in the Senate by a one-vote margin.

Ordered to move on the Cherokee, General John Wool resigned his command in protest; Gen. Winfield Scott and 7000 troops moved in to enforce the treaty.

“The Trail Where They Cried” (“Nunna daul Tsuny” in the Cherokee language) led from northern Georgia to Oklahoma.

Along the way, an estimated 4,000 died from hunger, exposure and disease.



“The Solution”

[In Memory Of The June 17 1953 East German Workers Rebellion]

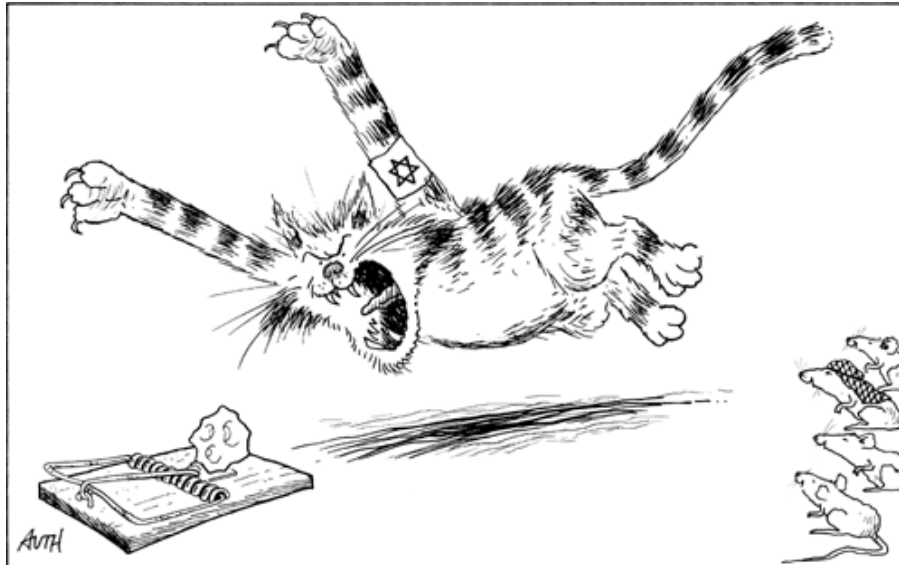
After the uprising of the 17th of June
The Secretary of the Writers Union
Had leaflets distributed in the Stalinallee
Stating that the people
Had forfeited the confidence of the government
And could win it back only
By redoubled efforts. Would it not be easier
In that case for the government
To dissolve the people
And elect another?

Brecht

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: Name, I.D., withheld unless you request publication. Same address to unsubscribe. Phone: 888.711.2550

OCCUPATION PALESTINE



[To check out what life is like under a murderous military occupation by foreign terrorists, go to: www.rafahtoday.org The occupied nation is Palestine. The foreign terrorists call themselves "Israeli."]

NEED SOME TRUTH? CHECK OUT TRAVELING SOLDIER

Traveling Soldier is the publication of the Military Resistance Organization.

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/)

DANGER: POLITICIANS AT WORK



CLASS WAR REPORTS



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 Afghanistan, 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

POLITICIANS CAN'T BE COUNTED ON TO HALT THE BLOODSHED

THE TROOPS HAVE THE POWER TO STOP THE 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:

<http://williambowles.info/wordpress/category/military-resistance/> ;

news@uruknet.info; http://www.traprockpeace.org/qi_special/

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