GI SPECIAL 4F1:

The Iraq War: On Drugs:

“We Were So Junked Out On Valium, We Had No Emotions Anymore”

“He And Others In His Unit In Iraq Became Addicted”

In many cases, their problem is labeled stress. “Army docs have told me that commanders pressured them not to diagnose PTSD because it would cut into combat power: the ability to project men and women into war,” says Robinson.
“The docs admit that the decision is unethical, but are unwilling to take the huge career risk of becoming a whistle blower.”

May 29, 2006 By Terry J. Allen, In These Times [Excerpts]

Wounded U.S. soldiers are being patched up and returned to battle before they are healed. The wounds in this case are to the psyche, caused by the trauma and horror that are as integral to war as guns and death.

In Iraq and Afghanistan, when “suck it up” fails to snap a soldier out of depression or panic, the Army turns to drugs.

“Soldiers I talked to were receiving bags of antidepressants and sleeping meds in Iraq, but not the trauma care they needed,” says Steve Robinson, a Defense Department intelligence analyst during the Clinton administration.

Sometimes sleeping pills, antidepressants and tranquilizers are prescribed by qualified personnel. Sometimes not. Sgt. Georg Anderas Pogany told Salon that after he broke down in Iraq, his team sergeant told him “to pull himself together, gave him two Ambien, a prescription sleep aid, and ordered him to sleep.”

Other soldiers self-medicate.

“We were so junked out on Valium, we had no emotions anymore,” Iraq vet John Crawford told “Fresh Air” host Terry Gross. He and others in his unit in Iraq became addicted to Valium.

“It concerns us when we hear military doctors say, ‘It’s wonderful that we have these drugs available to cope with second or third deployments,’” Joyce Raezer of the National Military Family Association told In These Times.

“But that statement makes military spouses cringe,” she continues, “Soldiers are saying ‘we don’t have time to recover.’”

Marine psychiatrist Cmdr. Paul S. Hammer confirmed to San Diego Union-Tribune reporter Rick Rogers that Marines with PTSD are returning to Iraq.

In many cases, their problem is labeled stress. “Army docs have told me that commanders pressured them not to diagnose PTSD because it would cut into combat power: the ability to project men and women into war,” says Robinson. “The docs admit that the decision is unethical, but are unwilling to take the huge career risk of becoming a whistle blower.”

“The military has an obligation to ensure your readiness,” says Raezer. “It is in its long-term benefit to have the person healthy.” But those goals may conflict with themselves and with reality.

“Ready for deployment is not the same as mentally healthy, and the army’s long-term interests smack hard against its need for warm bodies, no matter how dangerous continued action may be to an individual’s mental health.
All these factors promote that classic American solution: Better living through chemistry. When effective, antidepressants and sleeping pills can enable a soldier to get back in action; either from a huddle of terror and disgust, or increasingly, from back home to serve an additional tour.

But the use of brain-altering medications must be monitored for effectiveness and safety, which is beyond the Army's capability in Iraq.

The medications can take weeks to kick in, dangerously interact with other medications or fail to work at all.

Side effects can include organ damage and thoughts of suicide.

[See also the more detailed story below under TROOP NEWS.]

IRAQ WAR REPORTS

MND BAGHDAD SOLDIER DIES OF NON-COMBAT RELATED CAUSE

5/31/2006 HEADQUARTERS UNITED STATES CENTRAL COMMAND NEWS
RELEASE Number: 06-05-03C

BAGHDAD: A Multi-National Division Baghdad Soldier died of a non-combat related cause May 31 at approximately 5:30 a.m.

Navy Man Killed In Iraq
Deal A “Strong, Brave Man”

May 19, 2006 By Greg Hilburn, The News-Star

Lee Deal was quick with a smile and a joke, but also had a serious side and was driven to succeed, those who knew him said on Thursday.

Deal's friends and family were mourning the loss of the gregarious West Monroe man who died a hero on Wednesday in Iraq, where he was serving his country as a petty officer, third class in the Navy.

"It still doesn't seem real to me," said Michael Peterson, one of Deal's two best friends along with Andrew Whitworth. "I talked to him about two weeks ago and he sounded confident and strong."
Deal, 23, was a medic attached to the Marine B Company 2nd Recon Battalion.

Peterson said he, Deal and Whitworth were inseparable at West Monroe High School, where they all played football, and continued to be close after high school.

"It was always us three," said Peterson, who was notified of his friend's death by two Navy officers at Peterson's parents' home on Wednesday. "I still have a suitcase with his clothes in my trunk because he stayed at my house sometimes when he was home. I'm just going to leave that suitcase in my trunk."

Deal's grandparents, Charlotte and Nick Hamilton of Oak Grove, said the family wasn't yet emotionally ready to talk publicly about Deal, although Charlotte said, "He was a great kid." His mother Melanie Deal is staying with the Hamiltons. His father Harry Deal lives in Sipan, Australia.

"The biggest thing about Lee is he never wanted anybody to feel bad," Peterson said. "You'd hook up with him and you couldn't help but feel better if you were down."

Deal made friends easily and quickly became popular with classmates when he moved to West Monroe in junior high school.

"Lee didn't move here until junior high school, but he was elected president of the student council," said Lisa Miller, who taught Deal at West Monroe Junior High and later was his guidance counselor at West Monroe High. "People just loved him. This just breaks my heart."

Mark Banks, a West Monroe High School classmate, said Deal "got along with everybody, and he was always a happy guy. He was fun to be around," Banks said.

West Monroe classmate Jarred Frost had similar recollections of his friend, saying Deal "always made something fun. He could make something fun out of nothing," Frost said.

But Deal did experience disappointments after high school, his friends said.

An All-State kicker on West Monroe's national championship team in 2000, Deal hoped to continue playing football in college and followed Whitworth to LSU.

He roomed with Whitworth, who was drafted by the NFL's Cincinnati Bengals earlier this month, for a year, but later left for Northwestern State University in Natchitoches."

"He had some ups and downs; we both did," Peterson said. "He went to two colleges and I went to four. But he finally made a decision to join the Navy, grew up and found his passion.

"Lee finally found his place. He was a strong, brave young man, and I couldn't be prouder of him."
U.S., Japanese, Australian Patrols Hit By IEDs; Casualties Not Reported

May. 31, 2006 By QAIS AL-BASHIR Associated Press Writer & AFP

A roadside bomb hit a joint U.S.-Iraqi patrol on the highway near the Dora Refinery in southern Baghdad and the area was blocked off, police Capt. Firas Geiti said. No casualties were immediately reported.

Another roadside bomb struck a Japanese-Australian patrol in northern Samawah, on the Euphrates River about 230 miles southeast of Baghdad, damaging the last vehicle of the convoy, an ASLAV (armoured vehicle), and slightly wounding an Iraqi man who was selling ice, the man told AP Television News.

It wasn't clear if there were any casualties among the troops.

U.S. Command Concedes Ramadi Under Resistance Control

May. 31, 2006 By Louise Roug and Peter Spiegel, LOS ANGELES TIMES

The Pentagon's hopes to make substantial reductions in U.S. troop levels in Iraq this year appear to be fading as a result of resurgent violence in the country, particularly in the Sunni Arab stronghold of Anbar province, military officials acknowledge.

Officers have privately acknowledged the worsening situation in Anbar -- particularly in Ramadi, which U.S. officials acknowledge is now under insurgent control -- is likely to prevent any significant draw-down this year.

One by one, Sunni sheiks with ties to nationalist rebels, who earlier in the year vowed to fight radical Islamic insurgents in Anbar province and Ramadi, have been assassinated, a sign they are losing the internecine fight.

U.S. forces in the city, which are currently being led by a National Guard brigade, remain hunkered down in the battle-scarred downtown government center and come under large-scale attacks almost daily.

After repeated attacks on officers and recruits, the city has no effective Iraqi police force.

According to one Sunni sheik from the province, American forces have stepped up bombing raids in the past week and a half, and have been more aggressive on the ground. Residents have begun to leave.
Ibrahim Zaki Humadi, 37, who left Ramadi with his wife and five children three weeks ago, said U.S. troops cordoned off his neighborhood with concrete blocks and sniper positions.

Residents have to signal American soldiers when they want to leave the area, he said.

"They are fortifying their positions, and are shooting at everyone who moves who doesn't carry a white flag, and even that cannot guarantee your survival," he said, referring to both Iraqi and American troops. "The situation is miserable."

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Pissing In The Wind:
Only 60,000 Combat Troops Try To Occupy Iraq

“Not enough troops on the ground keeps us pinned down in one place, only holding terrain or jumping from fire to fire,” the officer said. “But with midterm elections coming up no one wants it to seem like we’re amassing soldiers when everyone has been told we’re drawing down troops.”

May 14, 2006 By DAVID S. CLOUD and THOM SHANKER, New York Times [Excerpts]

WASHINGTON, May 13

Secretary of Defense Donald H. Rumsfeld regularly says he wants major troop withdrawals from Iraq, if possible this year. But he rarely mentions the daunting challenges beyond the volatile security situation that are preventing a rapid withdrawal.

Discussions of when, how fast and how far to drawn down American troops in Iraq will no doubt be influenced by the domestic political mood, with Congressional elections approaching in November.

Yet those pushing for significant withdrawals will run into an undeniable law of military operations: the American combat troops who remain in Iraq, and the growing number of Iraqi security forces, will still require substantial numbers of supporting American forces to remain, too, to supply food, fuel and ammunition and otherwise support combat operations.

As the Bush administration considers how and when to draw down the nearly 133,000 American troops still in Iraq, those logistical factors, among many other pressures and counterpressures, will weigh heavily toward keeping a sizable force there, delivering supplies, gathering and analyzing intelligence and providing air support to Iraqi security forces.

Senior officers are aware of the growing political pressure on the Bush administration to carry out withdrawals. Many are sympathetic with the goal, worried that the demands of keeping many more than 100,000 troops in Iraq for
several more years could do long-term harm to the military and holding out hope that a permanent Iraqi government would do much to stabilize the country.

**But despite the political pressures, and despite the argument by senior officials like Mr. Rumsfeld and General Abizaid that a large American presence may actually be fueling the insurgency, commanders are discussing whether the volatile security situation would allow any significant withdrawals at all in the short term, according to interviews with Pentagon officials and officers in Iraq in recent weeks.**

“General Casey is feeling the pressure. He knows how hard this is on the Army, but he’s getting pulled in two directions,” said a general who recently served in Iraq.

“Not enough troops on the ground keeps us pinned down in one place, only holding terrain or jumping from fire to fire,” the officer said. “But with midterm elections coming up no one wants it to seem like we’re amassing soldiers when everyone has been told we’re drawing down troops.”

The decision to delay deployment of a brigade means fewer troops will be available to plug holes in places like Ramadi, a violence-ridden city west of Baghdad.

The 15 combat brigades now in Iraq total roughly 60,000 combat troops. The rest of the American soldiers there deliver supplies, gather intelligence, staff headquarters, fly helicopters and other jobs. Thousands also assist in training and supplying Iraqi units, though all can find themselves in combat because of the unconventional nature of the conflict.

It takes anywhere from three to five soldiers to support every combat soldier, and some of the support mission for American troops in Iraq is based elsewhere in the Persian Gulf region.

But a senior Army planner at the Pentagon said that in Iraq, even a sharp initial reduction in combat units would not immediately bring a corresponding reduction in support troops.

Soldiers that remain will still require all the services that the larger force did, and Iraqi troops will rely on Americans for many tasks for the foreseeable future, like air support.

“Even though the brigade combat teams may roll back in number, the obligation to support U.S. and Iraqi forces remains and that’s a bill that most people don’t really focus on,” the senior Army planner said.

**NEED SOME TRUTH? CHECK OUT TRAVELING SOLDIER**

*Telling the truth - about the occupation or the criminals running the government in Washington - is the first reason for Traveling Soldier. But we want to do more than tell the truth; we want to report on the resistance - whether it's in the streets of Baghdad, New York, or inside the armed forces. Our goal is for Traveling*
Soldier to become the thread that ties working-class people inside the armed services together. We want this newsletter to be a weapon to help you organize resistance within the armed forces. If you like what you've read, we hope that you'll join with us in building a network of active duty organizers. 
http://www.traveling-soldier.org/ And join with Iraq War vets in the call to end the occupation and bring our troops home now! (www.ivaw.net)

FUTILE EXERCISE:
LETHAL ENVIRONMENT:
BRING THEM ALL HOME NOW!

U.S. soldiers from the 101st Airborne Division patrol near Rushdie Mula in Iraq in this photo taken May 8, 2006 and released May 14, 2006. REUTERS/Sgt. 1st Class David D. Isakson/Handout

AFGHANISTAN WAR REPORTS

Resistance Attacks In Zabul

31 May 2006 (Reuters) & By NOOR KHAN, Associated Press Writer
In the southern province of Zabul, a senior police official, Mohammad Rasoul, was killed and four other people, including two senior provincial officials, were wounded after the Taliban hit their car with a rocket on Tuesday night.

The police deputy chief, Ghulam Rasool, was driving through the area to warn of an impending militant attack on police posts when his vehicle was hit by a rock-propelled grenade near Qalat city, regional government spokesman Ali Khail said.

“They were part of a reinforcement sent to help a group of highway police who had come under Taliban attack on a road of Zabul” said Yousuf Stanizai, the Interior Ministry spokesman.

An official in Zabul, who declined to be identified, said more than 10 policemen were killed in the Taliban assault.

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**Resistance Attack In Force Takes Chora, District Police Station Destroyed; U.S. Backed Forces “Flee”**

5/31/2006 By NOOR KHAN, Associated Press Writer

Hundreds of suspected Taliban fighters attacked a remote central Afghan town Wednesday and briefly occupied its police headquarters after driving out security forces, officials said.

The Taliban attacked a police base in Chora district of neighbouring Uruzgan province and captured up to 40 policemen, an official in Kabul said on condition of anonymity.

A Reuters reporter received a phone call from an unknown person who described himself as Mullah Ahmad, a Taliban commander, and said the militants had taken the police hostage and the Taliban’s leadership would decide their fate.

He said militants had killed 12 police in the attack before capturing the others.

The militants took control of the police around dawn Wednesday, after hours of fighting with 100 police inside the headquarters, said Rozi Khan, the regional police chief.

The militants left the compound by late morning after torching police vehicles, but fighters remained in the area and police weren’t immediately returning to Chora, Khan said, citing witnesses in the town.

"If our police go there, they’ll be ambushed,” Khan said by phone from the region.
Despite an upsurge in violence across southern Afghanistan that has left about 400 people dead since mid-May, it was unusual for militants to manage to force security forces to flee a town. [Not any more.]

TROOP NEWS

THIS IS HOW BUSH BRINGS THE TROOPS HOME: BRING THEM ALL HOME NOW, ALIVE

The casket of Marine Sgt. David Christoff Jr., 25, after a memorial service at All Saints Catholic Church, May 29, 2006, in Rossford, Ohio. Christoff, who was assigned to the 3rd Battalion, 3rd Marine Regiment, 3rd Marine Division, III Marine Expeditionary Force, based at Kaneohe, Hawaii, was killed May 21 while serving his second tour of duty in Iraq. Christoff’s family accepted his second Purple Heart during the memorial. (AP Photo/J.D. Pooley)

Pentagon Traitors Devise Exciting New Way To Kill More U.S. Troops: Mentally Unfit,
Forced To Fight: Part 3
Drugged Troops Sent To Iraq: “All Came Home In Coffins”

Vera Sharav, president of the Alliance for Human Research Protection, a patient advocacy group, said retaining troops with mental disorders serious enough to require medication is “completely irresponsible.”

“It’s really just plain dehumanizing. They are denying these guys a humane treatment, which is to get out of the battle,” she said. “The best therapy for someone in that kind of stress is to get them out of the stress. The worst thing is to add a drug to this.”

May 16, 2006 STORY By LISA CHEDEKEL And MATTHEW KAUFFMAN, The Hartford Courant [Excerpts]

[Note well: these reporters sometimes mistakenly refer to what command is giving the troops as “medications.” Wrong. A medication is some substance prescribed to treat a disease; for instance, an infection; or to promote physical healing.

[What are discussed below are drugs, the distinction being that a drug promotes no healing of any kind whatever.

[A drug merely numbs the mind, so that certain thoughts and feelings are suppressed. People who practice medicine understand the difference, but, obviously, nobody from the armed forces that the reporters spoke to wished that difference to be made clear. T]

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When Army Sgt. 1st Class Mark C. Warren was diagnosed with depression soon after his deployment to Iraq, a military doctor handed him a supply of the mood-altering drug Effexor.

Marine Pfc. Robert Allen Guy was given Zoloft to relieve the depression he developed in Iraq.

And Army Pfc. Melissa Hobart was dutifully taking the Celexa she was prescribed to ease the anxiety of being separated from her young daughter while in Baghdad.

All three were given antidepressants to help them make it through their tours of duty in Iraq - and all came home in coffins.

Warren, 44, and Guy, 26, committed suicide last year, according to the military; Hobart, 22, collapsed in June 2004, of a still-undetermined cause.
The three are among a growing number of mentally troubled service members who are being kept in combat and treated with potent psychotropic medications - a little-examined practice driven in part by a need to maintain troop strength.

Interviews with troops, families and medical experts, as well as autopsy and investigative reports obtained by The Courant, reveal that the emphasis on retention has had dangerous, and sometimes tragic, consequences.

Among The Courant's findings:

• **Antidepressant medications with potentially serious side effects are being dispensed with little or no monitoring and sometimes minimal counseling,** despite FDA warnings that the drugs can increase suicidal thoughts.

• **Military doctors treating combat stress symptoms are sending some soldiers back to the front lines after rest and a three-day regimen of drugs,** even though experts say the drugs typically take two to six weeks to begin working.

Some of the practices are at odds with the military's own medical guidelines, which state that certain mental illnesses are incompatible with military service, and some medications are not suited for combat deployments.

*The practices also conflict with statements by top military health officials, who have indicated to Congress that psychiatric drugs are not being used to keep service members with serious disorders in combat.*

In an interview Monday, Army Surgeon General Lt. Gen. Kevin C. Kiley insisted that the military uses psychiatric medications cautiously in the war zone, saying that medical professionals may prescribe them at low doses, “for very mild symptoms that might assist soldiers in transitioning through an event.” He said the emphasis on keeping troubled troops close to the front lines is in the service members' best interests, because it helps them recover and avoid the stigma of abandoning their duty.

**But many outside the chain of command see it differently.**

“It's best - for the Army,” said Paul Rieckhoff, a former platoon leader in Iraq who said he was overruled when he tried to have a mentally ill soldier evacuated. “But find me an independent mental health expert who thinks that that's a proper course of action.”

Vera Sharav, president of the Alliance for Human Research Protection, a patient advocacy group, said retaining troops with mental disorders serious enough to require medication is “completely irresponsible.”

“It’s really just plain dehumanizing. They are denying these guys a humane treatment, which is to get out of the battle,” she said. “The best therapy for someone in that kind of stress is to get them out of the stress. The worst thing is to add a drug to this.”
Some soldiers' advocates and medical experts criticize the military for taking an overly pharmacological approach to mental illness in an effort to retain troops, without proper oversight.

Autopsy and investigative reports show that at least three service members who killed themselves in 2005, including Warren and Guy, were taking antidepressants.

Warren intentionally overdosed on his heart medication, the military ruled, and a medical examiner concluded he died of “mixed drug intoxication,” finding that the combination of the heart drug and the Effexor, an antidepressant, had a “synergistic” effect that led to his death.

Guy was placed on Zoloft by a military doctor one month before he locked himself in a portable toilet and shot himself in the head, according to military reports. An investigator concluded that Guy's suicide was caused in part by the effects of Zoloft, a conclusion later rejected by a commanding general. [And we all know the extensive medical training the average brasshole commanding general receives. With luck, this one will be found dead in a portable toilet, with a gunshot wound to the head, very soon.]

Zoloft, and other drugs in a class known as SSRIs, such as Prozac, Paxil and Celexa, are the most commonly prescribed antidepressants.

But they can worsen depression and increase suicidal thinking, and the FDA says patients taking any antidepressant medication should be monitored carefully when the drugs are first prescribed - a task that can be difficult to accomplish in a war zone.

Families of some troops report that their loved ones were readily prescribed SSRIs by military doctors in Iraq, with no requirement for regular monitoring or counseling.

Marine Lance Cpl. Nickolas D. Schiavoni, 26, of Haverhill, Mass., earned a Purple Heart during his first deployment to Iraq in 2004, but came home shaky and anxious after seeing heavy combat, his parents said. Soon after he was deployed back to Iraq for his second tour, in September of 2005, he told his father in an e-mail that he had been prescribed Zoloft.

“He said, 'I'm real angry. I can't take anything from anyone. They have me on Zoloft,'“ David Schiavoni, of Ware, Mass., recalled. “I couldn't believe it - an antidepressant, while he's out there holding a gun? I told him, 'Get off the Zoloft because I hear bad things about it.'“

Two months after that exchange, Schiavoni, who was married with two small children, was killed by a car bomb. David Schiavoni said he has been told that the incident occurred after the driver of the car ignored demands from his son's unit to stop.

“A lot of things go through my mind,” the father said. “Maybe I'd rather him be angry than medicated. Maybe if he's angry, he grabs his gun and shoots.”
Shelly Grice said her husband, Chris, a Fort Riley soldier, was put on Zoloft and the sleep aid Ambien after surviving an incident in February 2005 in which his close friend was killed by an improvised explosive device. She spent the rest of her husband's yearlong tour worried about his mental well-being.

“His (commanding officer) said, ‘If I could, I would ship you home right now,’ but they lost two guys that day and five others were injured, so they needed him,” Grice recounted. “It bothers me that these guys are just experiencing too much.”

As part of an effort to avoid evacuations out of the war zone, the military’s cadre of combat stress teams typically treat troubled troops with a 72-hour break from the front lines: three hots and a cot, in military parlance; sometimes with drugs prescribed. But medical experts and drug makers themselves say it often takes weeks for SSRIs to have any therapeutic value, while the side effects can kick in immediately.

“I have a fundamental problem with prescribing someone an SSRI and then, with a couple days' rest, allowing them to return to duty,” said Dr. Stefan Kruszewski, a Harvard-trained psychiatrist in Harrisburg, Pa. “If you're newly introducing a drug, the most problematic side effects often occur right at the beginning. So at 72 hours or at 96 hours or at seven days, you may have more of a problem, not less, because of a drug-related side effect.”

Dr. Jonathan Shay, an expert on combat stress who has served as a consultant to the military on ethics and personnel issues, said SSRIs generally do not impair a person's ability to think clearly or react to danger. But he said the use of such drugs should be accompanied by counseling, and patients should be monitored closely during the initial “window of danger,” when they begin the medications.

Kruszewski agreed.

“It's not even a Band-Aid,” he said. “It might make the doctor feel better, but the patient's not going to benefit.”

Some Iraq war veterans say antidepressants and sleep aids were relatively easy to obtain, with no requirement for regular counseling or follow-up care.

Paul Scaglione, 23, an Army mechanic from the Detroit area, said he was put on Wellbutrin in 2003 after telling a medical worker at Tallil Air Base, “I'm not feeling so hot,” and asking for “something to keep my mind off everything.”

“It was no big deal,” he said. “They just talk to you a little and give it to you. They say you can come back if you want, but they don't follow up or anything.”

Exactly how many troops are taking psychiatric drugs remains unclear. In response to a Freedom of Information Act request by The Courant for data on all prescriptions dispensed in Iraq, Defense Department officials were able to produce only limited records on medications.

Those records, as well as the Army's own reports, indicate that the availability and use of psychiatric drugs in Iraq has increased steadily.
A 2004 report by a team of Army mental health professionals cited widespread complaints from combat doctors about a lack of psychotropic drugs, which prompted the military to approve making antidepressants including Prozac, Zoloft and Trazodone, and the sleep aid Ambien, more widely available. A follow-up report 13 months later cited far fewer complaints about access to drugs.

But in a little-noticed change a year ago, the Army revised its deployment guidelines to include a caution about deploying troops who are taking antidepressants for “moderate to severe” depression. The guidelines say such medications “are not usually suitable for extended deployments” and “could likely result in adverse health consequences.”

Also, Dr. William Winkenwerder Jr., the assistant secretary of defense for health affairs, characterized the use of psychotropic drugs as limited when he testified before a congressional committee last summer that service members were being allowed to deploy on “maintenance medication” if their conditions had “fully resolved.”

“For example, it is prudent to continue antidepressants six to 18 months after an episode of major depression has fully resolved, in order to prevent relapse,” he said.

How the military interprets “fully resolved” is in question.

“We have seen people diagnosed within three to four weeks (before) deployment, put on medications like Paxil, and their deployment schedule rolls along,” said Kathleen Gilberd, a San Diego legal counselor for service members who heads the Military Law Task Force of the National Lawyers Guild.

“People are being deployed when there is no way to tell whether this potentially serious depression will have remitted or whether it will become a problem.”

Melissa Hobart, the East Haven native who collapsed and died in June 2004, had enlisted in the Army in early 2003 after attending nursing school, and initially was told she would be stationed in Alaska, her mother, Connie Hobart, said.

When her orders were changed to Iraq, Melissa, the mother of a 3-year-old daughter, fell into a depression and sought help at Fort Hood, Texas, according to her mother.

“Just before she got deployed, she said she was getting really depressed, so I told her to go talk to somebody,” Connie Hobart recalled. “She said they put her on an antidepressant.”

Melissa, a medic, accepted her obligation to serve, even as her mother urged her to “go AWOL” and come home to Ladson, S.C., where the family had moved. But three months into her tour in Baghdad - and a week before she died - she told Connie she was feeling lost.

“She wanted out of there. She said everybody's morale was low,” Connie recalled. “She said the people over there would throw rocks at them, that they didn't want them there. It was making her sad.”
Around the same time, Melissa fainted and fell in her room, she told Connie in an e-mail. She said she had been checked out by a military doctor.

The next week, while serving on guard duty in Baghdad, Melissa collapsed and died of what the Army has labeled “natural” causes. The autopsy report lists the cause of death as “undetermined.”

The report notes that the only medication found in Melissa's system was the antidepressant citalopram, the generic name for Celexa, at what appears to be a normal dosage level. It also suggests that because all other causes were ruled out, a heartbeat irregularity is a possibility.

But the report does not explore whether the medication might have played a role in her death - something Connie finds troubling.

“Maybe they don't want to know how a healthy young woman died - but I do," Connie said.

Tomas Young, 26, an infantry soldier from Kansas City, Mo., also was sent to Iraq in early 2004, from Fort Hood, with a mental condition that was not “fully resolved.” He was diagnosed with depression about three months before he deployed, he said.

Young said a military doctor put him on Prozac and told him to continue the medication while in combat.

“It was, ‘Here's the Prozac.' I didn't get counseling or anything," said Young.

Young ended up forgoing the pills during his brief deployment. He was shot within a week of arriving in Iraq and was evacuated. He is now paralyzed from the chest down.

The use of medications is just one aspect of the military's emphasis on treating psychologically wounded troops close to the front and returning them to duty quickly.

Military combat-stress teams pride themselves on high “return to duty” rates, which are also touted in reports by a team of military mental health experts who were sent to Iraq after a spate of suicides in 2003.

But in 2004, top military health officials acknowledged shortcomings with a key principle of modern combat psychiatry, known as “PIES,” which emphasizes treating troops who exhibit problems as close to the front lines as possible, with the expectation that they will return to duty.

“But unfortunately, the validity of these concepts has never been demonstrated in clinical trials,” the group of officials acknowledged in a written report. They also said proponents of the principle frequently leave out its most important element - “respite.” They said relief from stress "is the primary principle of acute combat-related behavioral and mental health in theater.”

Col. Elspeth Ritchie, the psychiatric consultant to the Army surgeon general, acknowledged that the practice also serves the military.
“Historically, we've found patients evacuated out of theater don't return,” said Ritchie. “In time of great difficulty - and there's no question the war over there is very difficult - sometimes anxiety and depression may overwhelm a soldier, and they feel like they've just got to get out of this place.

“But if they are evacuated out, they tend to have the stigma of leaving as a psychiatric case - and then it's a loss of manpower for the service.”

Throughout the war, the military has evaluated the success of its mental health programs primarily on the basis of how many troops are retained in combat.

While Winkenwerder had assured Congress last summer that troops with severe mental illnesses were being sent out of the war zone, the Army's own reports indicate that the number of soldiers evacuated from Iraq for psychiatric problems has dropped steeply since the first year of the war, as combat-stress teams and medications have become more accessible.

Mental health evacuations have fallen from an average of 75 a month in 2003 to 46 a month in 2005, according to Army statistics. Overall, barely more than one-tenth of 1 percent of the 1.3 million troops who have been deployed to Iraq and Afghanistan have been evacuated because of psychiatric problems. Meanwhile, the mental health teams close to the front lines pride themselves on return-to-duty rates that typically exceed 90 percent.

But in some cases, the troubled troops who remain in the war zone never make it home.

Army Spec. Joshua T. Brazee, 25, of Sand Creek, Mich., had been in Iraq for less than three months when the military says he shot himself with his rifle in May 2005. According to his autopsy report, he had “talked with other soldiers about death and killing, and also about the idea of suicide.”

His mother, Teresa Brazee, said she still has questions about how he died, and believes there were conflicts within his unit. She said one of Joshua's superiors told her that his death taught him to pay closer attention to his soldiers.

“It's a little too late for that,” she said.

In another case, Pfc. David L. Potter was kept in the war zone despite a diagnosis of anxiety and depression, a suicide attempt and a psychiatrist’s recommendation that he be separated from the Army.

Potter, 22, told friends that he believed the recommendation had been overruled, leading to a deepening of his depression, a fellow soldier said. On Aug 7, 2004 - 10 days after the psychiatrist recommended he be sent home - Potter took a gun from under another soldier's bed and killed himself.

The fellow soldier, who did not want his name used because he is still in the military, said Potter was clearly having trouble dealing with the stress of deployment, but wasn't getting the help he needed.
“We saw what was going on,” he said, “but we couldn't do anything about it.”

Ann Scheuerman knew her son Jason was having a rough time in Iraq, but she didn't know the depth of his despair until she awoke to a short e-mail from him last July that left her shaking with fear.

“I'm sorry, mom, but I just can't deal with this anymore,” he wrote from his base in Muqdadiyah. “I love you, but goodbye.”

After an agonizing morning of frantic phone calls, Scheuerman learned that officers and a chaplain had reached Jason in time, taking away his rifle, posting a guard and ordering a mental evaluation for the 20-year-old private first-class.

For the first time that day, Ann Scheuerman could breathe.

But her son's problems were just beginning.

Jason got a psychological evaluation, but afterward, he sent his mother another disturbing e-mail.

“He was very discouraged,” said Scheuerman, of Lynchburg, Va. “He said, ‘Mom, they think that I'm making this up and that there was nothing wrong with me, that I needed to just be a man, be a soldier and quit wasting the Army's time.' He said they were going to court-martial him for treason, that sergeants said they were tired of people making up excuses to try to get out of combat and it wasn't fair to all the other real soldiers.”

Jason was pulled off missions with his fellow soldiers, assigned menial jobs around the barracks and given his gun back.

He used the weapon three weeks later to become the 1,797th U.S. military fatality of Operation Iraqi Freedom.

Ann Scheuerman, who, like Jason's father, is an Army veteran, strongly supports the military. But she wants to know how things could have gone so wrong in Jason's case.

“The enemy should not be dressed in a United States Army military uniform. That's not what the enemy looks like, and should never be what our soldiers see as the enemy,” she said.

“If someone would have taken two or three days, if he would have just been in the hospital for a few days, where someone could have actually talked to him, I think that's all it would have taken,” she said.

After the spike in suicides in 2003, military officials said they had faith that teams of mental health specialists deployed to Iraq and Kuwait would be able to provide needed care to troops, and help to break the stigma associated with mental health issues.
But with the 2005 suicide rate in Iraq climbing to the highest level since the war began, some soldiers' advocates are now questioning whether the specialists have become too reliant on short-term treatments and medications, and not enough on one-to-one counseling.

Sandy Moreno, a Sacramento, Calif.-based psychiatric technician in the Army Reserve, was among the first combat-stress team members in Iraq. While her team prided itself on a return-to-duty rate of about 95 percent, she said counseling and respite - not medications - were the focus in the early months of the war.

“You can't start someone on antidepressants and then not see them again because their unit is moving around,” Moreno said. “When you put them on those kinds of meds, a lot of times it takes six weeks before they take effect, or they can cause side effects. We could never keep that good track of a soldier.”

The military has about 230 counselors dispatched in Iraq and Kuwait for about 100,000 troops, about the same number as in 2004, an Army spokesman said. But there are signs that the providers themselves are burning out.

A team of mental health experts reported in January 2005 that caregivers were experiencing “compassion fatigue,” with one-third of behavioral health workers reporting high burnout, and one in six acknowledging that stress was hurting their ability to do their jobs.

“If our providers are impaired,” the team wrote, “our ability to intervene early and assist Soldiers with their problems may be degraded.”

Beyond burnout, military documents and interviews reveal a culture in which mental health professionals are constantly on the alert for troops faking mental illness to get out of duty.

“Clinicians must always maintain a keen eye for potential malingerers,” instructs the Iraq War Clinician Guide, a 200-page bible compiled by the Department of Veterans Affairs and the Walter Reed Army Medical Center. “Suspicions require close consultation with commanders to ensure proper diagnosis and disposition.”

Some Iraq veterans say the military is too quick to dismiss mental health complaints, and still has a problem treating injuries to the mind the way it treats injuries to the body.

“If you break your leg over there, you're going to get treatment,” said Georg-Andreas Pogany. “When they go for mental health services, they are belittled, they are shoved aside, they are called malingerers. Their experiences are completely invalidated.”

In 2003, Pogany, a former Army interrogator, was charged with cowardice - a crime punishable by death - after suffering a panic attack and seeking counseling
because he had seen the body of an Iraqi man who had been cut in half by American gunfire. The charge was later dropped.

Bob Johnson, former chief of combat stress control for an Army brigade of about 2,800 soldiers, said he would routinely review soldiers' work and disciplinary histories when they complained of serious mental problems. If a soldier with a history of antisocial behavior came in insisting he was going to shoot himself if he wasn't sent home, “then that's a pretty clear-cut case of malingering,” he said.

Johnson said he took a punitive approach to dealing with those soldiers, taking away their guns - which he compared to “losing your manhood” - and forcing them to sleep at the command point, in the line of sight of commanders.

He said he had treated one soldier who threatened to starve himself to death, and later swallowed a handful of pills - both acts that Johnson deemed bogus attempts to get out of serving.

“There's no doubt about it, the guy had mental health issues,” Johnson said. “But he wasn't going to get the treatment he wanted, which was to go home.”

“The question is, do we want to reward this behavior? Because if we reward this behavior, more soldiers are going to do it.” [No problem. If this door is closed, another opens, as in Vietnam, where scum like Bobby had limited life expectancies.]

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**Korean Officer Fired For Abusing Subordinates; Command Worried After Harassed Soldier Kills 8**

May 15, 2006 Army Times

The discharge of a South Korean military officer who couldn't stop screaming foul language at subordinates, even after anger management and leadership classes, was upheld by an administrative law court, The Korean Times reports.

“Abusive language has a disruptive impact on teamwork and has led to incidents such as suicide or shooting accidents in the military in the past,” the court said in rejecting a lawsuit by the former officer, identified in court papers only as Pae, to be reinstated.

Pae was discharged in 2004 after repeated incidents of verbal abuse, including using a camp radio to scream vulgarities at a junior officer who had parked in the wrong space. Pae had been warned to cease and desist and was reassigned, but continued to be abusive.
Some of his subordinates were treated for ulcers and mental stress because of their forced dealings with him, the report says. When anger management courses and language etiquette training had no effect, Pae was discharged.

Pae’s case got attention because the South Korean military is worried about treatment of troops after an incident last year when a private who had been harassed went on a shooting spree, killing eight fellow soldiers.

Do you have a friend or relative in the service? Forward this E-MAIL along, or send us the address if you wish and we’ll send it regularly. Whether in Iraq or stuck on a base in the USA, this is extra important for your service friend, too often cut off from access to encouraging news of growing resistance to the war, at home and inside the armed services. Send requests to address up top.

As The VA Hinders Services, Many Iraq, Afghanistan Vets “Are Living In Squalor”

May 29, 2006 March-on-dc.com [Excerpt]

The VA admits its disability system is overburdened. In 2004, the administration had a backlog of 300,000 disability claims. In 2006, the VA reports the backlog has reached 540,122 incomplete claims.

Most frustrating, during budget requests, the VA administration has constantly resisted congressional demands to increase the number of VA staffers processing claims.

By April 2006, 25% of the rating claims took six months or longer to process for the wounded soldiers returning from war. Claims from past wars, are taking more than 10 months, another 2 months for the required physical exam, followed by 6 months or longer to decide the claim.

That means a minimum of a year and a half to get a decision. Rejected claims are taking many years to settle through appeals.

Disabled veterans returning from Iraq and Afghanistan have filed 123,000 disability claims.

Many are living in squalor while the VA focuses its energies on regulations and guidelines to hinder services or reduce benefits, as shown in its track record handling claims like Hepatitis C, Agent Orange and the Gulf War Syndrome.
These Veterans and their families are still paying the price of the bureaucratic establishment that puts the bottom line above the promise of the American people to care for them.

We want our Veterans Affairs back working for the Vets, not working for the budget and policy restrictions designed to work against us.

“**If You Look At Young Veterans, There Is A Higher Unemployment Rate Than Among Young Nonveterans**”

May 21, 2006 By John Spano, Los Angeles Times Staff Writer

The GIs put their lives on the line far from home. Now some have returned to the unemployment line.

Several of the service members who came to a job fair in Culver City on Saturday are emblematic of a troubling problem: the unemployed, or underemployed, veteran.

At the National Guard armory, Diane Kehrlein steered her wheelchair through the rows of recruiting tables. An Army sergeant in the first Gulf War, and a reservist through 2000, Kehrlein was partially disabled while in the service. She is now a student looking for a good job.

“I can get up and walk,” said Kehrlein, smiling and upbeat. “I just can't walk a long way.

Nearby, Dayon Dillihunt recalled repeated mortar attacks on his airbase in far northern Iraq before talking about his homecoming last year.

“I don't believe veterans are treated like we should be treated,” said Dillihunt, 31. “I'm not saying we should be treated with a silver spoon, but we sacrificed. We have homeless vets at my age — homeless vets.”

In California, close to 100,000 veterans are looking for work at any moment, said Kent Kjelstrom, a veterans representative with the California Employment Development Department. Those ranks have been swelled by returning veterans of Iraq and Afghanistan.

**The newest job seekers seem to be having the most trouble, officials say.**

“If you look at young veterans, under the age of 25, there is a higher unemployment rate than among young nonveterans,” said Sharon Cohany, an economist at the U.S. Department of Labor in Washington.
IRAQ RESISTANCE ROUNDUP

Assorted Resistance Action:
Air Conditioner Bomb Blows Up Collaborator Mayor

May 31, 2006 By QAIS AL-BASHIR Associated Press Writer & Reuters

Defence Ministry adviser Muaid al-Jouburi escaped unharmed when guerrillas attacked his motorcade in western Baghdad, a ministry source said. Three of his bodyguards were wounded.

A bomb hidden in an air conditioner exploded in the mayor's office in Muqdadiyah, about 60 miles north of Baghdad, killing the mayor, Sheik Allaywi Farhan al-Dulaimi, a member of the Sunni Iraqi Islamic [collaborator] Party, along with his brother and his cousin, and wounding three of his guards, police said.

A parked car packed with explosives hit a police patrol in the northern Iraqi city of Mosul on Wednesday, killing at least five policemen and wounding 14, including a senior officer, as violence continued unabated after one of the bloodiest days in recent weeks.

Jamal Kadhim Hassoun al-Zamili, former governor of Diwaniyah city south of Baghdad, was killed in a drive-by shooting late Tuesday that also wounded two of his guards, police Capt. Ali Hussein said.

Clashes erupted between insurgents and policemen in northern Baghdad, a source in the Ministry of Interior said. Seven people, including policemen, were wounded.

An Iraqi soldier was killed and four others were wounded when a roadside bomb went off near their patrol in Khalidiya, 85 km west of Baghdad, police said.

Two policemen were seriously wounded when a roadside bomb went off near their patrol in Baghdad, police said.
Guerrillas killed two police officers in two different incidents in Tikrit, 175 km north of Baghdad, on Tuesday.

A U.S. soldier inspects a police car damaged by a car bomb, wounding five policemen, in Mosul, 390 km (240 miles) northwest of Baghdad, May 31, 2006. REUTERS/Khaled al-Mosy

IF YOU DON’T LIKE THE RESISTANCE
END THE OCCUPATION

OCCUPATION REPORT

Receiving For The Resistance:
U.S. Troops Kill Pregnant Woman And
Her Cousin

31/05/2006 Evening Echo

The US military said today two Iraqi women were shot to death in a city north of Baghdad after coalition forces fired at a car that failed to stop at an observation post.

The statement came after Iraqi police said a pregnant woman and her cousin were killed by American troops as they were driving to a maternity hospital in Samarra.
“Blair Has Been Asked By The Elected Ruler Of Iraq To Leave By The End Of The Year”
“By What Conceivable Right Does He Refuse?”

May 31, 2006 Simon Jenkins, The Guardian [Excerpts]

There is no sense in which Britain is any longer in command in Iraq. It must even fight to recover its casualties.

Soldiers patrol intermittently and bravely show the flag (which is more than the Italians do), but they offer little more than target practice.

The exit strategy was galvanised last week when the new Iraqi prime minister, Nuri al-Maliki, said that he expected coalition troops to leave 16 of Iraq's 18 provinces by the end of the year. The only remaining American troops would be in lawless Sunni Anbar and in Baghdad, where Maliki needs the Americans to protect his green zone fortress and airport. His statement implied a total withdrawal from all Shia provinces, including the British from the south.

Maliki's statement should have been music to London's ears. Here was an elected leader eager to appear his own man, to show the militias, clerics, warlords and ubiquitous Iranian agents that he was master and not a coalition puppet. The coalition has every interest in bolstering such determination and expediting the withdrawal he requests. It is supported by the shrewd American ambassador in Iraq, Zalmay Khalilzad.

So why did Blair rush to Baghdad last week and dismiss Maliki's request out of hand?

His spokesman indicated that Iraq would not be remotely "ready" for such a British troop departure by the end of the year. Offered a window through which to escape, Blair slammed it shut.

Told to prepare to leave by the very democratic leader he had helped install, he refused to listen.

The hidden premise of Blair's position is that British (and American) troops must by definition be a blessing to any nation they occupy. It is inconceivable that they could increase anarchy or that their departure might alleviate it.

This arrogant assumption runs through every argument about Iraq at present. It is the last shred of imperialist illusion, held even by many who opposed the invasion. It is encapsulated in the brainless Tory proposition that in Iraq we must "finish what we started".
The occupation is plainly not bringing peace to Iraq nor is it preventing civil war, however defined.

Almost all coalition forces are now hunkered down in their barracks protecting themselves.

Now Blair has been asked by the elected ruler of Iraq to leave by the end of the year.

By what conceivable right does he refuse?

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

**DANGER: POLITICIANS AT WORK**

**So Much For That “Democracy” Bullshit:**

British Want Out Of Iraq; Government Doesn’t Give A Shit What They Want


Defense Secretary Des Browne of Britain, the No. 2 military presence in Iraq with about 8,000 troops, conceded Tuesday that the latest string of attacks was “a major concern.”

Two British soldiers were killed and two others wounded in a roadside bomb attack in Basra on Sunday, bringing to nine the number of British personnel who have died in the southern Iraqi city this month and pushing total British casualties since the war began three years ago to 113.

Despite the bloodshed, strong public opposition to Britain’s involvement and recent reports that more than 1,000 British troops may have deserted since 2003, Browne insisted there were no plans to get out.

**What do you think? Comments from service men and women, and veterans, are especially welcome. Send to**
No More Liberty In Libertyville: School Board Assholes Plan To Spy On Student Blogs

May 23, 2006 AP

LIBERTYVILLE, Ill. (AP) High school students are going to be held accountable for what they post on blogs and on social-networking Web sites such as MySpace.com.

The board of Community High School District 128 voted unanimously on Monday to require that all students participating in extracurricular activities sign a pledge agreeing that evidence of “illegal or inappropriate” behavior posted on the Internet could be grounds for disciplinary action.

The rule will take effect at the start of the next school year, officials said.

District officials won't regularly search students' sites, but will monitor them if they get a worrisome tip from another student, a parent or a community member.

Mary Greenberg of Lake Bluff, who has a son at Libertyville High School, argued the district is overstepping its bounds.

“I don't think they need to police what students are doing online,” she said. “That's my job.”

District 128, in Lake County north of Chicago, has some 3,200 students, about 80 percent of whom participate in extracurricular activities, according to school officials.

Get Rid Of Illegal Immigrants And Watch The West Burn


SALEM, Ore.: The debate over immigration, which has filtered into almost every corner of American life in recent months, is now sweeping through the woods, and the implications could be immense for the coming fire season in the West.

As many as half of the roughly 5,000 private firefighters based in the Pacific Northwest and contracted by state and federal governments to fight forest fires
are immigrants, mostly from Mexico. And an untold number of them are working here illegally.

A recent report by the inspector general for the United States Forest Service said illegal immigrants had been fighting fires for several years.

Some Hispanic contractors say the state and federal changes could cause many immigrants, even those here legally, to stay away from the jobs. Other forestry workers say firefighting jobs may simply be too important — and too hard to fill — to allow for a crackdown on illegal workers.

"I don't think it's in anybody's interest, including the Forest Service, to enforce immigration — they're benefiting from it," said Blanca Escobeda, owner of 3B's Forestry in Medford, Ore., which fields two 20-person fire crews.

The work, which pays $10 to $15 an hour, is among the most demanding and dangerous in the West. A workweek fighting a big fire can go 100 hours.

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Venezuelan Politicians Criticize Venezuela Invasion Video War Game

[Thanks to PB who sent this in. He writes: I'M STILL WAITING FOR THE GAME WHERE POWER HUNGRY TYRANTS HIJACK THE WHITE HOUSE, EXPLOIT A TERRORIST ATTACK TO WAGE WARS FOR OIL AND EMPIRE, GIVE ALL THEIR FRIENDS BILLIONS OF DOLLARS IN TAX-CUTS, AND I GET TO PLAY AN ANGRY SOLDIER FROM THE 82ND AIRBORNE WHO WANTS TO TAKE BACK HIS COUNTRY. GUESS I SHOULDN'T HOLD MY BREATH.]

May 24 By CHRISTOPHER TOOTHAKER, Associated Press Writer

A U.S. company's video game simulating an invasion of Venezuela is supposed to hit the shelves next year, but it's already raising the ire of lawmakers loyal to President Hugo Chavez.

Chavez supporters in Venezuela's National Assembly suspect the makers of "Mercenaries 2: World in Flames" are doing Washington's bidding by drumming up support among Americans for an eventual move to overthrow Chavez.

Pandemic describes "Mercenaries 2" as "an explosive open-world action game" in which "a power-hungry tyrant messes with Venezuela's oil supply, sparking an invasion that turns the country into a war zone." The company says players take on the role of well-armed mercenaries.

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GI Special Looks Even Better Printed Out
Recent GI Special issues archived at website http://www.militaryproject.org/ . The following have posted issues; there may be others: http://www.williambowles.info/gispecial/2006/index.html;
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