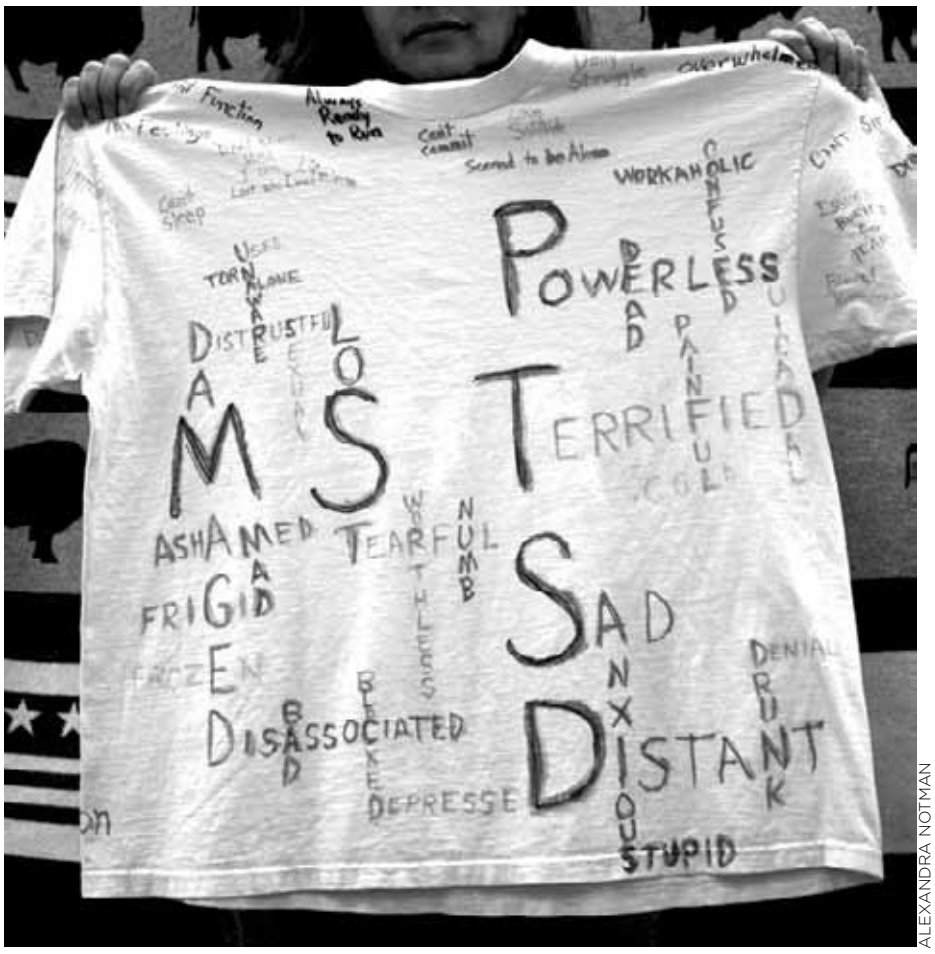
Fry began sexual assault counseling years ago on Native American reservations when she worked at a rural hospital in Forks, Wash. She has always gravitated toward social work. "I think it's because what has happened to the Indian people," says Fry, who is a member of the Cheyenne and Arapaho tribes of Oklahoma. "It's my own innate need to help with the oppressed."

Now in Eugene, her focus of the past four years has been working with survivors of military sexual trauma (MST), or veterans who were raped, sexually assaulted or severely sexually harassed by fellow service members while serving in the military. Survivors may suffer from post traumatic stress disorder (PTSD), depression, anxiety, nightmares, isolation, suicide contemplation, gastrointestinal complications and the inability to experience healthy relationships. "It's amazing that women veterans survive after that, that they can still make it in society and be productive," says Fry, a former military police officer and an MST survivor herself. "Well, the truth is they're struggling."

A study recently released from the Oregon Health & Science University titled "Self-inflicted Death Among Women With U.S. Military Service: A Hidden Epidemic?" found that women veterans are more than twice as likely to commit suicide as their civilian counterparts. Fry reports that 22 percent of women veterans have experienced MST and the majority has experienced severe sexual harassment. A report released last October by the Oregon Legislative Task Force on Women Veterans' Health Care declares that MST and domestic violence among female vets have reached dangerous rates. The majority of assailants are fellow soldiers or higher-ranking officers.

Of the 2.5 million female veterans in the U.S., more than 25,000 female veterans live in Oregon. More than 2,000 of them use Eugene's VA facilities. These problems will likely worsen as the number of women in the military is expected to double in the next decade. Portland responded to this crisis by opening Oregon's first and only female veterans' clinic last fall. The VA is planning to build a new $40 million, 100,000 sq. ft. primary medical clinic in the Eugene-Springfield area by 2014, which raises the question: Will Eugene's female veterans community finally get the care it needs?



ALEXANDRA NOTMAN

A T-SHIRT VOICING THE PAIN OF A VICTIM OF MILITARY SEXUAL TRAUMA

Post traumatic stress

One female veteran gave up on the VA before she ever got to meet Fry. She found herself fighting a different kind of war at home in Eugene — a war for proper care. An Iraq War veteran and UO masters student, Gabriella Ramirez (not her real name), feels that the VA health care system needs to be revamped. Five years after her return from Iraq, Ramirez cannot silence the crackle of gunfire or the rumble of improvised explosive devices (IEDs). She still remembers the weight of her M16 in her hands as she juggled the steering wheel of her Humvee ("They taught us how to do government drive-bys," she says). She cannot forget the relentless unwanted sexual advances and intimidation, like the night when she was walking across the base to call her husband and an officer stepped out of the shadows holding an M16 and asked, "Wanna fuck?" ("I guess it was sexual harassment. I guess I'm afraid to say it.") Now she cannot drive, speak publicly or develop new relationships without it causing her heart-racing anxiety. Gabriella Ramirez has PTSD.

"I walked into the Eugene VA clinic because I thought I was going to die," says Ramirez. "The first thing they do is give you drugs. They gave me Trazodone, Klonopin and a waker-upper. This Trazodone. I can't even explain how strong it is — like a coma. They try to make you forget the nightmares, I guess." But Ramirez did not want to be medicated; she did not want to forget; she wanted therapy. She briefly saw a psychologist at the clinic before funding dried up and she was directed to the Eugene VA Clinic on 13th and Pearl.

Female veterans like Ramirez are the reason Fry joined the Oregon 2010 Legislative Task Force on Women Veterans' Health Care. Acting as the MST subject matter expert, Fry taught the task force about her counseling experience. Made up of health care professionals, VA employees and state politicians, the task force traveled throughout the state to assess the standard of care for female veterans. One of its major findings was that VA employees are buckling under their bloated caseloads, typically higher than the 60-caseload limit recommended by the VA.

"I will be honest with you," Fry says, releasing a deep sigh while shuffling through papers on her desk. "Right now, I have running probably 160 caseloads." According to the report released by the task force, that is three times higher than the number considered safe for counselors.

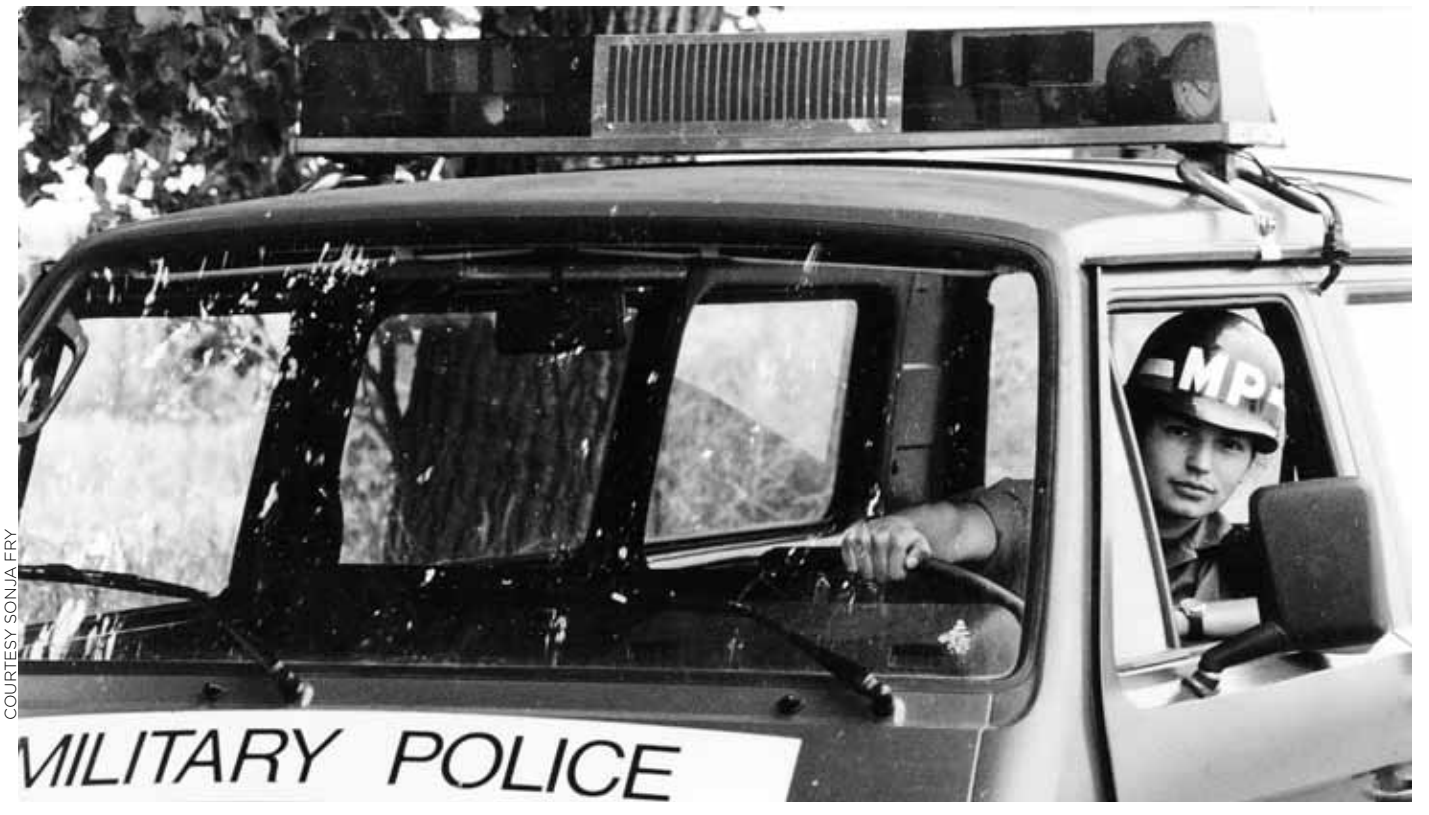
When counselors are overworked, their patients suffer. Ramirez knows this all too well. At the Eugene Vet Center, a clinic specializing in treating veterans who have faced combat, she sought out therapy but ran into several obstacles. First, she was allowed to make only one appointment at a time, due to the already high influx of veterans, allowing weeks to go by between sessions — a less than ideal situation for someone suffering from severe depression, anxiety and suicidal thoughts. Then the clinic began offering a female veterans' PTSD support group. Excited, she jumped at the chance to commiserate with fellow female veterans, a cathartic release for Ramirez that helped her realize she wasn't the only woman struggling with PTSD. One day during a session, the group facilitator pulled Ramirez aside and suggested that her problems were better suited for one-on-one therapy. "I guess I went kind of deep," says Ramirez of sharing her fears with the group. Feeling like an outcast, she stopped attending sessions. The Eugene Vet Center did not respond to a request for comment.

Gender and veterans

Oregon Sen. Laurie Monnes Anderson, also a task force member, is concerned about gender inequity in military culture. "Forty years ago, there were very few women in the military. Now there is tenfold," Anderson says. "It's been a man's world and it is not adequate at all for women's health care." The report released by the task force outlines the unique needs of women's physical care including breast examinations, cervical cancer screening, menopause management, obstetric care, the treatment of reproductive cancers as well as mental care, especially with depression, which is found in higher rates among female veterans than male veterans. The lack of childcare resources for female veterans seeking care was also identified as problematic. "Some women don't reach out to the VA," Anderson says. "They feel the VA only reaches out to men."

Ramirez didn't want to believe that women are marginalized both in the

VETERANS SOCIAL WORKER SONJA FRY SERVED IN THE MILITARY POLICE



COURTESY SONJA FRY