

Statement of Laurie, Survivor
Congressional Caucus for Women's Issues, March 31, 2004

I am a Sergeant First Class. I was raped while deployed to Afghanistan in the Spring of 2003 by an officer serving with a Coalition partner. The base was run by coalition partners, but had a small number of Americans. I was there to support an operation.

I was not comfortable making a report while there and I was afraid of being treated differently and not being trusted to do my job.

I reported it after returning to Kandahar two weeks later. The officer from the Coalition partner was sent back to his home country during my time at the base.

My chain of command was supportive for the most part and I was lucky a female Major (I didn't work for) volunteered as an advocate for me. Unfortunately, her time left in Afghanistan was shorter than mine. There seemed to be some confusion about where to take the complaint, i.e., MP's, CID or SJA.

Prior to officially making a complaint, I had asked for a medical exam but was discouraged from having one by our Medical Officer. CID insisted I have an exam and it took about a week to coordinate the exam. The clinic was set up for mass casualties and sick call, without the privacy needed for an examination of a sexual assault. In addition, I am a medic who had been previously in charge of the clinic and that presented awkwardness in privacy. No medical tests could be conducted to test for various diseases. I was given a large amount of antibiotics instead.

I felt it was best for me to finish my deployment and continue to do my job, which my command agreed with because of my expertise. My direct supervisor seemed unsure about how to deal with my situation and sought advice from Mental Health. Mental Health had cleared me to go forward on missions again, feeling it would be good for me to keep busy. When Mental Health gave a 5% chance, I was pulled from going forward.

From that time on, I felt I was being treated different because of the rape. Some male soldiers accused me of being at fault for the rape to include making a false allegation.

The case had to be turned over to the Coalition partner for action with all evidence and statements. I have not heard the status or any action since. As far as I am concerned, the case was dropped and this Coalition officer is still running around eligible to rape again.

I had barely returned to the states when I was quickly and abruptly sent to a different unit. I was taken away from the command who knew what happened and my source of possible information on the case. I could not bring myself to explain it to another command.

I called CID and was told my case wasn't in the system so I was referred to MPI who had never handled my case. I had to explain the case to two different people on the phone then they advised me to come in. I talked to three others until I came to a lady who looked my case up in the system and verified it wasn't there. I had to explain to yet another person from MPI who called CID and after awhile found someone who remembered my case.

The Coalition partner had not made contact and had been asked to update us every 90 days, which wasn't happening. Each time I had to say, I was raped and where, it was like being raped repeatedly.

Another thing was that I hadn't been referred for further medical testing. When people are raped in the US, there are follow-ups for tests. For me to get that, I have to go on sick call, explain it to at least three different people in the process, and have the chance of being overheard by other patients. Part of the testing includes HIV testing. It feels like I was expected to not be affected by my rape after my return from deployment and dumped off to another unit, accordingly.

I believe that all problems have a solution. My recommendations are:

- We are subject to additional duties as senior NCOs, such as investigators for reports, surveys or sitting on promotion boards. There should be a list of senior NCOs who have received basic rape crisis training to act as liaison and advocate for victims. They can pair the victim with the correct agency so the victim doesn't have to continually explain and be revictimized. I have no idea whom to turn to on post for help, so I seek out my own answers. The rape crisis center provides advocates to stateside victims, but there are none for soldiers victimized on deployment.
- Though mass casualty is the greatest reason for combat zone medical resources, there needs to be plans and procedures for the sexual assault victim, without having to make it a major ordeal or coordination to arrange a private place. What are we telling the victim that is raped and immediately goes to the clinic, only to find out the exam will take coordination? In addition, there would have been no privacy in the initial visit because of the other patients waiting. Our clinic had patients waiting directly in front of the reception area. Privacy was a blanket or curtain in an open area.
- All leaders need pre-deployment training in sexual assault understanding in case it happens to one of their soldiers. This can happen to males as well as females. We have suicide prevention, hot weather injury prevention and drug and alcohol prevention as it is. We don't talk about or deal with sexual assaults.

I am a resourceful and experienced senior noncommissioned officer allowing me to have an idea of how to get information about my case. Younger soldiers will not know this. I feel that because of my rank, I am supposed to handle this better, but I am human as well. If this happened to one of my soldiers, I would find out whatever I could to help that soldier. It's me though, and it's hard to think after going through such a traumatic event and feeling tossed aside by my command. I have had a stellar military record.

What I really fear is losing the ground we as female soldiers have gained. I still worry more about being raped in the US than on deployments, including after my rape. The men that rape in combat zones are just as apt to do it stateside, probably more so. I would deploy again if told to do so and go forward to do my job, just more careful and alert the next time.

I do not expect to see accountability for my case. I believe the Coalition partner dropped and/or ignored this case, which places a rapist out there to victimize another woman. That woman could possibly be another American soldier.