

Military Families: Opportunities and Challenges

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North Carolina is home to the fourth largest concentration of active duty military personnel (101 563) in the continental United States¹ as well as substantial numbers of National Guard and Reserve members. Of the active-duty component, 37% are married with children, and 6% are single parents. Of the reserve component, 34% are married with children, and 8% are single parents. There are an estimated 96 000 military children in North Carolina.² More than 12 000 of North Carolina's military personnel have been mobilized and over 3000 are actively deployed.³ The mobilization and movement of so many spouses, fathers, and mothers has an enormous impact on the families they leave behind.

Military families have always faced unique challenges and opportunities. Answering the call to serve the greater interests of country require members of the military to sacrifice the personal duties to family. Military family members also make great sacrifices. For the active-duty family, frequent changes in duty station are a way of life that requires concomitant changes in schools, friends, and support systems. The Military Child Education CoalitionTM reports that a military child moves an average of every 2.9 years which may be 3 times more than his or her civilian peers.⁴ Parent-child separations are common as one or both active duty parents leave on tours of duty. For those in the reserve component, the traditional commitment of a monthly weekend with short-term annual training no longer prevails. The wars in Iraq and Afghanistan have brought new obligations for all service members. Prolonged separations have become the norm, and repeated tours of duty to combat zones have created unpredictability for the military family. Some families have seen a loved one leave for a third or fourth tour.

For as long as there has been war, there have been loved ones waiting for the warriors to return home. Military families, like all families, come in various shapes and sizes. Given that approximately 15% of service members are female,⁵ it is not always the mother who is left to handle the homefront. Single parents and dual military couples must have Family Care Plans in place that indicate how dependents will be cared for in the case of deployment. Grandparents, extended family, and sometimes

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even nonbiological relatives become a part of the family as they assume care of children during parental deployments. Most military support systems for families on the home front are oriented toward “military dependents” and particularly female spouses and children; those not fitting this demographic can face additional isolation. Military dependents are defined as

the spouse or servicemember's children who are unmarried and under 21 years or who are incapable of self-support due to physical or mental limitations, dependent parents, and similarly dependent brothers or sisters. Family members such as grandparents or aunts and uncles who are not captured under the definition of military dependent are less likely to be familiar with the resources available to them and thus less likely to use them.

Additionally, during deployment some families choose to move closer to other support systems such as extended family, which may entail a move to another city or even state. Such a move may mean a change in school, employment, and established health care resources. It may also separate the family further from the service member's home unit and his or her Family Readiness Group. A Family Readiness Group is the family's official communication network with other military families

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which offers them mutual support. Family Readiness Groups also provide opportunities to share lessons learned in regards to available community resources that may or may not be present in other areas.

Being part of a military family does have advantages. By definition, one family member is employed and has access to health care resources. If the service member is part of the active duty component, there may be additional advantages such as housing assistance through government housing or a basic allowance for housing. Schools and day care are often available on base as well as access to a health care system. However, for those in the reserve component, families often do not have such military services readily available to them. Reserve component families are more likely to use their local community services and supports, particularly if they live far from a base. Given that there are service members in all 100 North Carolina counties, most civilian health care practitioners are likely to have at least one military family in their practice. Spouses who move closer to extended family (and away from military installations) during a family member's deployment may face changes in their health care services. Changing between civilian health coverage and the TRICARE system can mean a change in providers and a disruption of continuity of care at an already stressful time.

Of the many challenges faced by military families, the most daunting and obvious is that a loved one is deployed to a war zone. Rentz et al⁶ examined changes in the occurrence of child maltreatment in military families and the impact of deployment increases in the period 2000-2003. The rate of maltreatment in military families after the September 11, 2001 attacks was twice as high as in the period preceding that date. This article pointed to the stress of deployment and reintegration (and the risk thereof) as the likely culprit. Gibbs et al⁷ also found greater rates of substantiated child maltreatment among families of enlisted (noncommissioned) soldiers in the US Army when the soldiers were on combat-related deployments. Junior enlisted families are often among the youngest families and those who commensurately receive the least compensation, factors that are known to place civilian families at risk for domestic violence. It is important to note that entry into the military maltreatment referral process tends to be more sensitive than entry into civilian child protective services. This is because families live on base among those with whom the service member works and this allows for multiple points of observation and identification of a domestic violence situation. These articles, however, did not explore the effects of deployment on the reserve population or nonspouse caretaker referrals, populations which may in fact have fewer formal supports during a deployment.

There is no denying that war itself is a stressor. The service member undergoes physical and mental changes that allow him or her to survive living in a war zone. These adaptations are vital to mission readiness. The service member's family goes through changes during deployment as well. The wars in Iraq and Afghanistan have brought both reminders of lessons learned in past conflicts as well as new understandings of these challenges. The knowledge gained from the Mental Health Advisory Team reports, real-time assessments of behavioral health

benchmarks, and treatment in-theater is allowing real-time adjustments in combat stress treatment protocols. Advances in battlefield medicine are saving many from previously lethal injuries. However, some veterans will return with mental and physical injuries. Some will not return at all. All will have experienced some change. Their families have changed and grown in their absence as well.

Children as a whole are thought to be quite resilient when facing the deployment of a parent, but data from the present conflicts must be collected to evaluate their health and needs. Deployments cause stress on the entire family unit. Pediatricians and other primary care practitioners have the opportunity to explore the effects of deployment on the individual and family. The well-being of the parent who remains at home often directly impacts the response of the children. This observation appears to be particularly meaningful for the youngest children. Children of latency age have an increased verbal ability that allows for greater understanding and discussion of a parent's absence due to trainings and deployment. A wide range of reactionary behaviors may be seen from regressions in development (eg, bedwetting, resumption of thumb sucking) to attempts at mastery (eg, initiating a school project for veterans). Teenagers may display various responses as well, ranging from the young person who takes on many of the deployed parent's responsibilities to the adolescent who develops acting out behaviors. Maintaining routines helps to provide stability for children. Remaining connected to the deployed loved one is important also. The use of the Internet and text messaging has made this interaction more possible than ever before. The availability of these technologies also has added a new dimension because service members may feel more compelled to parent from the warzone in real time.⁸ At the same time as technology allows for connections, it should be closely monitored as media exposure of war can add to families' anxieties.

Families also adapt as the deployed service member reintegrates into the family. Reestablishment of routines and parental and spousal roles can take time. Patience is always required. When a family member returns with injuries the reintegration into family life may be complicated. When a parent returns with psychiatric trauma the family, spouse and children, can also be profoundly affected. The loss of a parent is undoubtedly life-altering. There is little research to date on these aspects of the wars in Iraq and Afghanistan, but the long-term effects on families and children of service members will perhaps be one of these conflicts' greatest legacies.

In recent years there has been an explosion of information and services, both nationally and in North Carolina, directed toward support of our military families. National efforts such as the SOFAR project and Zero to Five target children of deployed parents. The American Academy of Pediatrics has compiled a list of resources to help military families with special needs children find medical homes. Various other national and state by state programs are evolving to meet the needs of military families.

In North Carolina, the Citizen-Soldier Support Program is an effort established by Congress and spearheaded by the

Odum Institute at the University of North Carolina at Chapel Hill (UNC-Chapel Hill). Created to build bridges between local community resources and military families, the program focuses especially on the needs of National Guard and other Reserve component members and their families. The Governor's Focus on Returning Combat Veterans and their Families is a partnership between the state and the federal government, community practitioners, and community programs that addresses the mental health and substance abuse needs of North Carolina's veterans and their families. This year, North Carolina also became host to the nation's first statewide "Living in the New Normal: Supporting Children Through Trauma and Loss" initiative, which brought together more than 100 representatives of government, business, education, health agencies, and faith-based organizations at a Public Engagement Workshop held in Raleigh as a part of the new statewide initiative created by the Military Child Education Coalition.^{TM2}

At this point, the abundance of information but lack of clear direction in locating available resources stymies many families. One effort designed to guide families through the system is NC Health Info (www.nchealthinfo.org), a special Internet portal based at the Health Sciences Library at UNC-Chapel Hill. NC Health Info contains a collection of consumer health information with an easy-to-use mental health information area for military members and their families. It also has a specific portal for professional primary care and mental health providers containing comprehensive coverage of military-related mental health topics and best practice information. NC Health Info was the first "Go Local" Web site which was created and developed by librarians at the UNC-Chapel Hill Health Sciences Library to provide access to information about local health services combined with reliable health information provided by MedlinePlus, the National Library of Medicine's consumer health site. It serves as a model for more than 25 other state and regional health-information sites.⁹

As our veterans return there will be numerous opportunities

to assist them as they traverse the divide between civilian and military life. The biggest barrier to meeting the needs of military families is the shortage of civilian practitioners who have an understanding of the challenges facing military families. Knowing how deployment and reintegration affects families allows practitioners to identify when additional help is warranted. Understanding the experiences of the injured veteran and his or her family is a critical component of healing. The North Carolina AHEC Digital Library is a welcome resource for the practicing clinician interested in becoming more knowledgeable about the specific needs of military members and their loved ones. All North Carolina health professionals are eligible for membership in the AHEC Digital Library, a unique digital system that supports health professionals by providing a single, customized, web-based interface into health information resources and services. The AHEC Digital Library supports the delivery of quality, evidence-based health care across North Carolina and ensures that even in rural underserved areas of the state providers have access to the current information and resources necessary to provide quality care.¹⁰

Most military families wish only for an acknowledgement of their sacrifices. The call to duty has come for many of our neighbors here in North Carolina. Those of you who live near one of our military bases may be familiar with the sacrifices made by our country's service members and their families. Others may not realize that a neighbor gives service as part of the Reserve component. Sensitivity to the new stressors soldiers and families face during mobilization and deployment is important. Practical assistance is required for spouses adjusting to the functional roles as a single parent. Social and emotional needs of the children of deployed parents must be addressed. Military families often rely on civilian supports, particularly if the family is not located near a base and/or service members are on their initial deployments. North Carolina medical professionals have the opportunity to provide care for military family members right now. The challenge is to take the opportunity. **NCMJ**

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