

At War in Iraq and Afghanistan: Children in US Military Families

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In late 2001, the lives of United States military troops and their families drastically changed as almost overnight thousands of troops were deployed to Afghanistan and then Iraq. Although the effect of combat deployments on soldiers has been described previously,^{1,2} little is known about the impact of these deployments on the health and mental health of military families and their children, especially within the context of the current involvement in Afghanistan and Iraq. We will briefly review the available literature relating to the health and mental health of military troops, and their families and children. We will describe the reasons that the impact may be greater on children in the Reserves and National Guard. Finally, we will describe gaps in our current knowledge regarding these issues.

Many military personnel have been sent to combat zones in support of these wars. Currently, 140 000 troops are stationed in Iraq and 23 000 in Afghanistan, and recently the US Army has projected that the troop levels in Iraq will remain unchanged through 2010. A striking difference about this conflict is that almost 40%³ of these deployed soldiers are activated Reserve and Guard troops. Traditionally, members of the National Guard serve the emergency needs of states, while the Reserve mandate has been to fill in active-duty troops when they were deployed. These roles have been expanded in the face of current combat requirements. Little is known about how combat deployments in support of this war are affecting military troops and their families, especially children, and whether or not the impact may be greater on Reservists (we will use this term to include members of the National Guard as well) and their families.

According to the most recent Department of Defense Statistics, over 2700 troops have been killed, and almost 20 000 have been significantly injured.⁴ Almost 17% of

troops returning home from combat deployments experience significant mental health consequences such as post-traumatic stress disorder,⁵ with deployment to Iraq specifically associated with neuropsychological compromise in soldiers.⁶ In the short term, the impact of this war on the mental health status of US troops appears to be great. The long-term effects of the war experience on the physical and mental health of soldiers and its impact on family members will require further research.

A major concern is how this war will impact the short- and long-term social, financial, and emotional well-being of family members—and most importantly, the children. For the first time in history, the number of military dependents (spouses and children) outnumbered Active Duty and Reserve members of the military. Almost 2 million children are living in Active Duty and Reserve military households.⁷ During peacetime, children in military families adapt to the frequent moves and other quirks of military life fairly well, especially when there is an intact and stable family structure.^{8,9} Contrary to the prevailing belief in the 1970s, current data suggest that school aged children in military families do not have higher rates of psychopathology.¹⁰ Typically, children's behavioral responses and mental health status during noncombat or routine deployments relate to the level of concurrent family stressors (eg, financial) and/or maternal psychopathology.

Less is known about children from US military families during a time of war or about the impact on children and families of a parent's combat experience or the combat deployment itself. Research on the response of children and military families to deployment during Operation Desert Storm (ODS) demonstrated an increase in depressive symptoms and sadness in children, but these symptoms rarely reached pathological levels of symptoms in otherwise healthy children.^{11,12} However, the war in Iraq and Afghanistan is markedly different from ODS. Although ODS was measured in days, the current involvement in Iraq and Afghanistan is measured in years. Many military members (and by default their families) are experiencing repeated combat deployments. The television and media coverage, including embedded reporters, daily body counts, and the ongoing debate of the legitimacy of US involvement, is unprecedented. Current technology has increased availability of communication back home by telephone and the Internet, and as a result, the home front is on the front lines in a way that it never has been before. As of May 2006, an estimated 1600 children have lost a parent as a result of the wars in Afghanistan and Iraq, and a larger number of children have an injured parent. No

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current data report the specific impact on children of war-related parental injury or deaths. Because of improved battlefield personal safety equipment, more soldiers are surviving attacks that would have been deadly in prior conflicts.¹³ These soldiers may return to their families with disabling injuries that significantly impact children and the family's functioning. The impact of the war on families and children has not been fully studied, nor is it clear that data from ODS can be generalized to the current conflict.

When Reserve troops are called up for service, their families often stay in their home community, which is usually not located near a military base and its associated support resources. Reserve families may also face other stresses not experienced by active-duty families such as pay cuts, job loss, and changes in medical insurance. Active-duty families adapt to routine absences of one parent; however, this experience is often new for Reserve families and may disrupt family cohesion. Reservists and their families are eligible for free military medical insurance while the member is on active duty, and they are able to purchase 1 year of coverage for every 90 days of duty when they are deactivated. Unlike active-duty families, however, Reserve families frequently receive their medical and mental health care in the civilian community because they typically do not live near a military base where these services are provided. Nonmilitary health service providers may lack understanding of military life, including the unique stresses associated with military deployments or the resources that are available to military service members, the net effect of which may be the unintentional provision of incomplete medical and mental health care.

The Department of Defense and private organizations have efforts to provide deployment support and appropriate mental health resources for families of both active-duty and Reserve service members. Every active-duty and Reserve military organization has information on their Web sites regarding deployment health and resources for families. In the private sector, specific programs provide mental health care for children and families, such as the SO FAR program,¹⁴ an innovative program started in Massachusetts that offers free mental health services to members of the Reserve and their families, and available counseling services through MilitaryOneSource.¹⁵ Another initiative, begun by the Maine Army National Guard, is the "Flat Daddy/Flat Mommy Program" which provides life-size pictures of deployed family members that can be glued to foam board and then included in day-to-day activities.¹⁶

More work is clearly needed to develop a short- and long-term research strategy to address these questions. Comprehensive data on the epidemiology of mental and other medical problems in children and families of deployed military personnel are needed. The impact of a parent's combat related mental health problem on children and families needs further research. The factors that place certain families and children at risk for deployment-related issues need to be identified. What are the disparities in the impact of this war on active-duty and Reserve families? The research agenda should address the stages of involve-

ment with the war: before, during, and after deployment; and then reunion with family members. Finally, new and ongoing interventions need to be evaluated.

Developing and implementing effective interventions will require better understanding of the scope and nature of the problems. This need challenges the pediatric community as a whole—military and civilian together—but the many children who have been, are currently, and will continue to be affected by this war heighten the importance of this effort.

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