Strategy Research Project

EVERY CHILD LEFT BEHIND – ADDRESSING ONE IMPORTANT EFFECT OF MULTIPLE DEPLOYMENTS

BY

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ABSTRACT

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EVERY CHILD LEFT BEHIND – ADDRESSING ONE IMPORTANT EFFECT OF MULTIPLE DEPLOYMENTS

> As a nation we owe those men and women in uniform our highest efforts to take care of their families. It is our duty to look out for their kids and lift as many of the burdens they face as possible. We owe that to these kids, and we owe it their parents wearing the uniform.[1]
>
> —General (Ret) Thomas Schwartz

Our children will be the next generation of Americans to lead this country and should be viewed as our nation's greatest and most vital resource. This belief is reflected at the highest levels of our leadership. When President George W. Bush took office in January, 2001, he immediately made it known that the cornerstone of his Administration would be education reform and emphasized his belief in the importance of our public schools to "build the mind and character of every child, from every background, in every part of America."[2] In numerous public speeches following the passage of his comprehensive legislation known as the "No Child Left Behind Act of 2001" on January 8, 2002, President Bush applauded the bipartisan effort to address an education system that was failing to educate our nation's children. He recognized the importance of investing in our youth and our willingness to spend billions of dollars to ensure every single child in America receives a first-class education.[3] In one of these speeches he noted that the events of September 11, 2001, has forced Americans to take a hard look at the meaning of life, and he concluded that being a parent is "the most important job I'll ever have."[4]

While the focus of this legislation and his remarks were on the importance of education for our children, it remains obvious that the central point in all of this is the underlying emphasis to take care of the next generation of Americans and do all we can

to help them succeed. The best investment our society can make is in providing our youth with physical, mental, and emotional health. Healthy children become healthy adults, and healthy adults provide for a strong and productive society. Education for our youth, or the lack of it, is an obvious problem for our society, but this paper is intended to bring attention to a less obvious and more specific issue: the long-term effects on the health and well-being of our military children caused by multiple and lengthy deployments of their parents.

What's the Issue?

As President Bush stated to the audience in Hamilton, Ohio, at the signing of the No Child Left Behind Act, "[i]t's so much easier to move a child through than trying to figure out how to solve a child's problems." He went on to add, "[t]he first way to solve a problem is to diagnose it. [. . .] And we want to know early, before it's too late, whether or not a child has a problem in learning."[5] This logic holds true for all children regardless of whether we're discussing their educational problems or whether we're discussing a more specific issue such as the effects of absent parents on their emotional or psychological well-being. What are the effects on the military children of their parents deploying for longer periods of time and more frequently than ever before? Few studies have been completed, and only recently has any significant attention been given to this issue. Why are we waiting to address this issue? Identifying the child's problem early, if a problem exists, provides greater ability to properly assist the child in overcoming the problem. Of course, for the large bureaucracy that is the Army, it would certainly be easier to "move the child through" than to even figure out whether the child has a problem, let alone how to address the child's problem. This is especially true

given that the primary focus of the Department of the Army is to preserve the peace and security, and provide for the defense, of the United States; certainly a much more important priority than worrying about whether our Soldiers' children are handling the stresses of the longer and more frequent deployments.[6] Unlike the education system, the Army does not "move children through," but this analogy still requires asking the question of whether we are ignoring the proverbial elephant in the room.[7] Is there an obvious problem our military children and their deployed parents are beginning to face that the Department of the Army would rather not have to address?

Generally, studies have shown that the absence of a child's father or mother has a negative effect on the child's development.[8] But to apply these studies to children of deployed parents in the current environment has limited value. Quantifying the negative effects and developing best practices for treating the affected children, especially considering the unique situations of military children, would require more specific study. Therefore, the first step in addressing this issue is to determine if there is a problem. From personal experience, my absence affected each of my five children differently, and although my deployment was only six months in length, without exception, none of my children viewed my absence positively. Ranging in ages three to seventeen, each child coped with the stress of my absence differently. With many Soldiers on their third or fourth deployment and some of those deployments lasting up to fifteen months, the reality is a growing number of military children have spent the majority of the last seven years without at least one of their parents in their daily lives. Upon first impression it may not appear to be that significant an issue. After all, many of America's youth are currently raised by one parent.[9] However, it is worth noting that there are several

characteristics of a military deployment that create unique situations for military children. For example, the daily routine changes significantly for the nondeployed or stay-behind parent when the deployed parent departs and again when the deployed parent returns. Integrating the deploying parent back into the family is sometimes as difficult as it is having the parent depart. These family changes not only disrupt the children's daily lives but often create additional stress for the stay-behind parent. The children are frequently exposed to seeing the stressful effects on the stay-behind parent, thus increasing their own stress levels.

A second example that sets military children apart from other single-parent homes is the continuous stream of media coverage that the children can access. There is additional stress in simply knowing your parent is in a war zone and may be exposed to dangerous situations. But it can be greatly magnified by the constant reports of suicide bombers, improvised explosive devices, Soldiers being injured and killed, and the various other sensational media reports that continually appear on television, internet, and newspapers. For children old enough to be aware of these reports, the stress of knowing your parent is away at war is significantly increased.

A third example is best defined as a higher level of expectations. For children that know they have two parents in their lives, there exists within that child a very real expectation that mom and dad will be there for certain events and milestones. Birthdays, graduations, achieving personal goals, and other childhood "firsts," such as the first day of school, or the child's first date, are all special events that the child anticipates sharing with both parents. As time passes and the deployed parent continues to miss these events, the child is disappointed and his or her expectations are

left unfulfilled. The cumulative effect of the disappointment increases as expectations are continuously readjusted. As parents we often tried to console disappointment by replacing it with future expectations. But with little control over tour extensions, leave dates, and departure and return dates, it is not uncommon for the child's disappointment to develop into anger and resentment.

Why is this Issue Important?

As was previously mentioned at the outset our children are our nation's greatest resource. The emphasis our society places upon good education, adequate health care, and criminal prosecution of child abuse reflects this belief. Almost half of all U.S. service members, active and reserve, have children.[10] Approximately two million children have experienced a parent deploying and there are approximately 700,000 children that currently have one parent deployed.[11] By comparison, these numbers are more than twice the 900,000 reported by Department of Health and Human Services as victims of child abuse and neglect in 2006.[12] While it is acknowledged that not all children of deployed parents will suffer lasting negative effects, the raw numbers are still impressive enough to warrant our attention. In this regard, the issue should not be viewed as just a military one, but rather as a national concern, one that deserves the attention of the entire country.

A second and significantly more important argument for making this issue a priority for the Department of the Army, however, is directly related to military readiness issues. On October 17, 2007, Secretary of the Army Pete Geren, Chief of Staff of the Army General George Casey, and Sergeant Major of the Army Kenneth Preston signed the Army Family Covenant.[13] This agreement directly acknowledged that the Army

recognizes the military family is a key component to all aspects of readiness. When announcing the new Family Covenant, General Casey admittedly confirmed "we have not, until this point, treated Families as the readiness issue that they are."[14] Soldiers must be able to clearly focus on the mission in front of them knowing their families are safe at home. If their children are having behavioral issues, suffering from depression or anxiety, or otherwise exhibiting effects that may be linked to deployment, the Soldier needs to know systems are in place to address the problem. Likewise, recruitment and retention are directly related to taking care of the military family. Soldiers with children will be less likely to re-enlist if they feel or perceive that their children are not getting the medical assistance they need. SMA Preston correctly notes that quality of life for the family, including medical and dental, is an important factor in keeping Soldiers in the Army.[15] The same holds true for recruitment. Many potential recruits may already have families or may want to plan to have families. In either case, any concern of the negative effects a deployment may have on their family members is a concern that may be more acceptable if they believe the Army is working to address it. As specifically stated in the Army Family Covenant, it is recognized that "the strength of our Soldiers comes from the strength of their Families."[16] At the signing of the Covenant, one senior NCO stated "It was such a weight lifted off my shoulders to know my Family was taken care of" and he went on to add that it was the care the Army provided his family that helped him to decide to re-enlist.[17] Clearly, Soldiers deployed not only want the peace of mind to know that their families are being taken care of back at home, but they also expect that family health issues will be sufficiently addressed even after their return.

Is there a Problem?

Concluding this issue is important, it is necessary to definitively answer the questions of whether there is a problem and, if so, what is the extent of the problem. What are the effects of three, four, and sometimes more deployments on the children of those Soldiers? Now that we are well into the eighth year of continuous deployments, one might conclude there would be sufficient information available to answer this question. However, only very recently have any studies been conducted in this area. There are studies dating back to Operation Desert Storm and earlier, as well as some research conducted on the effects of parental deployments during peacetime, but this is of little applicability in determining the breadth and depth of the effects of more lengthy and more frequent deployments facing Soldiers today.[18] The more recent studies that have addressed the issue as it relates to OEF and OIF reveal two early conclusions. First, the current research is inadequate to properly identify the issues and to subsequently allow for determining best practices for healthcare providers. Second, the limited studies almost unanimously conclude that the effects on children from the current deployments are negative.[19]

In July 2006, Dr. Gerald Koocher, President of the American Psychological Association (APA), established a task force to address concerns brought to him by active duty military members about "the psychological strain on the military community during a time of war."[20] The task force finished with its report in February 2007 and represented the first comprehensive look at the issue. The task force quickly identified the "scarcity of rigorous research conducted explicitly on the mental health and well-being of service members and families during periods of major military operations."[21] It

was unable to find any “comprehensive, system-wide research efforts” and sought to “call attention to the paucity of research” in this area.[22]

In June 2007, the Department of Defense Task Force on Mental Health released its report assessing the effectiveness of mental health services in DoD. The Secretary of Defense had established the task force in compliance with Congress’ request in the 2006 National Defense Authorization Act.[23] The group spent a year looking at the wide spectrum of mental health issues in the military and, specifically with regard to children family members, concluded that “[l]ittle is known about the long-term effects of military service stressors on children’s adjustment or on effective methods for assisting them in adjusting to their circumstances.”[24] As a result, the task force recommended the Department of Defense “conduct research on children who have been separated from their parents by deployment.”[25]

In April 2008, a working paper prepared by the RAND Corporation for the National Military Family Association looked at the existing literature on this issue and determined “there are no studies examining the impact of the present long and frequent deployments to Iraq and Afghanistan on servicemembers’ families.”[26] The paper included findings from a pilot study conducted of Operation Purple Camp participants and indicated no “significant differences in child anxiety or emotional difficulties by deployment status.”[27] However, it quickly cautioned against the reliability of this pilot study, citing several factors, to include small sample size and an unrepresentative sample. The paper did recognize that a small number of studies have focused on deployment effects on children’s mental health and well being, but concluded that

further research is necessary, acknowledging that many questions remain about the impact of OIF and OEF on children and families.[28]

Two other relatively small but significantly recent studies since the RAND pilot study both support the conclusion that there is significant risk to the mental health of military children of deployed parents. Although these studies both lack a significantly large sample size, and are somewhat narrow in sample representation, the authors reach similar conclusions.

The results of the first study, published in November 2008, only included participants from one large Marine base. This study focused on children aged one and a half to five years and concluded that children aged 3 to 5 years with a deployed parent exhibit increased behavioral symptoms, independent of the stay-behind parent's stress and depression, compared with peers without a deployed parent. These behavioral symptoms included increased sadness in girls, discipline problems in boys, and self-reported depression.[29] The published report also made reference to an earlier 2007 report of a qualitative study conducted among adolescents of deployed parents. Of significance, this earlier study "found that adolescents with a deployed parent report feelings of uncertainty and loss, which may disrupt successful adolescent development."[30]

Results of the second study have only recently been submitted for publication in the Journal of Developmental and Behavior Pediatrics. This study focused on children aged five to twelve years with a deployed parent and concluded that child and parental stress during parental military deployment is more than double national norms. The authors found that one-third of the children in the study were at "high risk" for problems

related to their psychosocial functioning.[31] Of important note is that both reports recognize the need for greater study of this issue. Explaining the need for additional study, the authors in the first report stated "[l]arger, longitudinal studies are needed . . . This information is necessary to provide clinicians serving military families with evidence-based anticipatory guidance and clinical interventions."[32] In the more recent article, the authors note that "little research has been conducted on the effects of deployment on children," and explain the need for additional research to "determine the long-term effects of being a military child subjected to multiple parental separations due to wartime deployments" in order to "determine the best practices for providing interventions."[33] With the absence of any significant professional debate to the contrary, it can only be concluded additional research is required.

Where are we Now?

The consensus among the medical community is that the amount of current research is insufficient; however, the studies that have been done thus far clearly indicate a potentially significant and costly problem. Of encouragement is the fact that in the past year there has been a noticeable increase of attention to this issue, albeit almost entirely within the medical community. There are obvious steps in the right direction, such as the Army Family Covenant, which provides the promise to improve family readiness, to include increased funding of existing family programs and services, increased access to quality health care, and ensuring excellence in schools, youth services and child care facilities.[34] However, until the problem can be properly quantified, as outlined above, simply promising to make things better is of little substantive value. Even acknowledging the increased congressional funding for military

family issues, such as child care, Child and Youth Services (CYS) activities, and mental health care, is not encouraging since there seems to be no connection between the medical professional's identification of the problem and the placing of resources against that problem.

The formation of the two medical task forces to study this issue was the first step in quantifying the problem. The American Psychological Association Presidential Task Force and the Department of Defense Task Force on Mental Health were important initial steps in identifying and addressing this issue. And while these reports certainly are helpful in renewing optimism and increasing awareness of the issue, they are still just initial steps.

The American Academy of Pediatrics (AAP), a national organization of pediatricians, provided a $20,000 grant in May 2005 to help promote efforts in this area. One result of this grant is a deployment support website maintained by the Uniformed Services Section of the AAP. The website, entitled Support for Military Children and Adolescents, is intended to support military children, their families, and the health professionals that provide care for the military families. Providing comprehensive information on available resources and support, the site contains various links to other useful sites and resources as well, to include Military OneSource, and the National Military Family Association. Besides raising awareness of the issue among health professionals who provide care to military children, through this site the AAP is making efforts to inform military children and parents of available resources and raise awareness of the issue among the public as well.[35]

The grant was also the impetus for the Military Child and Adolescent Center of Excellence (MCA CoE).[36] Organized by a group of military pediatricians based out of Madigan Army Medical Center, the center hopes to coordinate the various on-going efforts to assist military children. Through continuing research efforts, creating support products for parents and children, and collaboration with other healthcare providers, the CoE is taking the lead in responding to the issue of the effects of deployment on military children.[37] Recently approved and funded by the Army's Medical Command as "a 2 year, $3 million pilot project," the CoE is focusing on standardizing the existing emotional and behavioral health programs offered to military children as well as developing the "next generation of programs."[38]

While there does appear to be progress in determining the effects of lengthy and repeated deployments on children, as well as the pervasiveness of those effects, there is still much work that needs to be done. Although the current efforts are encouraging, the reality remains that very little is being done outside medical channels. As indicated earlier, this issue is more than a family health issue; this is an issue that stretches across the spectrum of military readiness and not only needs to be acknowledged as such, but needs to be acted upon.

<u>What More can be Done?</u>

The military leadership, both uniformed and civilian, needs to become actively involved with this matter. The pediatricians and child health experts that have devoted time to studying this issue have identified the need for a thorough, comprehensive study that can properly answer both whether there is a problem developing among our military children, and if so, what is the extent of that problem.[39] But additionally, the results of

the study must provide the basis from which a comprehensive and coordinated plan is developed and executed. The current efforts to assist our military children are neither comprehensive nor coordinated, but rather numerous ad hoc efforts that attempt to piece meal a solution together. These various efforts are further neutralized by the fact that the studies indicate the effects of deployment on children vary among the different age groups of preschool, elementary, and adolescence, thus requiring different solutions to effectuate the problems each age group may be experiencing.[40] Once the problem has been accurately identified and the extent of that problem properly quantified, the resulting plan needs to be a coordinated solution, one that addresses all aspects of the issue, including behavioral and mental health, neglect and abuse, child and youth services, family support, military readiness, and command involvement. In other words, the programmatic piece must be tied to the medical piece.

To this end, there are three general themes that are suggested to help facilitate the implementation of a comprehensive solution. The first is adequate funding and resourcing, the second is identifying behavioral problems as early as possible, and the third is mitigating other exacerbating pressures of military life. All three of these can be pursued immediately notwithstanding the ongoing deployments that the Army will likely continue to burden well into the future.

The first and most important key to ensuring the issue is properly addressed is to provide adequate resources. The Army Family Covenant promises to fund existing family programs and services and increase the accessibility and quality of our health care.[41] This effort should include funding that allows the problem to be properly identified and quantified; that is, proper resourcing that will allow the medical

professionals and child experts to thoroughly study the issue, to determine if there is in fact a problem and if so, the extent of the problem. Resourcing includes adequate staffing as well as necessary funding. The resourcing also needs to include funding that will enhance public awareness of the issue and support the necessary education of the various groups, to include civilian practitioners, teachers and daycare providers, parents, and the unit leadership.

A second theme should focus on efforts to identify problems with the children as early as possible. An education campaign that highlights behavioral issues and informs relevant groups, such as parents, medical professionals, teachers, and leaders, what to look for, what to do, and where to go to seek assistance, would be helpful. Child behavioral issues are often viewed as a responsibility of the parent, and while this is true, it is increasingly clear that many of our deployed Soldiers and their stay-behind spouses lack the maturity and skill to adequately address their children's needs. An education campaign that increases parents' skills in this area could serve to alleviate some of the burden presently on healthcare providers to identify behavioral issues. Likewise, civilian practitioners that provide healthcare to military families need to be aware of the additional challenges military children face, as not all healthcare providers that treat our military children are affiliated with the military. For instance, many deployed reservists have children that do not receive healthcare from a military facility. Teachers and daycare providers need to be educated about the issues that may alert them to children's behavioral problems as well. Finally, the unit leadership can play an active role in assisting parents and identifying issues to a limited degree. As one senior leader stated when asked about what we're doing to assist our family members in

coping with the stress, “we’re fumbling in the dark on that just like everyone else. There is nothing in our unit reporting structure that tracks behavioral problems with our children in school.”[42] We may want to consider adding a piece that would alert the command to certain trends among certain units or even specific individuals. This could also serve to assist with earlier and more frequent screening of children. The medical professionals cannot do it alone and the leadership needs to actively promote awareness of the potential problem and encourage parents to seek the necessary professional assistance. One of the factors identified by the APA Task Force as reducing “the likelihood that military personnel and their families will receive needed behavioral health care” was the negative stigma associated with mental health.[43] The leadership’s efforts to highlight this important issue could help change the negative stigma that many are quick to attach to mental health care.

Finally, the Army could focus on mitigating other additional pressures of common military life that currently serve to exacerbate the stress of deployments on military children. One suggestion that the Army has already pursued to some degree is fewer reassignments for Soldiers and their families, allowing greater stability for the families.[44] This policy could be extended further to provide even greater applicability. Soldiers of all ranks returning from deployment should be provided the opportunity to remain at the same installation should they choose; career development decisions should no longer have priority. Allowing our Soldiers to stay six, eight or more years in one place should become the rule and no longer the exception. This would allow for added stability for the children and stay-behind parent in anticipation of the next deployment. Teachers, friends, neighbors, and others who know the child due to familiarity over time are

arguably in a better position to notice and detect changes in a child. This allows for earlier detection of behavioral issues which in turn can translate to addressing these issues sooner. The point is flexibility, however, because when a Soldier deploys the family should also be granted the widest latitude in deciding where it chooses to live. Relocation allowances could be made available to families that choose to move closer to extended family for additional support. While this latter suggestion may sound contradictory when arguing for greater stability, it may be the right answer for some stay-behind parents and children; ultimately it is the Army that should be in support of the family in this decision and not the other way around.

In offering the three general suggestions above, it is assumed that the current pace of 12-month deployments will continue well into the foreseeable future. However, in the interest of considering all options, there are additional suggestions that ought to be mentioned as well. The following recommendations would directly address the cause itself, that is, the deployments. By decreasing the frequency of the deployments, or decreasing the length of the deployments, or both, the resulting adverse effect of the parent's absence would obviously be mitigated. Accomplishing this requires either a need for fewer troops to deploy or a greater number of troops available to deploy. Four suggestions that arise from this logic are deployment rotations that are of shorter duration, deployment demand spread more evenly, drawdown of deployed personnel, or an overall increase of military strength. Of course, all these suggestions are interconnected and any of them could be utilized in conjunction with one or more of the others.

Shorter rotations, that is, the deployed parent being absent for six to nine months rather than twelve to fifteen months is one suggestion that may serve to mitigate the negative effects on the children. While there are no significant studies supporting this assumption, there is support for the finding that mental health problems increase as deployment length increases for Soldiers and Marines.[45] Rather than deploying for twelve months, the unit could deploy twice for six months, or possibly thrice for four months. If units deployed more often but for shorter periods of time the dwell time at home station would also have to be shorter in order to meet identical demands. The time away from the child would be the same but possibly more tolerable and with less harmful effect to the child. This logic is similar to the idea that a parent who goes to work every day and sees his or her child only on weekends and holidays can still be very much involved in the child's life. The Air Force and Navy tours are typically four to six months and the Marine Corps utilizes a seven-month tour.[46] Many Special Operations units have a similar deployment tempo and could also be studied for comparison. While it is beyond the scope of this paper to discuss the issues surrounding the feasibility of shorter deployment lengths for Army units, it is worth noting that a Marine is deployed about 50% of the time, the same as the current tempo for Soldiers, assuming a one-year deployed and one-year at home ratio. It is also worth noting that the different tour lengths among services have been identified as a major issue having a negative effect on Soldiers' morale.[47] Ultimately whether or not this option proves to have less negative effect on a child or whether it is even feasible remains to be determined but should be carefully studied.

A second consideration is to spread more of the deployment demand among the services and its members. Personnel statistics are now available to identify those who have not yet deployed or those who have served considerably less time deployed than others.[48] While many of the required individual skills and qualifications would create greater demand for some Military Operating Specialties than others, there is undoubtedly some sharing of the deployments that could be more efficient. This demand could also be spread among the other services to a greater degree. While the Army and Marine Corps units are obviously shouldering the greater load due to the nature of the service, it is worth exploring the possibility of identifying other service department units that could adapt to certain land-based missions.

A third consideration is one that is understandably political and quite possibly beyond the ability of the Army leadership to even consider, but nonetheless bears mentioning – a drawdown of troops. While the Bush Administration's increase in troop strength in Iraq in 2007 required deployments to go from twelve to fifteen months in length, a corresponding decrease in troop strength should arguably allow for deployments to go from twelve to nine months. Of course, should the new administration pursue a national strategy that utilizes fewer troops deployed, the consequential decrease in demand should be immediate.

The final suggestion is possibly the most obvious – build the Army. As this war enters its eighth year with the prospect of it continuing for years into the future, we are only now beginning to increase the Army's end strength. It bears mentioning that although this option might be the most obvious, it may be the most difficult. With difficult economic challenges ahead, the nation has to carefully consider what resources are

placed where. The expense of this war is certainly an increasingly heavy burden for the nation to bear and at a time when fiscal spending is scrutinized, a larger Army may not be an option.

Obviously, the solution is to be found somewhere in the combination of more troops available and fewer troops required. Any other options, more assistance from other nations for example that would further serve this end ought to be considered.

Conclusion

Several conclusions can be drawn from the analysis of this issue. Rather than continuing to throw money in an ad hoc fashion at a problem that is not clearly defined, we need to conduct a comprehensive and thorough study to determine what the effects of parental deployments are on military children. If the study determines the deployments are having significant adverse effects on the children, we have a responsibility to quickly develop a comprehensive and coordinated plan to address the issue. The senior leadership needs to place the necessary emphasis on the issue to ensure there is more than a mere acknowledgement of a problem and a promise to take care of the military family. There needs to be a plan and execution of that plan. The Army Family Covenant, signed by the Army's senior leadership, acknowledges that "the strength of our Soldiers comes from the strength of their Families." It promises to fund existing family programs and services and increase the accessibility and quality of our health care.[49] The Secretary of Defense, Robert Gates, referred to the duty to "care for the generation of American military children affected by the deployment" as a "sacred responsibility."[50] It appears the leadership understands the importance and urgency of this issue. Therefore, given the continued need for military presence in Iraq and

Afghanistan, the deployments will continue, parents will continue to leave their children behind, and now it the time to stop ignoring the elephant in the room.

Endnotes

[1] General (Ret) Thomas A. Schwartz, "Why MCEC Is Here, Why You Need To Help" (September 14, 2008), http://voiceforthemilitarychild.org (accessed January 31, 2009).

[2] President George W. Bush, "No Child Left Behind," http://www.whitehouse.gov/news/reports/no-child-left-behind.html (accessed January 19, 2009). This comprehensive legislation was a bipartisan effort by the Bush Administration to address an education system that was failing to educate our nation's children.

[3] President George W. Bush, public remarks at University of New Hampshire, Durham, NH, Boston Latin School, Boston, MA, and Hamilton High School, Hamilton, OH, January 8, 2002, http://www.whitehouse.gov/news/releases/2002/01/ (accessed January 19, 2009).

[4] Bush, public remarks at University of New Hampshire, Durham, NH, January 8, 2002, http://www.whitehouse.gov/news/releases/2002/01/20020108-2.html (accessed January 19, 2009).

[5] Bush, public remarks at Hamilton High School, Hamilton, OH, January 8, 2002, http://www.whitehouse.gov/news/releases/2002/01/20020108-1.html (accessed January 19, 2009).

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[12] U.S. Department of Health and Human Services, Administration on Children, Youth and Families, *Child Maltreatment 2006,* (Washington, DC: U.S. Government Printing Office, 2008).

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[14] Ibid.

[15] Ibid.

[16] Ibid.

[17] Ibid.

[18] See Anita Chandra et al., *Understanding the Impact of Deployment on Children and Families*, (Santa Monica: RAND Corporation, Center for Military Health Policy Research, April 2008).

[19] See Eric Flake et al., "The Psychosocial Effects of Deployment on Military Children," Manuscript Draft for *Journal of Developmental & Behavioral Pediatrics*, (2009) (Eric Flake provided a draft manuscript to the author); Chartrand et al., "Effect of Parents' Wartime Deployment on the Behavior of Young Children in Military Families"; Chandra et al., *Understanding the Impact of Deployment on Children and Families.*

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[22] Ibid.

[23] U.S. Department of Defense Task Force on Mental Health, *An Achievable Vision: Report of the Department of Defense Task Force on Mental Health* (Falls Church, VA: Defense Health Board, 2007), http://www.health.mil/dhb/mhtf/MHTF-Report-Final.pdf (accessed January 31, 2009).

[24] Ibid., 35.

[25] Ibid.

[26] Chandra et al., *Understanding the Impact of Deployment on Children and Families*, 10.

[27] Ibid., 53.

[28] Ibid., 15-18.

[29] Chartrand et al., "Effect of Parents' Wartime Deployment on the Behavior of Young Children in Military Families," 1014.

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[37] Dr. Keith Lemmon, M.D., Madigan Army Medical Center, telephone interview by author, February 10, 2009.

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[39] Chandra et al., *Understanding the Impact of Deployment on Children and Families*, 25; U.S. Department of Defense Task Force on Mental Health, *An Achievable Vision,* 35; American Psychological Association, *The Psychological Needs of U.S. Military Service Members and Their Families*, 5.

[40] It's important to note that the recent studies have all focused on different age groups. Flake et al. focused on ages 5 to12; Chartrand et al. focused on ages 2 to 5; Huebner et al. focused on adolescents.

[41] *The Army Family Covenant* quoted in Lorge, "Army Leaders Sign Covenant with Families."

[42] Lecture to USAWC students, U.S. Army War College, Carlisle Barracks, PA, AY 2009. A guest speaker at the USAWC who spoke pursuant to the "non-attribution" policy.

[43] American Psychological Association, *The Psychological Needs of U.S. Military Service Members and Their Families*, 40, 44.

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