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Understanding the Challenges and Meeting the Needs of Military and Veteran Families

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TALKING POINTS

Relative to veterans of earlier conflicts, post-9/11 service members and veterans experienced longer and more frequent deployments.

Post-9/11 deployments have heavily relied on members of the reserve component (National Guard and the Reserves), many of whom live in civilian communities removed from military installations and their associated resources.

Although many families have displayed resilience in relation to deployment, a substantial minority has experienced wounds or injuries, mental health challenges, and other difficulties.

The ongoing conflict has presented many policy challenges and dilemmas that the Bush, Obama, and Trump administrations have addressed in different ways.

Researchers and practitioners have multiple options for influencing the policies, programs, and practices that affect military and veteran families.

ABSTRACT

The longest war in U.S. history, still ongoing, has presented many challenges for military and veteran families (MVF). Political discourse regarding these challenges rarely acknowledges the strengths demonstrated by MVF, despite their capacity for resilience. Individual and family diversity has been increasing in the military, which requires adjustments in programs and policies to meet the needs of these diverse populations. Collaboration between governmental agencies, nongovernmental organizations, researchers, and practitioners can develop a coordinated system of care that is well positioned to accommodate the needs of MVF.

Since the aftermath of the September 11, 2001, terrorist attacks, the U.S. military has been engaged in the longest conflict in the nation's history. Although less than .005% of the population currently serves in the military, the smallest proportion since World War II, approximately six in 10 Americans (61%) have an immediate family member who has served.[1] Although military and veteran families (MVF) often demonstrate resilience in relation to the challenges of military service, many still experience significant distress, particularly during deployment cycles, relocations, and transitions into civilian life.[2-4]

Our nation's leaders are concerned with family readiness—"state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service"[4]—because it has implications for military effectiveness.[3] The current conflict has spurred multiple governmental and nongovernmental initiatives to support MVF. This policy brief describes challenges for families posed by the post-9/11 conflict and gives examples of efforts by three presidential administrations to support MVF, with an emphasis on the diversity of policy actions by multiple branches of the government.

Consequences of the Post-9/11 Conflict

More than 2.77 million service members have completed 5.4 million deployments since 2001, with 40% deployed more than once.[5] Over half (56.8%) had family responsibilities to spouses (56.8%) or children (45.3%). The post-9/11 conflict is unique in its reliance on volunteers rather than draftees,[2-3] a military that is roughly 30% smaller than it was 30 years ago,[1] and the large role of the Reserve Component (RC).[2,3] Service members in the RC constitute the National Guard and the Reserves, and the service members live and work most of the time as civilians, leaving their jobs and communities for military deployments that can last more than a year. They may live far from resources and supports that are available on military installations.[2] Compared to earlier conflicts, post-9/11 deployments have been longer and more likely to be repeated.[1] Thanks to medical and technological advances, many service members have survived wounds, illnesses, and disabilities that might previously have proved fatal, although they sometimes return with life-altering consequences.[6] Casualties of a different kind—"invisible wounds" such as mental health challenges and cognitive disabilities—have also become more prominent.[6]

Combat deployments have been associated with psychological problems not just among service members but also among their spouses and children.[2-3] Wounds and injuries have been associated with poorer family functioning and marital and parenting problems.[4] Estimates suggest that between 275,000 and 1 million family members are providing or have provided significant care for wounded, ill, or injured service members, which can strain family caregivers' emotional, financial, and physical functioning.[7] In addition to deployments, military service requires families to relocate frequently, typically every 2 to 3 years, which can present challenges for spouses' careers and children's education.[8] When they leave military service, families may find it difficult to translate military experience to the civilian workforce or access promised financial, educational, and medical benefits.[2-3]

The demands of post-9/11 military service revealed ways in which systems of care were underprepared.[2] MVF have been attractive targets for policymakers in both the executive and the legislative branches of government, regardless of their political persuasion.

Bush Administration, 2001–2009

George W. Bush declared the Global War on Terror following 9/11. By 2005, 162,900 U.S. troops were in the Middle East.[9] Rapid increases in serious wounds, traumatic brain injury, and diagnoses of post-traumatic stress disorder ensued, prompting government action. In the 2006 defense spending bill, Congress directed the executive branch to create a Mental Health Task Force.[10] Later in 2006, prompted by news reports that the Walter Reed Army Medical Center was understaffed, poorly resourced, and failing to meet the needs of wounded service members, President Bush appointed the Commission on Care for America's Returning Wounded Warriors.[11] This and other advisory committees recommended significant policy changes.

Congress acted. Responding to the Commission on Care's recommendations with one of the first actions to recognize the contributions of military family caregivers, the 2008 National Defense Authorization Act extended the Family Medical Leave Act coverage to caregivers (spouses, children, parents, or next of kin) of injured, currently serving military members.[12] These provisions were expanded in 2010 (though not fully enacted until 2013) to include family caregivers of some veterans. The 2008 act also created "qualifying exigency" leave for families of RC service members so they could participate in deployment-related educational activities. These provisions were later expanded to families of active component service members.[13] Notable here is that Congress left it to the Department of Labor to determine which "exigencies" would apply to military families. Congress also provided funds for the Department of Defense (DoD) to create the Yellow Ribbon Reintegration Program, to provide psychoeducation and other supports for families before, during, and after deployments.[14] In response to Mental Health Task Force recommendations, DoD ended the practice of canceling drill weekends for Reserve Component service members for 90 days following return from deployment, and instead brought members together to complete Yellow Ribbon program activities. Legislative action during the Bush administration also focused on research: In 2008, Congress mandated that the DoD and Veterans Affairs (VA) secretaries collaborate with the National Academy of Science to study the needs of post-9/11 MVF.[2]

Rapidly changing circumstances in the early years of the war meant that the Bush administration was frequently reactive, often responding to external pressure from Congress or the media. Commissions and task forces generated ideas for policy action, and Congress was responsive, although not always in a coordinated or comprehensive way. For example, the initial expansion of family and medical leave inadvertently excluded active component families.

Obama Administration, 2009–2017

When President Obama assumed office the Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) conflicts were approaching their 10th year, with more than 180,000 service members still deployed.[9] More than 3,500 service members had died due to hostile action.[15] Unemployment among veterans—especially those younger than 25 years old—had doubled in the prior year,[16] and the military suicide rate had nearly doubled since 2005.[17]

Soon after the 2009 inauguration, the administration began to address the needs of MVF. Mrs. Michelle Obama and Dr. Jill Biden convened a White House meeting of organizations serving military families to hear commitments from leaders of each White House Office about what they would do to support MVF.[18] Going "on record" in this way made it possible for the external organizations to hold officials accountable. In January 2011, the first and second couples held another White House event to announce 50 specific commitments to MVF made by every federal government department, leaders of whom attended the event and signed the report, titled *Strengthening Our Military Families: Meeting America's Commitment*.[18]

These efforts spurred new collaborations among government departments. One example was the Military Extension Partnership between the Departments of Defense and Agriculture, a civilian network of extension offices at land-grant universities intended to strengthen and deliver research-based information to MVF.[19] Partnership initiatives include the Clearinghouse for Military Family Readiness,[20] an interdisciplinary collaboration of researchers and professionals seeking to support professionals who serve MVF; the Military Families Learning Network,[21] an online professional development network for professionals to exchange experiences, resources, and research on MVF; and Military REACH,[22] which bridges research to practice by producing accessible and practical resources for MVF and those who work on their behalf. In another innovative effort, the Departments of Treasury and Defense produced a joint report about best practices for transferring occupational licensure across states.[23] Because military families move three times more often than civilian families,[8] and more than one-third of military spouses work in professions requiring licensure,[23] state variations in requirements can be problematic.

In April 2011, Mrs. Obama and Dr. Biden launched the "Joining Forces" campaign.[24] The campaign aimed to improve spouses' employment situations, educational opportunities for spouses and children, and wellness resources for veterans and military families. Hundreds of colleges pledged to educate future health professionals and teachers about MVF. Over 13 million hours of volunteer service were donated.[24] According to a report, more than 1.4 million veterans and military spouses gained employment.[25]

Legislators also were active. The groundbreaking Caregivers and Veterans Omnibus Health Services Act of 2010 authorized new supports for caregivers (family members or others) of eligible wounded post-9/11 veterans.[26] In some cases, these supports included financial resources such as respite care, health insurance coverage, and stipends. Legislation also changed the circumstances of lesbian, gay, bisexual, and transgender (LGBT) service members. The Don't Ask, Don't Tell Repeal Act of 2010 permitted lesbian, gay, and bisexual (LGB) people to serve openly for the first time as of September 2011.[3] In 2013, partners of LGB service members became eligible for DoD benefits when the Supreme Court ruled Section 3 of the Defense of Marriage Act to be unconstitutional under the due process clause of the Fifth Amendment,[27] determining that federal benefits could not be denied to legally married LGB partners. When the Supreme Court recognized same-sex marriages in 2015, military and veteran couples residing off base in states that had banned same-sex marriage were able to access those benefits.[3] In 2016, transgender service members received protection when Defense Secretary Ash Carter changed policy to allow them to serve openly.[3]

The VA issued its first directive regarding transgender veterans in 2011.[28] While expressing commitment to "respectful delivery of health care," the policy restricted VA care to nonsurgical intervention.[28] Further, the VA Civilian Health Care and Medical Program excluded transgender-related care for dependent

family members.[29] Existing evidence, though limited, suggests that transgender veterans lack access to culturally competent, informed transition-related care through the VA.[30]

The Obama administration creatively used its convening power to prompt action by both governmental and nongovernmental organizations on behalf of MVF. The first and second ladies were helpful in this effort, even without engaging directly in policymaking. Challenges during this period included budget cuts following the economic downturn of 2007; disorganization generated by rapid growth in the number of nonprofit organizations that serve MVF, sometimes on the basis of little or no supporting evidence; and continuing increases in suicide rates among military members and veterans (suicide rates among family members were not tabulated and are therefore unknown).

Trump Administration, 2017–Present

Challenges experienced by MVF persisted into the Trump administration, even though overseas deployments had fallen to historic lows. At this point in the conflicts, more than 5,000 service members had been killed in hostile action, 50,000 had suffered serious physical wounds,[15] and over 500,000 had experienced traumatic brain injury, depression, and/or post-traumatic stress disorder (PTSD).[2,6] Suicide rates among veterans, though leveling off, were still more than 50% higher than rates among civilians, and rates among active-duty service members reached unprecedented high levels in 2018.[31] Among women, veterans were still more likely than nonveterans to be unemployed, especially if they had served after 9/11.[3] Un- and underemployment among military spouses remained much higher than among their civilian counterparts.[23]

In July 2017, reversing Obama-era policy, President Trump announced plans to ban transgender individuals from enlisting in the military and also prohibited DoD from funding transition-related medical care.[30] In March 2019, the DoD issued Directive-type Memorandum-19-004 to limit the conditions under which existing transgender military members could continue to serve.[32] Advocacy groups have expressed concern that these policies pose challenges for MVF, including financial hardship, lack of protection from discrimination, and barriers to medical care.[30]

To address employment opportunities for military spouses, President Trump in 2018 signed the executive order Enhancing Noncompetitive Civil Service Appointments of Military Spouses, supporting the hiring of military spouses across the federal government.[33] In 2019, to address high suicide rates, President Trump issued an executive order creating the National Roadmap to Empower Veterans and End Suicide and establishing a cabinet-level task force with a year to develop a strategy to "pursue an improved quality of life, prevent suicide, prioritize related research activities, and strengthen collaboration across the public and private sectors."[34]

Significant legislation passed during the Trump administration includes the VA Mission Act of 2018,[35] which replaced the earlier Obama-era Choice Act. The Mission Act expanded access to VA-funded care in community settings as well as assistance to family caregivers of veterans. Veterans groups have expressed concern about implementation of the Mission Act, wanting to ensure that high standards for quality of care are maintained and that the core of the VA health system is not undermined.[36]

In an unusual move, a 2017 DoD directive (DODI 1342.29) encouraged support for the Interstate Compact on Educational Opportunity for Military Children,[2] an initiative created not by government but by the Military Child Education Coalition, a nonprofit advocacy group. The compact, which has been endorsed by all states, aims to smooth military children's relocations and deployment-related transitions by allowing prerequisites and course requirements to be waived, excusing absences when service members are on leave, and expanding deadlines to accommodate military transitions.[3]

As of 2019, the Trump administration has been less active thus far than its predecessor with regard to issues related to families, particularly with regard to using its convening power. Executive orders have played a prominent role in the administration's strategy; in some cases, their ultimate impact remains to be seen.

Policy Dilemmas

Designing and implementing policy responses to large-scale problems requires balancing many competing interests, which can produce policy dilemmas. One dilemma arises from efforts to draw attention to the consequences of wartime deployments for MVF, where it is tempting to emphasize vulnerabilities even though most families display resilience. For example, although it is true that rates of PTSD diagnoses may

be as high as 20% among service members deployed for OIF/OEF, it is also true that 75% have not received such diagnoses.[2]

This problem is complicated by the very small percentage of the population that has served, including historically low former veteran representation in Congress.[37] Lack of awareness can result in ignorance, misinformation, and negative stereotypes about MVF, as well as poor preparation to work with them. A recent study found that only 13% of community-based civilian providers were adequately prepared to deliver culturally competent care to MVF.[38]

Stereotypes and misconceptions can exacerbate the very problems that legislation, regulations, or programs are intended to address. For example, might disproportionate emphases on mental health problems and suicide make employers less willing to hire members of MVF, young people less willing to consider military service, or some members of MVF to feel stigmatized or "broken"?

A second policy dilemma concerns which individuals and families should have access to resources provided through DoD and VA. Historically, these resources, such as health care, housing assistance, and child-care subsidies, have been largely restricted to individuals with legal or blood relationships to service members. Multiple studies have shown that DoD's pro-marriage policies have reduced racial disparities in patterns of marriage and divorce, and have reduced rates of cohabitation, relative to marriage, among service members.[2]

Every policy that includes also excludes, however. The most recent DoD Instruction on Family Readiness, which governs access to many programs, defines family as a "group composed of one Service member and spouse; Service member, spouse and such Service member's dependents; two married Service members; or two married Service members and such Service members' dependents. To the extent authorized by law and in accordance with Service implementing guidance, the term may also include other nondependent family members of a Service member."[3] While more inclusive than earlier versions, this definition does not explicitly acknowledge that military families also include cohabiting unmarried partners, extended or multigenerational families, or sexual minority families. The challenge is more consequential at the VA, which is prevented by law from serving family members except in very limited circumstances.

These definitional issues raise numerous dilemmas, such as what the purpose of these resources should be. Are they to entice people to serve, or also to make sure service members have the support they require during military service? Should DoD and VA provide services to families, or should that be left to civilian communities? How can family diversity be accommodated without unintentionally promoting family instability, which has been shown to be bad for children, or further expanding the defense budget?

A final policy dilemma is that governmental and nongovernmental organizations need to work together effectively if families are to be well served, given that most military families now live, work, and receive education and medical care in civilian communities. One notable difficulty in this area is the persistent challenge of facilitating the transfer of occupational licenses and certifications from state to state.[23,3] Another is in the child welfare system, where civilian care providers are expected to report suspected cases of child maltreatment to both military and civilian officials, but only about 20% do so.[39]

This brief has been selective. There are many policy actions, challenges, and dilemmas not covered here, such as legislation related to educational benefits or transition assistance for service members. The examples described were chosen to help readers see that there are many strategies and policy players, many ways to affect policy, and many possible avenues for doing so.

Looking Ahead

Policy challenges related to military families will continue to emerge in the coming years as a result of ongoing changes on several fronts.

The changing nature of military conflicts. Every military conflict has unique characteristics. The post-9/11 conflicts have involved significant operations on the ground; in contrast, the next large conflict could be at sea or in cyberspace. Constant shifts in the nature of conflict mean that policies (and science) usually lag behind the emergence of needs, which can create painful challenges for families dealing with unexpected crises.

The changing nature of the armed forces. Since 1973, the U.S. Armed Forces have been composed exclusively of volunteers, meaning that the DoD must compete with other employers

for its recruits. Congress and the DoD constantly adjust compensation and benefits to meet recruitment targets—most recently with a major shift to a "blended" retirement system that eliminates traditional pensions for future service members. Because the military is an "up or out" system, a very high percentage of service members are younger than 25 years old. The constant influx of new young people creates constant pressure to rapidly retool policies, programs, and practices to serve each new generation. Diversity in the armed forces also is increasing: Over the past 30 years, members of the reserve component, women, and members of sexual minority groups have all become more prominent.[3]

The changing nature of families. Family forms are always shifting. Although there is no scientific consensus that any single family form is "best," current policies tend to exclude some family forms from DoD and VA resources and services. A nuanced understanding of the challenges and needs of diverse MVF is essential for promoting their well-being. The complexity and expense associated with policies and programs for such a diverse population are substantial. Family-focused scholars and practitioners need to remain alert to the evolving challenges and opportunities of military service and be prepared to conduct research, review policy options and actions, and be vocal about gaps.

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RECOMMENDATIONS FOR PRACTITIONERS AND SCHOLARS

Researchers and professionals who study and serve families have many opportunities to influence policies pertaining to military families. Researchers can frame their questions in policy-relevant ways and ask about military connections in their studies. Even the way that educators teach students can be influential by improving the awareness and "cultural competence" of students preparing to work with MVF. The following are some specific examples of how scholars and practitioners may support MVF:

- **Challenge biases and stereotypes.** Partly because such a small percentage of the population serves in the military, misconceptions are common. Correcting them in others and ourselves will improve cultural competence. Training materials for strengthening military cultural competence are readily available through the Uniformed Services University (https://deploymentpsych.org/military-culture-course-modules).[40]
- **Study the evidence.** Hundreds of studies of military families have been conducted during the current conflict in both the United States and overseas, greatly expanding the evidence base about military service and intimate relationships, parenting, LGBT service members, and other topics. Summaries of many of these studies have been prepared by the Military REACH initiative (https://militaryreach.auburn.edu/)[22] and are publicly available.
- **Be inclusive.** Many studies already include military-connected participants—not only service members, partners, or children but also siblings, parents, and others—but investigators may not know it. Paying attention to military family connections and their implications for research findings will help to grow a meaningful evidence base.
- **Promote collaboration and coordination to benefit families.** Mentioned earlier in this brief are needs for better collaborations between state regulatory agencies and professional occupational boards to address employment challenges, and coordination of reporting practices between state and military child welfare agencies about child maltreatment. Developing, testing, and promoting better ways for service providers to make it easier for the right family to get the right help at the right time is another way that researchers and practitioners can be helpful.
- **Monitor the changing nature of the military, conflicts, and families.** Those working with families can be helpful by being forward-looking and thoughtful about emerging needs of MVF and their policy implications. For example, which existing programs, policies and practices would need to be changed—and how—to accommodate current and future transgender service members in the armed forces? What would be the implications for families and for the armed forces of not making those changes?
- **Pursue creative strategies to have an impact on policies related to MVF.** The convenings, campaigns, study committees, compacts, and other strategies used by federal and state leaders in recent years are all examples of actions that can help to influence policies, programs and practices.[2,3,23-25] There are many options for making a difference.