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KEEPING THE PROMISE:  
MAINTAINING THE HEALTH OF MILITARY AND  
VETERAN FAMILIES AND CHILDREN

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**Introduction:**

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**Overview:**

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**Keynote Address:**

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**Moderator:**

RON HASKINS,  
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**Panelists:**

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## P R O C E E D I N G S

MR. HASKINS: Welcome to Brookings. My name is Ron Haskins. I'm a Senior Fellow here. And along with Belle Sawhill, we run a center called the Center on Children and Families. And one of our main activities for the last almost decade has been publishing *The Future of Children*. We publish two issues a year. This is our 18th issue on military families and so we're going to talk about military families this morning.

We're releasing the journal today, which means the journal is available and all of you are welcome to have a copy. And whenever we release a copy of the journal, we also release a policy brief that deals with some aspect that's raised – the issues raised in the journal. And in this case, the entire journal is about military families. And we want to talk about families that have children whose parents have been in a war zone and what implications that has, what we know about it and what we think might be done.

Our timing is horrible. The reason they closed the government is to conduct an experiment to see how many people are our events are government employees. And if you look around, we have 120 people signed up for the event. So I would say 60 or 70 of them are government employees. And they decided not to spend their day off learning about military families. Try to figure that out. Anyway, we're very pleased that you have chosen to come. I think our topic today can be summarized in two words. I think there's a review of a new book some of you may be interested in and it's a topic by a *Washington Post* reporter named David Finkel, it's called *Thank You for Your Service*.

It's a detailed account of exactly the kind of problems we're going to be talking about here. What happens to families when a loved one goes to war and comes back? It's mostly about when they come back. And they use the term, "after war", that we're in a period of after war, which we always have following wars. If we always are going to have wars, it's a condition of mankind. We're always going to have after wars.

And we previously – no country, including the United States, has really learned very much about after wars and the problems that are raised. I, myself, I was in the marine corps during the Vietnam War and there were problems that I would say are maybe even worse than the war here. For another reason, there were way more people that served in Vietnam, and there were way more deaths than in the recent wars.

And also, the public was extremely hostile. My brother was also in the Marine Corps. He was wounded in Vietnam. When he was recovering, he came back; he was in the airport in San Francisco wearing his military uniform. That was a mistake to do that. And somebody, a young lady, spit on him. And there were numerous stories like that. So the reaction from the public was very different. I think we're very fortunate that the military is held in the high regard it is now, and it's going to play a role in exactly the problems that we are discussing here.

So in our policy brief that I wrote along with Rich Lerner and Steve Cozza, and I hope you have a chance to read it, we definitely have a point of view. As I already said, I'm a veteran myself and I had issues in my family. So I'm supposed to be an objective scholar. I have no opinions, just data and

reason. Well, that's not true in this case. I do have some money in the game here. And I think we don't do enough. We should do more. And above all, I don't think we know enough about the effects of what we do now, so we're going to talk about that in more detail. But we definitely do have a point of view here.

Let me just quickly summarize the event. When I get through here in just a minute, we will have an overview of the volume itself, all the papers in the volume by Steve Cozza. I'll say more about him in just a minute. Then I'm going to do a brief overview of the policy brief. And then we'll have a keynote address by Brigadier General Russell Sanborn that I'll introduce more fully in a moment. And then I'm going to have a brief discussion with the general and we'll give you a chance to ask him some questions. And then we have a wonderful panel of people who have been involved in this issue for some years, and they will each make a brief presentation. Then I'll ask them some questions and then we'll have a chance for the audience to ask questions. So that's the order that we're going to follow here.

So along with Rich Lerner, who's here in the front row and will be on the panel, Steve Cozza was one of the co-editors of this volume. At Brookings we specialize in short introductions because you have the bio information. There's no point in wasting our time telling you things that you can read in your own bio.

So let me just say about Steve, first of all, he's spectacular to work with. This policy brief, he really is the first author. Every time we got in a jam, I'd send an email to Steve and say, Steve, what do we do now? So he's great to work with. He knows this issue extremely well.

He's a professor of psychiatry at the Uniformed Services University of Health Services – Health Sciences, I'm sorry. And he was formally in the military service. He was a colonel and he's now retired, but he's still actively engaged in research. So Steve, it's all yours.

MR. COZZA: Well, good morning to everybody. And thank you, Ron, for that kind introduction. I'm honored to be standing up here and proud to have taken part in this important work that we're going to be discussing today. And I have the privilege of providing an overview of this latest volume of The Future of Children, a series that's dedicated itself to the health and well-being of American children.

Before I begin, it is important for me to let you know that while I have served and continue to serve in a variety of different roles, the comments that I share today are my own thoughts and opinions and don't necessarily reflect the opinions of the Uniformed Services University or the Department of Defense.

As a retired army officer and physician and currently a researcher of military children and families at the Uniformed Services University, I'm really thrilled about the collective effort that was undertaken in putting this issue of The Future of Children together.

I was privileged to co-edit this volume with Doctor Richard Lerner, who will be on the panel today from Tufts University, who's a national leader in the field of positive youth development and resilience. And in collaboration with The Future of Children's editorial team, we were able to bring together a group of exceptional authors from a variety of backgrounds with both military and civilian experience representing academic expertise in the areas of epidemiology,

socioeconomics, behavioral and social sciences, the study of risk and resilience, developmental science, public health, prevention science, and research design and methodology. In a more focused way, this volume brings together a group of scientists, practitioners, researchers, and service providers into a critical collaboration, something that our nation strives to do on a much larger level to build a community of care and concern for our military children and families.

Military children are our nation's children. Military families are our nation's families. They, like their military service family members, serve our country. Their commitment and sense of duty is comparable to their military service family members and they're worth of national interest and most worthy of national commitment, support, and sustainment.

Since the start of the wars in Afghanistan and Iraq, more than two million children have seen their military service parents deploy into harm's way, with many families involved in multiple deployments, sometimes three, four, five, or more family separations and reunifications.

In addition, over 5,000 service members have died during deployment. Tens of thousands have suffered physical injuries in theatre, and hundreds of thousands continue to struggle with traumatic brain injury or post-traumatic stress disorder, all profoundly effecting military children. In this issue of *The Future of Children*, we've integrated existing knowledge about these military children and families to identify what we know, but also what we don't know about their strengths and the challenges that they face and the programs that serve them. In fact, research that focuses on military children and families, while growing, remains quite limited. Much of the research examines their stressful

experiences, for example, the impact of deployment, movement, maltreatment or abuse, and other secondary negative consequences.

As a result, the existing research offers only a partial picture of the experience of military children. A truly representative account would be a balanced assessment, one that measures the effects of risk, but also incorporates a focus on strengths, of which they have many, and links the lives of military children with their service member and civilian parents across their respective life courses.

In addition to Doctor Lerner's and my introduction to the issue, this volume includes nine chapters focused on different topics relevant to the lives of military children and families and includes with an after word about what we as a nation can learn from military children.

All authors have taken what we call a life course perspective in addressing each of their topics of interest, recognizing the lives of military children are inextricably linked with the lives of their parents and other family members, and that they live in transition between military and civilian communities across the country. And this provides both challenges to and opportunities for intervention, sustainment, and growth. While research related to military children and families is less developed, authors in this volume integrated a relevant scientific study of civilian children and families, expanding our knowledge and building a more complete picture of military kids.

Contributions in this volume are broad and comprehensive. In their article on the demographics of military children and families, Molly Clever and David Segal describe the striking diversity in the military community, the



need for flexible and adaptive programs of support, as well as differences across active duty, reserve, and National Guard components. They speak to the need from our nuanced research and expansion of targeted programs that reflect the complexity of military and veteran families.

James Hosek and Shelly MacDermid Wadsworth describe the economic conditions of military families, highlighting the many advantages these families have related to guaranteed income, universal health care, residential housing, and the availability of on installation community support programs, all of which have contributed to improved financial circumstances of military families in the last decade.

They also write about the challenges to military spouses, their lower wages, and difficulty in career progression due to the disruption of military frequent moves. In their chapter on military children from birth to five years, Joy Osofsky and Molinda Chartrand remind us that military families are very young and that nearly half of military children are under the age of five. They highlight how the stresses of military life can uniquely affect the development of very young kids and how programs of support must sustain parenting in these young families.

Latosha Floyd and Deborah Phillips discuss child care and other support programs, recognizing the success of the Department of Defense in building what is a most accessible, affordable, and high quality child care system that really serves as a model care system for the nation.

In addition, these authors reflect on how the DOD continues to adapt this program to support families through times of high deployment and also

to meet the needs of National Guard and reserve children who often live at great distances from military installations.

In their article on resilience among military young, Ann Easterbrooks, Kenn Ginsburg, and Richard Lerner apply the principals and theory of resilience to military youth, recognizing the inherent strengths in the community that support health and growth and the contribution of social programming to positive health outcomes. In addition, the authors point to the need for continued research and how positive youth development is sustained or can be even expanded in communities at risk. Patricia Lester and Eric Flake describe how war time military service effects children and families, summarize the small, but growing and fairly consistent literature describing the distress and social emotional challenges within military families resulting from combat deployment and family unification.

They also highlight our growing understanding of family prevention science and how family and community programming can successfully support our military families and children. And while this volume focuses on the strengths of military children and families, it also highlights the unique challenges and risks inherent to military life.

In our chapter on when a parent is injured or killed in combat, Allison Holmes, Paula Rauch and I describe the unique risks resulting from the greatest adversities that military families face, parental physical injury, traumatic brain injury, post-traumatic stress disorder, as well as other combat related disorders, and parental death.

We highlight the importance of tailored prevention and treatment

programs that target these higher risk groups in order to support parenting capacity, enhance family organization, and also very importantly, ensure access to necessary mental health services. Harold Kudler and Rebecca Porter describe how building communities of care for military children and families requires a system of services that integrates clinical and community based care at the local, state, and national level. They emphasize that effective programs must interact with parents and children within health care settings, but also, and maybe even more importantly, in schools, youth organizations, law enforcement and judicial systems, educational and vocational programs, and veterans organizations, creating informed communities, communities that understand military children and families that are both aware of and available to these families that live amongst them.

In their chapter on unlocking insight about military children and families, Anita Chandra and Andrew London describe how researchers must continue to build our understanding of the life course of military children, and that can be done in several ways, by utilizing data that currently exist in large DOD and other national data sets. They also describe the benefit of incorporating questions about military family experience into other large national level studies, as well as by funding and implementing time sensitive, smaller scale, and customized studies.

These authors also highlight that it is only through longitudinal studies that we will fully understand how military service affects development across the life span, an important question yet to be answered.

Finally, in her after word, what we can learn from military children

and families. Ann Masten, an international expert in the field of resilience, from the University of Minnesota, describes how the nation can learn from the experiences of military children and families. As the Department of Defense, Department of Veteran Affairs, and the nation as a whole develop solutions to support the health and well-being of military children, Doctor Masten encourages us all to utilize these important lessons learned and translate them to sustain the health and resilience of all American families, especially those facing a variety of challenges or adversities.

We often think about the importance of serving military children and families, which we need to do, but they have a lot to teach us all in terms of how successful they can be and also how they face the challenges that are put in front of them.

In conclusion, I'd like to thank *The Future of Children*, Princeton University, and Brookings Institution for their commitment to military children and families, as well as their foresight and vision in the development of this important volume. As volume editors, Doctor Lerner and I believe the articles in this issue offer a framework to understand the unique risks and strengths of military children and their families that can both guide future research, as well as inform public policy. We must remember that the understanding of military children should be balanced, recognizing the risks that they endure, as well as the strengths that they possess, and the skills that they develop through those experiences. An emphasis on strengths and positive development of children through the inherent risks of military life provides the pathway for creating effective preventive interventions that can sustain children through challenging

times.

Finally, this volume highlights how research on military children can contribute both to a general understanding of their human development, but also to our knowledge of other populations of American children. We hope you find this issue of *The Future of Children* helpful in all those efforts. Thank you.

MR. HASKINS: Thank you, Steve. Nicely done. So what I want to talk about is our policy brief. Let me make two brief introductory comments. The first one is that it seems to be catching on. I've noticed in the last year or so there have been several reports. There's a very nice report by Child Trends.

There was a report several years ago by the National Academies that was extremely thorough. You would not want to drop that one on your toe. It's a fat one with all kinds of stuff in it. And then even more recently, Child Trends published a report on the effects of service on children. And then just this weekend in both the *New York Times* and the *Washington Post*, in the book reviews, there was a review of this book that I mentioned by David Finkel which focuses on what happens when a service member comes back from the war and their family life and how they adjust back to normal life.

The second thing is that of all the volumes that I have worked on, this one is unique in that the area of knowledge here, especially research knowledge, is fairly small and fairly recent. And so this volume really does have about everything there is, as mentioned and studied in the volume, as compared with other volumes where you have to be very selective because there's huge research literature that goes back a half a century or so, and this is a very different volume. So if you wanted one source to find out about military families

in general, but especially this issue of children, this is a very, very good bet.

So here's the problem that we want to focus on in the brief. War poses burdens on families and children. And if you think of these issues here, the parent is absent, that's always a problem. In the military, no matter what the cause is, parental absence is potentially a big problem. There's a huge literature now on single parent families and we know that it has tremendous effects on children. Kids from single parent families are much worse off than kids from married couple families. So that's an issue, just the parent being absent. But then a number, as Steve has mentioned, there are a number of injuries to the parents when they come home. Sometimes they're permanent. There are also mental and emotional injuries, some of which are not observable. And we actually have diagnostic categories for many of them and some of these are very severe, as well, and very long lasting, and have impacts in every aspect of the parent's life, which is inevitably going to have an impact on the children.

So there's no question this is a very important area. There are problems here that it would be wise for us as a nation to deal with, not to mention the fact that we owe something special to these families for serving in harm's way.

The numbers, as Steve mentioned, we have about two million service members who have served in war zones. We have 6,700 deaths. There are lots of different estimates of deaths; I can't quite figure that out, but 6,700 deaths. Fifty thousand physical injuries, which, of course, are easy to measure, and an unknown number of mental injuries.

I can't remember if Steve used a number. I've seen 500,000

several places. I doubt that that's a really good number. But I think it gives you an idea the magnitude of the issue we're talking about here. And probably 45 percent or so of the adults who have served in war zones have children. And so there's a lot of kids who are involved in this, as well. And as we say here, our estimate is up to two million children that are involved. Now, I just want to give you some feeling for the literature here and the evidence that we have. The full references are in the policy brief if you care to look in these a little further.

So this is a study by somebody named Anita Chandra. She surveyed 1,500 military children from ages 11 to 17. There were actually telephone interviews with the kids, so directly asking the kids about their issues. And the findings were, all boys and girls of all ages had problems in school, had conflicts in families, they had higher levels of conflicts with peers, all these compared to national samples of children. So they're worse off in all these respects. They have a lot more problems.

And importantly, and I'll come back to this, the longer their parent was deployed, the bigger the impacts on the children. And there were also in this study and many other studies, this is not necessarily confined to military, there are lots of correlations between the mental health of the parent and the mental health of the children, we've learned repeatedly.

Here's another study by Mansfield. In fact, I think Steve wrote an editorial about this. This is a study, right? An excellent study, one of the biggest studies that's been done. Three hundred and ten thousand children based on records of actual treatment that they've received. This is a fairly good outcome measure of kids age 5 to 17. And interestingly, she compared kids whose parent

had been in a war zone 11 months or less and then 11 months or more and not deployed at all, so the comparisons among all those groups.

And again, the findings are very impressive. I'm only given just a simplistic view here. They're diagnostic categories that doctors and psychiatrists and all about Steve could stand up and give a 10 minute lecture on these categories, but more acute distress, reaction, and adjustment problems, more depression, more behavioral disorders among these children. And again, as before in many other studies, the longer the deployment, the more the impact on the children, worse off the children are.

And then this third study is – the third effect is actually found in at least three studies now. Over time, the instance of neglect and possibly abuse, the data is a little less clear, but neglect has been going down in the military. And then after 2001, when these wars began, neglect at least began to go up.

There are three studies that show this. There's one study that actually shows an increase in physical abuse of children. So families, and we know this from the research literature on child protection, families under stress are more likely to either ignore or abuse their children, or in some cases both. So I think the conclusions that we can come to here are, first, parent deployment definitely does increase problems that kids have, emotional problems, problems in getting along with their peers, problems between the children and their parents, problems in school performance. There are lots of different areas that there appear to be problems.

The second thing is that it seems evident that the stress that the parents are under, not just the one that's served in the war zone, but the one that



was left alone and then reuniting after they've been in a war zone, and this whole thing could be repeated two or three times, the distress that results from that has an impact on their parenting and their relationship with their children, and that's probably the single most important causal mechanism.

And in any case, there is very solid evidence from a number of studies, I've just given you a flavor, that there are elevated rates or problems in both the parents and the children and that longer deployment leads to more problems.

And let me say something here that Steve and Rich taught me, and I think this is a very important thing to keep in mind, and that is that there are sources of resilience in these families possibly in excess of what – if you could know the resilience of average families in America and compare that to military families, it seems likely that the military families have more sources of resilience. And what are these? Resilience simply means the ability to handle trouble and to respond positively in a way that you can extract yourself from the trouble or at least deal with it without it disrupting your life. And what are the things that account for this resilience? First, a warm and stable relationship with parents. Again, this is not just military, this is – all families are like this.

But the second thing here is, military culture and the sense of belonging that the parents certainly have and that many of the children have, as well. And the third is the perception that the nation is grateful for the sacrifices of parents. I contrasted this a few minutes ago with the war in Vietnam. And the country certainly is very thankful and very grateful to our military services. I don't know if any of you had this experience.

I was on a plane recently, and this happened two or three times, and the pilot, they don't always do this, but he introduced the military people on the plane, and everybody on the plane broke out in really substantial, I would even call it wild applause. So that's an extremely impressive thing. That would never happen during the Vietnam War.

And then prevention and treatment programs, we're going to talk about that in just a minute. But it's something that we did not have in the past. How effected they are and how pervasive they are and how many kids or parents actually get access to these programs and if they're high quality, that's an issue. I don't think we know the answer to that and that's one of the main reasons we wrote the brief. So another thing I learned from Rich and Steve is that there's a range of reactions here. It is not the case, even in these studies that I just mentioned where there may be elevations from diagnostic categories or the kids may have more trouble in school and so forth, this does not necessarily mean that they have a permanent problem.

This is a very optimistic finding that there are things that can be done to help these kids. It does not necessarily mean that they're impaired for the rest of their live. If we had good services, if we help the kids deal with their problems, often by helping the parents deal with it, and the parents, in turn, deal with the kids, then we could probably relieve many of their problems.

Now, to be sure there are problems, that's why I'm calling it a range of reaction. There are serious problems within families. Abuse often leads to very serious problems, for example, so does neglect. So there could be issues that are relatively long lasting and that would require serious treatment.

So the point of this range of reactions is that what we're looking for is programs that can deal with a whole broad range of problems that the kids and their parents have. Some here, there might be a light touch, you don't need to do much, and others that may require years of therapy and participation in programs. So I went through the literature and consulting with Rich and Steve, I just picked out one program. This appears to be in some ways, maybe Steve will disagree with this, please say this in our discussion if you do, but this appears to be a program that's fairly well grounded. It's based on three separate programs that dealt with family tragedies and aspects of this program were used after Katrina, with families in New Orleans and the other gulf course states that were affected by Katrina.

And, of course, a Harvard team, how could you do better than that, unless it were the University of North Carolina, of course? And it's focused primarily on the navy and the Marine Corps, which for obvious reasons we chose that.

The elements are a family education element, a structured communication about deployment with the kids and the adults, and then a development of family resilience skills. And the way the program works is, they have a series of meetings with professional people who have been trained to do this sort of thing. They meet separately with the parents, usually for at least two sessions. And they have the parents actually write out what their experience was, the separation, of their injuries or other issues involved, what those are, and then the same thing with the children. They meet separately with the children. And the children, if they're old enough, write it out. In any case, there's

discussions about their reactions so that the folks doing the intervention can gauge the seriousness of the problems. And then there are meetings between the parents and the children. If there are lots of problems, then there could be more meetings. But typically this is done in six to eight sessions.

And the outcomes seem to be fairly positive. There's a reduction in self-reported distress symptoms by both the parents and kids. And there's an improvement in self-reported family functioning. And then there's some specifically child outcomes that you can see on the screen here.

Now, I want to say about this, we focus in great detail here at Brookings on evidence from social science. Most evidence from social science I would call suggestive and not definitive by any means. And it's because of the flaws in the way that we find this information.

This study, for example, that I'm reporting here is well reported, it's quite impressive, but it does not involve gold standard research. It's not random assignment. We cannot really be sure that these outcomes were caused exactly by the treatment. And we need more studies like that if we're really going to find out these treatments that are effective. So what do we need now? First, we need a national treatment plan. Steve referred to this briefly in his comments. I don't think we really know all the resources that we could bring to bear. It wouldn't just be from the Department of Defense. Think of this, when people leave the service, they often go back to their hometown. So we have people that have served in war zones all over the country, a long ways from a military base.

So even if we had great services on military bases, maybe even a majority, but certainly a high percentage of the families would be a long ways from

services. And so that's an issue, how we can take advantage of all the resources that we have and have a national plan for how we can get maximum use of those.

And then as I suggested before, we definitely need a better plan for research and for testing these programs and finding out if they really work and then broadening them, expanding them, bringing them to scale, as psychologists like to say, if we find out that programs work. So we have a lot to do. Thus concludes my remarks on what we know about the effects of serving in a war zone on kids and the possible treatments.

So now we're going to give Brigadier General Russell Sanborn the opportunity to tell us about what the Marine Corps is doing. General Sanborn is a Marine Corps aviator. When I was in the Marine Corps, I doubt this has changed, if you really want to do well in the Marine Corps, you need to be an aviator. It starts at an advantage right from the beginning. He actually was shot down over Kuwait when he served in the war in Kuwait, Desert Storm. And he was a POW for a month. He also is a veteran of the Iraq War. He commanded an air squadron in the Iraq War. And he is now the Director of Marine and Family Programs for the United States Marine Corps.

He hasn't been so busy that he could ignore his family life. He has five children that range in age from 20 to 12. So think of this, we want someone to talk about these programs and the effects of serving in war on children.

Could you possibly find anybody who is more qualified to do this than someone who's actually been through it, actually been a POW? Can you imagine what his family went through at that point? And now is the director of

these programs for the Marine Corps. So we could not have done better.

General Sanborn. Thank you so much for coming.

GENERAL SANBORN: Well, greetings. I'd like to just start off by thanking Ron for having me here today and really just to tell you that, you know, you said I was the best chosen one to do the keynote speaker, really I thought, you know, looking at this prestigious audience, when my staff was first telling me this is what I was going to do today, you know, and they were briefing me up on it, they gave me an attendance roster of all the people in this room, and I looked at it and I was overwhelmed. You know, there's academia out there, there's students, there's advocates, there's military, non-military, profit, non-profit organizations, and, you know, and then I said, well, why did they choose me to come out here and speak, because, you know, I'm pretty much a very simple background.

Yes, I'm an aviator. I'm an operator. What that means is, I deploy, I fly jets, I fight our nation's battles when called upon, and I take care of marines, sailors, and their families in my current job.

What's unique to me is my deployments. Yes, I've deployed six times. Five of those have been with the exchange of firepower between us versus them. I've had 11 moves, some with my family. Those five kids came a lot after Desert Storm.

I have one child at the United States Naval Academy. I have one child at the United States Air Force Academy. I have three that are anti-military. I mean I ask the next child, so which academy are you going to go to, Emily, and instantly the antibodies come out.

So it just goes to show that families are unique and we all have unique, you know, I thought they all, you know, came from the same upbringing and the same raisings, but they're all unique. They all share different experiences, and, you know, exactly what we're talking about today, the stressors that you have effect people differently. And then obviously I have a very real personal experience of the stressors families endure when you're a POW and you're shot down in combat and your family doesn't know. Basically my wife got the word, a knock on the door that your husband went out on a combat mission, did not return, we do not know if he's alive or dead, he's just MIA, and that's the word she was left with for 30 days until she saw me on national TV.

So by coming today to the Brookings Institution, you've already met one key enabler I think by just having this meeting here, and you talk about it in your policy there, is that America, a military, excuse me, as long as we're appreciated and we know that people care, whether it's corporations, whether it's advocates, whether it's institutions or whatever, when America cares about their military, that builds resiliency in us.

And I can tell you from a personal standpoint, I can tell you from just about any military family out there that, unlike your experiences in Vietnam, I've heard those multiple times, my experience is 180 different from that. When people appreciate what we do, the sacrifices that all of us, and not just those that are actually in the uniform, but our families, when they appreciate that, it just makes you that much stronger. And so thank you for even having this conference here today. So let me carry on. The United States Marine Corps

continues to defend our nation despite a world of increasing instability, conflict, and budget realignments. The readiness of our families is directly linked to the readiness of the corps. The Marine Corps is the youngest, most junior, and least married of the four military services. Because almost 50 percent of our marines are married, investments in our families are critical to long term health of our corps.

The Marine Corps is committed to providing marines, sailors, and their families with a comprehensive and effective support system. Our notion of keeping faith with our Marines and our sailors and family is more than just a slogan. It is a state of mind that drives the way we organize our forces. Once a Marine, always a Marine, keeping faith. This means that a Marine and his family programs exist to support the mission readiness requirements of the corps and the support unit or the individual health and wellness goals of those we serve.

I directly oversee, plan, direct, and coordinate Marine and Family Programs that are delivered by the installation commanders. Unit commanders are specifically accountable for the welfare of their assigned Marines and their sailors and their families.

Programs and support functions operate in an environment where requirements and resources must be balanced. Let me expand upon that. The Marine Corps says, you know, our slogan is keeping faith, always faithful, semper fidelis, and so when times are good, and budgets are good, and money is all over the place, and resources can be applied almost not without thought, but, you know, you overly sprinkle the budget fairy out there, programs will sometimes be redundant, inefficient, and maybe not effective. So it's not



necessarily a bad thing that budgets go down to a point.

So when budgets do decrease, the Marine Corps is not breaking faith by saying I am going to reduce this program or that program. We still agonize over every dollar budget cut. And I don't believe the Marine Corps is unique in this thought process. I believe all the services do this. You agonize over every dollar. Where does the best bang for the buck need to be applied?

And I think we all either recognize it or at least need to acknowledge that you ask for your services, the Marine Corps, Army, Navy, Air Force, Coast Guard to defend the nation first and foremost and that's where the priority lies, that you need a ready force, in the Marine Corps' point of view, an expeditionary for deploy, 100 percent ready to go so that I give decisions based to the President of the United States, so that it doesn't have to commit all chips in, that he may have time to just think about it because the Marine Corps mew is off the coast of wherever, because a Marine special MAGTF as currently deployed in Benghazi and can hold on until the President and Congress makes up their mind about what they really want to do.

So if we apply that mindset first, first and foremost defend the nation, and then we have to think about the quality of life. We're going to hold on hard and long to the quality of life issues, but those will be – the priority will obviously be second tier to those. It doesn't mean that they're any less of an importance. I just want to clarify.

So the Marine and Family Programs collectively promote physical and mental well-being. Our programs are considered most essential in meeting the operational objectives of the Marine Corps.

Marines' and sailors' most precious assets are the individuals. Maintaining quality of life and taking care of our own will remain our highest Marine Corps priority as a resilient force able to successfully balance life, career, and mission events.

After more than 12 years of war, today's Marines and sailors and their families experiences are exposed to elements of danger due to extended and repeated deployments, separation from family and friends, which all add to our stress. However, we believe these experiences have strengthened and fortified them for all manner of military life challenge. Their coping skills have been fine-tuned and maturity increased. We recognize the sacrifice and dedication by our spouses and our children. They have been the models of resiliency. Many feel families are supposed to be broken, but we don't believe that is the case. At the same time, we're not naïve enough to believe that they are not invulnerable to those experienced stressors.

Military families show an incredible resiliency that is equal to or exceeds their civilian counterparts. However, these families still need support during deployment. Resilient research actually began with the children, understanding how childhood stressors and environmental conditions impact functioning later in life.

The hallmark of current war efforts is repeat deployments. We strive to understand the effects this can have on our marines and their families. Deployment distress can lead to poorly managed self-regulation, mental health problems in children. The outcomes related to the social and emotional development of children are associated with the mental health of the parent that

remains behind.

The Marine Corps is expanding in evaluating the effectiveness of preventative and treatment services for families. We recently just had psychological health effectiveness. It was called an information collection assessment report of findings. This is a Defense Centers of Excellence for Psychological Health DOD program. And basically what it looked at was 141 different psychological health programs across the DOD. Our family advocacy program and suicide prevention programs rated in the top 25 percent of those 141 psychological health programs evaluated. The point is that, again, when times are good, budgets are full, lots of programs out there, but are they truly effective?

And one of the things I noticed on the policy statement here is that expanding and evaluating the effectiveness of preventative and treatment services for families were fully on board with that because we don't want – as tax payers, we owe it to each other to be good stewards of our money. We also owe it to our children and to our families and to the service members that are to provide quality service.

The policy brief mentioned the institute of medicine prevention model as a guide helping environmentally stressed at risk populations through prevention efforts. The Marine Corps has already adopted this model and will currently offer a number of evidence-based practices across the continuing serving marines. But it doesn't stop there as we continue to expand our work to our families.

As the policy report states, deployments lead to stress that affects

both parents and children. And severity exposure can make problems worse. Traditional military stressors like moving and changing schools seem to have taken a backseat to war time trauma, exposure, and coping with post-traumatic stress disorder. The RAND Corporation conducted a study that cites longer deployments are associated with increased problems in children. That makes sense to me. It makes sense to most people in the audience.

Parents and children can suffer when a deployed parent has missed key development milestones, and these milestones are not successfully mastered. Successful implementation of prevention strategies that utilize the institute of medicine model can improve the mental health of parents and health of adaptation of their children to deployment stress. We firmly believe, and I think most people will say you help the parent, you help the child.

The Marine Corps is working to increase the strength of protective factors, including healthy family relationships among marines, but there is more work to be done there. Nurturing the resilience of families and children ultimately supports the readiness of our marines.

We will continue to support efforts to identify and resolve gaps in programming and leverage opportunities to develop community based partnerships and shared resources. Two-thirds of our families currently reside in the local communities. We're not an on base close knit society that most people think of as a military, you know. You go onto a base, everybody lives on base, everybody hangs out together.

Developing local partnerships expands our reach by meeting families where they live. And so doing this, the Marine Corps remains committed to shaping and

sustaining that vital quality of life of services that meet all our needs, especially during a constrained physical environment.

Just some of the programs that the Marine Corps currently has, are family readiness programs. This is our family readiness officers that are at each and every individual unit. They use a communication tool called e-marine. Each service probably has one. It's a way that families can communicate back and forth to their units and to the individual marines.

Sustaining the wellness and optimal functioning of marines and sailors remains the top priority in the Marine Corps. So one of the things that we've done is behavioral health programs.

I talked to you earlier today about how the behavioral health, you know, out of all the budget cuts and where we're taking the quality of life cuts and nicks, one of the things that we're not right now is actually being plussed up, thanks to the DOD, thanks to institutes like this and people and advocates, is our behavioral health.

We have hired – we used to have 100 plus what we call marine family life counselors. We're now up to 250 marine family life counselors. These are individuals that have a master's degree in counseling and it's just one of many programs out there that allows a marine, a sailor, a family member where it's anonymous, no records are taken, but, you know, when we talk about write of bang, you have a problem, you commit a suicide, that truly is right of bank. There is no fix for that, you know, after the suicide act has occurred.

We want to get left of that. We want to emphasize the prevention part of that. So these marine family life counselors out there is just one door, and

we say many doors are what are needed out there. Counselors, you can talk to them, you can about your stress issues, you can talk about your stressors that are causing either a personal, financial relationship, combat related, PTSD. And then if it is beyond, there's a sort term help needs.

And then if that need needs to be elevated to the next level, we taken them to behavioral health, what we call the community centers out there, community health centers out there, where now it is tracked, it is case management, it could go all the way to the high end military treatment facility where you're an inpatient if you actually need that kind of care. So multiple programs out there that the Marine Corps is conducting.

Substance abuse prevention programs, obviously every service has them. Personal and professional development programs. When I asked my team, you know, relate that to my families, how I use my personal and professional development, what that means is your financial help, transition assistance, tuition assistance. I said how does that help families, you know, with their stressors. And, you know, when you think about it, families, your family, military families all had the same needs. After about four years, most military people, remember, we don't stay for 27 years like myself, only 20 percent of us actually stay for a career.

So for the Marine Corps, 30,000 of us come in the door every year, 30,000 go out the door. So we're only here for four years. A lot of transition. So what are they concerned about? Most of them are single, but some of them do get married. They have a young family. They're worried about transitioning out of the Marine Corps. Stress. I'm going to combat. How do I

translate my infantry combat skills when I was in Fallujah, or I was in Ramadi, or I was in Afghanistan? How do I translate that to the real world? We give them those kind of helps through these kind of programs.

Family care programs, obviously child development centers, respite care, taking care of the Marines when they're deployed, you have the care and the needs of the family members that are back home are also going to still need to be administered to.

So even with these ongoing actions, we cannot guarantee that even the most mission essential programs will not be put at risk due to physical uncertainties. I just want to make sure that we get that across. I do sincerely appreciate your invitation to spend just a few minutes with you this morning. Our physical strategies move forward are focused on preserving priority programs that support the health and welfare of our marines, our sailors, and our families.

Talk of budget cuts and the possible impact those cuts will have on the quality of life. Their families, their children, and their jobs all take a toll. Marines, sailors, and families are no different than their fellow citizens. Our quality of life goals are to ensure that our people and their families have availability and access to quality facilities, family support programs, and resources, and benefits that afford a respectable, decent, and healthy standard of living.

Thank you.

MR. HASKINS: Let me ask you a couple of questions. Steve, please feel free to join in here if you'd like to. General, you mentioned and I mentioned that you were a POW for a month. That must intensify the family

stress, all the issues that we're talking about here. To the extent that you feel comfortable, I think it would be very helpful for people to understand how important this issue is. If you could describe, as I say, as much as you feel comfortable, what your family went through because you served in a combat zone and were a POW.

GENERAL SANBORN: Okay. First of all, I am not uncomfortable talking about that experience at all. I always tell people that it's just a chapter in my life, it is not the book. It doesn't define me. It was just one of those experiences that unfortunately I was a part of.

At the time, 1991, February 9, 1991, when I got shot down, I was married and I had no children. Five children came quickly after that. We had five kids under the age of eight. So my wife is the true hero in that chapter.

But the experience, like I talked about, or like I said was, it was 26 days, my wife did not know other than I was MIA. She did not know whether I was alive or dead. Now, her support – the key ingredient is that military family life environment, all the intangibles that really aren't necessarily programs, but the intangibles that you are a part of something, you are a part of a big organization that cares about you. Yes, remember, back in 1991, we didn't have a lot of these programs out there, but we still had the military community, a close knit group of individuals.

Now, let me contrast that with my parents, my mother and father. They're not anti-military, they're agnostic. They don't understand the military. In fact, my mother, when I was promoted to colonel, the first letter I got from her was addressed as Colonial Russell Sanborn. And I said, mom, I've been in the



Marine Corps now 22 years, and she goes, yeah, I can't ever remember that rank stuff. So my parents, when I was shot down, were completely opposite, stressed, worried, always making phone calls to my wife, to the CACO officer, which is your Casualty Assistance Officer, just, you know, willy-nilly worried about everything, wanting to know every little detail.

My wife, on the other hand, had the people back home, she had a CACO officer, she had the Marine Corps, she had chaplains and so forth, so I think that's the dynamic difference between those there.

MR. HASKINS: Good. Thank you. You mentioned in your remarks about the budget. We're very aware of the budget. That's part of the reason that Congress closed down today and we're facing an even more serious deadline in about a month or even less, a couple of weeks with the debt ceiling. The military budget has been cut, according to OMB figures, about 20 percent over the last 5 years, including the next 3 years. So that is a huge – I mean any organization that takes a 20 percent cut, that's amazing.

And yet I think we all agree that we ought to have more programs for returning families, more programs for the kids, including when they get out. Our responsibility doesn't end when they get out. So how is the Marine Corps going to be able to handle these serious budget cuts and stay combat ready, which you I think wisely and courageously pointed out, that is mission number one. We know it damages families. But our goal is to defend the nation and then we try to help the families. Will that be the same order with absorbing budget cuts?

GENERAL SANBORN: Okay. Let me give a balanced answer to that. More programs or better programs? Because, again, if you think about

where we were and where we are, there are a tremendous amount of programs out there. Does anybody truly have a handle on – are they synchronized? Are they integrated? Are they effective? Have they been vetted by independent? Even you, yourself, says that a lot of it is not, you know, they don't have a control to it.

So I am all for more programs as long as that program, you can show the effectiveness, you can show the efficiency of it. You know, I also bristle – I don't bristle, but I get up – when I hear the terms that you owe us something in the military, I hope that the military never comes across with their hand out like beggars because we're an all-volunteer organization.

I signed up for it. I knew what I was getting into. My family maybe not necessarily, you know, so I am a little bit harder on my families. I think that you do use the military hard, you use us up, and our families kind of suffer, and so, therefore, I am quick to defend them or support programs that defend the families, support the children, support those Marines or sailors or soldiers that have been injured. We truly owe them. But the term owe, entitlement mentality, it's the right thing to do, I think, which is important. It's the right thing to do so that, you know, we keep that in perspective.

But back to efficiency and effectiveness, more programs, I just think they ought to be better programs, or not better programs, but those programs that meet the criteria that we all agree to as a collective community of interest, because the budgets are going to get cut. And you can't, you know, you can't keep balancing those two. When the dollars come off the plate there, right now we're being resource constrained, and if we had all the resources, yes, you

would plus them all up there.

But your nation demands a national defense, national security, and that's what you're asking for. We can take risk, you know, but do we want to put the nation's risk at risk for that?

MR. HASKINS: You mentioned something like culture and I want to talk a minute about culture. We have research culture, we have common understandings, common approaches, and researchers that have never met often have the same language and they can communicate immediately. We have the same thing. Our advocacy community has the common culture. You referred to the support that your wife got from what amounts to culture. Tell us about the three or four things that you think are the most important aspects of military culture and Marine Corps culture that provides support to these families and children who have been through these very difficult experiences.

GENERAL SANBORN: Really you can sum it up to the Marine Corps ethos of once a Marine, always a Marine, always faithful. You know, it's semper fidelis is our mantra there. But once a Marine, always a Marine, once you get that eagle globe and anchor in your hand, whether it's through OCS or whether it's through going through boot camp there, you will see that the Marines, we say all the way from the yellow footprints to the funeral. F to F is where a Marine will be taking care of.

You, yourself, introduced yourself to me as, hey, General Sanborn, you know, I was a former Marine or I was a Marine in Vietnam, and you know that right then and there you and I now have a kindred spirit. You can't deny it and no other Marine can say that.

So every Marine that I've ever come up to will say, oh, I was in the Marine Corps such and such, and typically the answer will be semper fi. Immediately we have that kindred spirit there. And immediately I almost feel an obligation to him. If he needs something, I don't know you from Adam except for you were a Marine, you're still a Marine: what can I do to help you? And I think that's –

MR. HASKINS: But do you think that your spouse and your kids feel that same kind of commitment?

GENERAL SANBORN: Absolutely, because the Marine takes – and again, why do we always say we take care of Marines, sailors, and families? Because who goes with us? Our families. Maybe not deployed with us. Who goes with us? Sailors. Who goes with us? The dental corps, the chaplains, the RP's, the religious RP's there, our corps men. We treat them just like they are a part of the corps there. It's a cultural thing that I can't get it out of us, it won't get out of us, it is just bred into us. People say it's the Kool-Aid.

MR. HASKINS: Okay. Let me ask you a very specific question. The research shows, I would call this unequivocal, that the longer a service member is in a combat area and under the stresses that are caused by that, the more serious the impacts on spouses, but especially on children. Can you imagine a time when the Marine Corps or the Army would be very cautious about second tours of duty in a combat area, that we would have enough service men that we would – people went once, that's it, they wouldn't have to go again?

GENERAL SANBORN: You know, that's a great question. And again, because of the budget cuts, here's the very real stark reality out there, is

that you can't pay for the number of service members that you need. So when you talk about dwell time, right now the Marine Corps dwell time is three to one. That's what the Secretary of Defense would like to have as services, three to one. I'm gone for six months, I'm home three times that amount before I go out again. Because of the budget draw downs, we may go to a two to one dwell, okay, so for every six months, you're only home for a year, you go six months again.

If you continue to draw down the budget to the point where you can't even maintain that, if you're all in, we go back to the World War II days, where your grandfathers left in January of '42 and they didn't come home until '45. We're all in, we stay in. And that's the stark reality of budgets and making decisions. So the nation has to decide, you know, what we can afford for national defense, the services and what it takes, because basically one soldier, there's nine people behind him that's supporting him.

So you think like in the Marine Corps, there's right now 195,000 marines out there, but there's not – I mean every marine is a rifleman, don't get me wrong on that, but truly, when you talk about those that are forward deployed, those that are trigger pullers and so forth, there's about nine people that's backing them up. That's why it just takes so much manpower to defend this nation all over the globe.

MR. HASKINS: Okay. Thank you. Audience, now an opportunity for you to ask questions. Please raise your hand. We'll give you a microphone. Tell us your name and your position and then ask a question. And we don't want long statements. Ask a question of the General, please. Raise your hand. Right

here in the front. The mic is coming. Our microphones travel at a stately pace.

MS. HUCK: My name is Eileen Huck. I'm here with the National Military Family Association. Thank you very much for having us here this morning. My question is, General, what metrics do you think we're going to use to decide which of these family support programs are efficient and effective? Are we looking for the programs that a lot of people use and take advantage of or are they the specialized programs that fewer people use, but maybe they depend on more? Are you going to ask the families what they value? I just wonder, moving forward, how do we decide which of these programs are the ones that are going to stay around.

GENERAL SANBORN: Eileen, that's a great question because that's exactly as the head of a – Director of Marine and Family Programs, that's exactly the kind of questions I constantly ask people when they start a new program or we are in a program. And not to get too technical, but what you are asking was measures of performance, measures of effectiveness. Most of the time what we do unfortunately is measure performance. How many people use my in flak program? Oh, you know, 1,000, okay. What does that mean? Why wasn't it 2,000? You must hire 250 in flaks by the end of FY 2013, maybe that's my directive. I hired 250 of them, measure the performance. So what, I hired 250 of them, that's not measures of effectiveness. What I demand from my team and what I think we all should demand is, tell me not measures of performance, but measure how do I evaluate.

So a very good point is, maybe it's surveys. Maybe I ask the customer, you went there for a reason, did it meet your needs? Did it meet the

requirements that you went in there for? Did it fix whatever that problem might have been that you addressed? Maybe that's a better measure of effectiveness. But we have to get better at measuring true effectiveness and it could be so many different avenues.

The other thing about measures of effectiveness is, you don't want to measure everything, because if you measure too much, you won't measure anything. So you pick and choose wisely. One, two, three things, you focus on those, and that's where you get the most bang for your buck.

MR. HASKINS: Another question right here on the side.

MR. GARDNER: Hi. Sid Gardner from Children and Family Futures. We're a non-profit based in California that works on some of these issues. General, you mentioned in passing that the majority of marines do transition out, they leave active duty. And that being the case, and the fact that a sizeable number of them do have children, I'm interested in the rationale for the volume that we're here to focus on, excluding children of veterans who have a very different access to services than children from families on active duty. That excludes the majority of children affected by deployment since 911.

MR. HASKINS: I can tell you in a policy brief that we certainly did not exclude the children of veterans. We mentioned it several times, and I mentioned it in my presentation that we're very concerned about that. And in some ways that's the toughest part because they're so widely spread around the country, and they could be far away from a military base, and most of the services military folks are on are either on the base or close to the base. So it's a very serious problem and we're well aware of it. I'm not sure what the solution is

now. The General is going to tell you the solution.

GENERAL SANBORN: Actually we don't have a solution because you're exactly right, the Marine Corps is small. Yes, lots of veterans spread out all over. The bigger service that has a really truly hard way of getting their arms around it is the army, the Army National Guard Reserves. I mean it's a big organization. They are truly spread out. For the Marines, again, once a Marine, always a Marine. We have a program called Marine for Life. I wish I could remember exactly how many of these folks I have. But spread out all over the country I have reservists in Kansas, in Wyoming, in San Diego, in Orlando. And so what their job is to do is, they're like an ink blot out there. When a marine transitions to Kansas and there happens to be a Marine for Life reservist there, we make contact with that – we tell that Marine, hey, there's a Marine for Life person there.

His job is to help you connect. Maybe it's connect with other marines, maybe it's connect with the school system, maybe it's to connect with jobs and opportunities, VA benefits, anything like that. We don't want to just – once you left the Marine Corps, hey, you're done with the Marine Corps, no, the Marine For Life, that's M for L, Marine For Life program is that try to have somebody there that, again, that says, hey, I was in the Marine Corps, really, what can I do to help you. I am a resource for you to provide those connections for you.

MR. HASKINS: Go ahead, Steve.

MR. COZZA: I think one challenge to that question is also the fact that we don't really have a longitudinal understanding of what the impact of



deployment is on military children over long periods of time. We know what the impact is for short periods of time. What we do know and what we think about if we think about kids sort of, you know, demonstrating a range of risk, that risk is probably associated also most closely to the health status of the veteran. So in circumstances where the veteran has a diagnosis of post-traumatic stress disorder or a traumatic brain injury, in many ways those are the kids that we may, and this is just a hypothesis, may need to be most concerned about because the impact of those illnesses are going to affect them.

What is true is that when those conditions are, in fact, in place and when they're severe enough that they impact military service and those service members are retired medically from duty because of the presence of those illnesses, at least in those circumstances we know those family members maintain military medical access, probably not directly to military treatment facilities, but at least through access through Tricare.

Where it tends to be a problem is in those circumstances where a veteran may have a condition that's identified where they are not discharged medically and they don't maintain those military health care benefits over time. They may maintain veteran benefits, and the service member may gain access to care through the veteran programs. But what we need to be thinking about is, how do we kind of bridge the care of veterans with family members when, in fact, there's no specific connection for veteran families to get care that probably is required in relation to the combat related health conditions that the veteran has.

MR. HASKINS: One more question, right here inside. The lady in the white jacket.

MS. SILVER: Thank you. I'm Julia Silver with American Psychological Association. And my question is about mental health. We know that in our culture in general, there is, you know, there's still a big stigma about, you know, going for mental health services and treatments. And we know that, you know, many studies say that it's more difficult even for a man to accept and go into treatment.

My question is, what is being done in the military to change this culture and help people to accept and, you know, adhere to treatments?

GENERAL SANBORN: Okay. You hit it right on the head. Marines particularly, that's who we recruit, tough, throw the gauntlet down, give me a challenge, I don't need help, I can do it on my own, and so exactly when they do have a problem, now I'm trying to break that mindset. I mean that's the exact person I went after to recruit.

So that is why I talked about many doors. Marine Family Life Counselor is just one of those. That person is a -- I don't take records, I don't record your name, I don't go back to your commanding officer and tell you that Lance Corporal Jones came to me today and was telling me that he has suicide tendencies or he has behavioral health issues. One, the commanding officer can't ask for that information. Two, the marine family life counselor won't give you that information. The chaplains obviously also have that same confidentiality. The D stress line, it's a 24 hour/7 hotline that right now in the Marine Corps has had 7 saves, where somebody has called up and said that, you know, here's my issue and they got them the appropriate help out there.

Also, commanding officers have now been directed, because the

military is a very – especially in the Marine Corps, you know, chain of command is everything. The commanding officer is the one that kind of drives the command climate.

And so many of them have either put out policy statements, put out videos. The Commandant of the Marine Corps himself and the sergeant major have put out videos. We've gotten actors to put out videos that basically answer that exact question, don't be so tough to not ask for help.

In fact, another policy issue stigma is, if I tell you that I have mental health problems, then maybe my security clearance would be jeopardized. We've recently changed that so that in our SF 86 form, you can acknowledge that, you know, you have seen a behavioral health person and it's not, you know, so it was a policy issue that had to be changed. So we're constantly worried about stigma. And we realize that if you ask for help, ask for it early, and we've just got to break through that mindset that it's not – don't be ashamed of asking for help. And so it starts from the top all the way down to the lowest level.

MR. COZZA: If I could – could I just --

MR. HASKINS: Oh, you want to add something?

MR. COZZA: Yeah. I just wanted to add something to the General's excellent kind of summary, is that I think a lot of work is also being done with innovative programs where collaborative care models are being put in place for the purpose – especially activating our primary care system.

So, you know, to really push identification of mental health problems into primary care so that they're both identified and they can be treated at the primary

care level with consultation from mental health. So I think as the General mentioned, there's been a lot of emphasis, a lot of psych education, and a lot of kind of command examination of policies related to mental health and how it's managed, but in addition, programs to facilitate identification and treatment that doesn't require necessarily a referral to a mental health provider because that tends to be the stigmatizing step. And if there's a way that people can be treated in primary care, there have been some excellent models that have done that.

MR. HASKINS: Okay. A quick question.

SPEAKER: Okay. And I appreciate the stigma that we're trying to break through that in the military. It's going to take time and it's a process. And we have a culture also of we take care of our own, so we're also trying to break through that, as well. But in the meantime, our children are being affected. And whether they're in DOD schools or civilian schools, a lot of times we are recognizing undiagnosed issues because of our children's behavior and what they're experiencing in their school systems and how – because our teachers have more time with our children than sometimes parents do.

So what can we do within the school systems to help identify behavioral issues that could then identify undiagnosed issues at the parental level? And then we're working to heal the entire family.

GENERAL SANBORN: And again, a simple question, but obviously very complex, because you're absolutely right, where do your kids spend most of their time? School, with their friends, you know, out playing and so forth. Are they really at the children's youth team programs and so forth? No.

We have put, oh, what is it, up to 45 of those in flaks at the school

system. There are school liaisons out there. These are military resources that your children are available to. But I don't think it's – that one is not nearly robust enough, you know, it's not meeting – I don't think it's meeting the needs yet there. There's just not enough resources for that. So a great point.

MR. COZZO: In addition, there are some kind of mental health embedding programs in schools. I'm not sure as much in the Marine Corps, but I know the Army has a number of programs set up where there are school based mental health that they're working on. I think there is one important point to remember, too, about some of these discussions. And absolutely, the military I think has the opportunity to be the frontrunner in addressing issues about stigma and case identification.

But we also need to remember, these are huge issues for the population in general. The identification and mental health problems in the community across the United States is really quite challenging. And when it comes to child mental health identification and treatment, it's probably one of the least resourced specialty areas in the country.

So we just need to be mindful of that. And I think as the military provides excellent models for the way we can approach it, it's a problem that is not unique to the military. It's really something that is quite broad in the U.S.

MR. HASKINS: Well, so I was an enlisted man, E5 in the Marine Corps, and I learned in that experience, never disagree with an officer, least of all a general. In fact, don't even look at a general. But I'm going to disagree with you. There's no doubt, despite your modesty, you're the best person we could have had to do this. So thank you very much for coming. Thank you very much.

It was great. I hope to see you again. All right. Now the panel is going to come up. Please don't leave your seats. We're going to do this very quickly. Thanks again, General.

MR. HASKINS: All right, so now the panel -- each panelist will have seven minutes to make a statement, then I'm going to ask a couple of questions, and then we'll give the audience a chance to ask questions.

Let me first thank all the members of the panel, quite a distinguished panel that we have here, people who are very experienced in this issue:

Richard Lerner, who is also one of the co-editors of the volume. I learned a lot from Rich.

So, thank you so much.

Mary Keller, who is executive director of the Military Child Education Coalition.

Mike O'Hanlon, a Senior Fellow at Brookings, and I would observe that despite his humility he's probably one of the greatest defense experts in the country. I hope many of you are familiar with his work.

Shannon Maxwell, a co-founder and vice president of the SuperMax Support Fund.

And Patty Shinseki, who's a board member of the Military Child Education Coalition. And we had Patty at the -- whenever we do a volume, we have all the authors come to Princeton, and we have a meeting to critique all the chapters. They're among the most fascinating things I've ever done as a professional. And Patty was there and gave a talk and it was really spectacular.

So, I'm pleased that you could come today.

So, let's go ahead -- let's in the order in which I introduced. So, Rich first and then Mary, then Mike, then Shannon, then Patricia.

MR. LERNER: Thank you.

So, I'm really honored to be here. I'm going -- I'm a researcher, and so I'm going to make five points about potential policy implications, but I want to remind folks about the research findings from which I'm going to derive that.

First, we have identified the fact in this volume and in the policy brief that military children do experience unique challenges. They move around the country repeatedly at rates much greater than nonmilitary families, they need to adjust to new living environments more so than nonmilitary counterparts, and they experience repeated cycles of parent separations and reunions. And, frankly, they have to cope with the possibility or the actuality of parental death or serious or permanent problems and disabilities.

On the other hand, we've identified that military children have strong social support networks and services, and they show important strengths and virtues -- for instance, and I think this is critical, the shared values of duty, service, and patriotism.

Research about nonmilitary children and families helps us understand and inform the lives of military children and families, but in turn we learn a lot about general principles of resilience and strength by studying military kids and families. Military children and families need a stronger research base about them. We need more longitudinal research -- Steve mentioned that --

about the normative development of military kids and families, not the problem development. What are their strengths? What are the aspirations and sparks that ignite their lives in positive directions? And we need to understand more about resilience and the social networks that provide so much of their resources for positive development. And we need research about evidence-based practice. The general made that very clear. What are the best practices that we have for social support and for capitalizing on the strengths of young people?

Well, this leads me directly into policy. We need to learn, for evaluation, what are the principles of best practice for military kids? We need to invest in evidence-based practice and rigorously hold ourselves to the standards of good evaluation research. And that takes money. We just can't throw a questionnaire at people and think that that questionnaire will uncover causal relationships. We need not only evidence-based principles of best practice, but they need to be tailored to the specific needs of specific children in families within specific military settings.

There is as much diversity within the military as between the military and the nonmilitary child populations. So, we can't paint in too broad brushstrokes. We need a much more individualized attention in our policy and our evidence-based practice.

So, we need to invest in creating a learning environment to understand what programs work best for which specific military kids at what specific ages existing in what types of families at what points in their life cycle.

Yes, we need to invest in reducing the risks and problems that arise, but we also need to allocate resources to enhancing the considerable



strengths of military kids. And most important, I believe, we need to have better policy and program preparedness. We need to know that we have learned something from these 12 years of placing our military in two different wars so that when they're called on again we can, with fidelity, deliver programs and have policies that support them in efficient ways so that we don't have to relearn all over again what it takes to be a nation that supports and honors the service of our military children and families.

MR. HASKINS: Great. Thank you very much.

Mary Keller.

MS. KELLER: Thank you, Ron.

I'd also like to thank Steve Cozza and Rich Lerner and all the members of our Scientific Advisory Board and the contributors to this wonderful, exciting work as part of the Military Child Education Coalition family. I just have to say how pleased we are to have had the opportunity to work with Princeton and Brookings on this important effort.

Ron asked me to talk specifically about the policy paper, and I'm very excited about that.

On the population of military kids, you have a wonderful chapter on demographics. But I think if you had just one thing to remember, I'd ask you to remember that they're just kids. Military kids are just kids. And the last thing we want to do is portray them as an aberrant population of children and families. They're just kids who have a right for their own childhood. And they have their childhood in different situations than most kids do though. So, they are a diverse population.

In the Military Child Education Coalition, we serve four million children, birth through age 23, whose parents are Active Duty, National Guard, Reserve, and post-9/11 veterans' children. Seventy-five percent of the kids live off the installations. They live in every zip code. Yes, even in the BFW airport. I know they don't live in that ZIP code, but they certainly are affected by that ZIP code.

You know, about 10 to 15 percent of the children are in special education programs and 504 programs or have other types of special needs. Kids also learn differently. They experience transition, and that means moving and changing schools a lot, about six to nine times from kindergarten through grade 12. Most of the kids are in elementary schools and in middle and high school, fewer in middle and high school and in college. So, they have those regular transitions. But, you know what? They're punctuated by separations, and those separations aren't always related to deployment. Those separations could be from a family member who is still there but supporting a group who is deployed and they have to work very, very, very long hours. It could be separations because of training. It could be separation because a parent has come back profoundly changed. And then that child might experience the separation of both parents either because both parents are serving or because a parent is taking care of someone.

So, one of our children said, Dad, you've been gone half my lifetime. See, there's no do-overs for our children. Twelve years of war means lots of times where there's been no do-overs. You can't make up for the separation. But what you can do is infuse pride and appreciation. People can

acknowledge the service as a whole family. This stress and distress are lessened when the children are surrounded by (inaudible) support. And, yes, that means in the classroom and on the playground. That means in the lunchroom. That means friends. That means being part of the band and playing baseball. That means being able to do things in the community.

Yes, those consequences mean that they've had a changed life and they might have a changed parent. That may mean that that child is also a caregiver. And that's why the work of the VA and groups like the Elizabeth Dole Foundation, as well as the services, is so critically important.

I'm struck by how people are mentioning the Department of Defense and the Department of Veterans Affairs. But, you know what? The other departments are also involved. We work very closely with the Department of Education, the Department of Labor concerned about employment for spouses as well as for military children, and certainly Health and Human Services -- even the Department of Agriculture and the work that they do with 4-H. See, these things matter for kids. They matter for kids and their families.

We also know, from our work with Gallup, that, you know, some of the most stressed kids are those who have siblings that are serving but their parents aren't serving. See, nobody really recognizes them, too. So, when you read this volume, please remember we have children who have brothers and sisters who are serving or have served or are those who are wounded, ill, or injured.

In terms of public policy, we have a tremendous problem with a lack of quality data related to military-connected and veterans' children, and

that's why we're working at the state level for data identification. When children enroll in school a parent has an option to check a block, "Are you a military-connected family?"

Now, we have the Interstate Compact on the Educational Opportunity for Military Children that 46 states have signed on to. This is important. However, it still is the tip of the iceberg. It has to do with kids whose parents are in the Active Duty forces. But then the question is: Does that school counselor know that there is the Interstate Compact? That's why professional development is critically important.

And the Common Core State Standards, so that we even look at the academic opportunities for military kids, because, you know what? They have as much right as anybody else for college and career readiness as they move from state to state and standards change. It's also why partnerships are important. The White House Joining Forces Initiative in the big scale, in smaller-scale areas like the home-based efforts in New England led by the Red Sox Foundation and Massachusetts General Hospital but in campuses, too, like our student-to-student programs where military and civilian kids work together to ensure all children are welcome and accepted. See, because kids are just kids. They want to fit in.

You know what I worry about? I worry about persisting, that people will think, oh, well, the war's over, I guess we're done with that. I worry that people won't pay attention, that they don't realize that what's happened to kids over time continues to happen in ripple effects.

Paula Rauch, one of our Science Board members and one of your

authors of the book, says let's don't let kids worry alone.

I love this book. I love what we've said. But most of all, Ron, thank you for naming this *Keeping the Promise*.

So, that's what I'm really asking, that we all embrace this, that we talk to public policy leaders at the state, local, and federal levels and say, let's all be promise keepers together for the sake of the child.

MR. HASKINS: Thank you very much.

Mike O'Hanlon.

MR. O'HANLON: Thank you, Ron, and thank you, everyone, for the opportunity to be part of this. There are a lot of great heroes on this panel and in this room, and I just want to thank you and admire you for your service to the nation and for what you've been through as families as well. And I say this out of great sincerity but also to prepare you for what you're about to hear from me, which is not in any way a disagreement with any of the messages we've heard so far but a broader concern about the defense budget.

And I just want to make one brief point, and I hope by the time I'm done that you'll see that it's actually in strong support. I hope and think of everything being said otherwise in this room today. But, actually, this gets to the broader question of the defense budget, the severe downward pressure on it, and what this is going to mean for military compensation issues and military families.

I think we have to spend a minute just thinking about the broader context here. As Ron pointed out earlier, this is, after all, the first day of the shutdown -- let's hope maybe even one of the last days of the shutdown -- but we

have big, broad budget pressures in this country that aren't going away regardless, and they're going to continue to continue affect the defense budget. And what this means -- and, again, I'll come back to saying things that I hope are very supportive of the messages we've heard so far in this room.

But first I have emphasize -- and I think many of you are aware -- what this means is that military compensation issues, broadly defined, are going to have to be on the table for thinking about how we cope with pressures that are downward on the defense budget. And, frankly, it's very hard to do this, because there has been a lot of congressional resistance even to the very modest proposals that have come from the Pentagon for doing exactly what I'm talking about so far.

No one's talking about cutting benefits to veterans. None of the programs that are being targeted would affect deployed troops or injured troops or survivor families, but they have to be considered because the pressure on the defense budget is quite severe.

People will say we have a contract with our troops and their families to do everything we can to take care of them, and that's true, and I stand a hundred percent behind that. But Mackenzie Eaglen, my good friend at AEI, reminds us that we have a second contract, and General Sanborn and others said this earlier today as well. The other contract is to make sure that our troops go into battle as well prepared as they can be so they don't have a fair fight, so they emerge as quickly as possible victoriously. And these two contracts, because of the downward pressure on the defense budget, are now in some degree of tension and even competition with each other, I'm afraid. And we are

spending so much on military compensation that we're actually going to be at risk of not having enough to prepare our troops properly for combat in the years ahead.

This does not going to be emphasized. This is not about veterans' issues. This is not about the health care needs of families who have been severely afflicted or affected by disability or by injury or by deployment. This is about the many military families and recent retirees who may or may not have deployed, who have not been injured, and who are getting benefits that, in some cases, are probably not optimally configured. So, a lot of this gets to the issue of how do we also be fair and target the benefits and compensation that are most important for military families?

I'll give you an example. Military retirement is very, very generous if you stay in 20 years. It is totally unfair and ungenerous if you stay 19 years and a half -- 19 years and 9 months. Most of the people who have served in Iraq and Afghanistan haven't made a career out of this, as the general said. Why do we deny them any and all opportunity even for a 401(k)? It may be time to think about less generous pension for those who have done 20 years and using some of the savings as matching funds in 401(k) equivalents or, you know, federal matching fund-like programs -- thrift-savings plans kinds of programs -- to help those who only do 4 years or 8 years.

Military compensation is now much more than 50 percent greater per person than it was a decade ago. Growth in real terms is more than 50 percent, and I'm not talking about the Veterans Administration budget; I'm talking about military compensation. Some of this is appropriate. We ask a lot of

our men and women. In fact, none of it is really excessive in any absolute sense. But it's not really sustainable either in a period of such intense budget pressure.

So, what I'd like to submit to you is that some of the reforms that are now being proposed, which are relatively modest, need to be supported even by communities like ours that care about the men and women and their families who have done so much. So, for example, military health care premiums for families that are not deployed, for example, have been extraordinarily generous and modest. So, it's the sort of thing where it's, you know, \$500 for a plan where a typical family would be paying \$5,000 a year, so, one-tenth of what's normal.

The reform proposals are to ask people to pay two-tenths of what might be normal in the rest of society, and that kind of a reform has been met with severe opposition so far. Or military retirees who are healthy, who are 45 years old, who go out into the workforce, they have their pension, and they also get to buy and access TRICARE. With all due respect, those people probably can afford to pay for the higher rates of a health plan through their new employer in the private sector now that they're out of uniform. I'm not suggesting that we deprive them of TRICARE if they need it and have no other option, but if they do have another option, perhaps we should actually push them to take it, because they're getting an additional new salary and their military pension and this very generous TRICARE access.

Some of these reforms do need to be considered, because we just don't have enough money to do it all, and preserving the kinds of programs and the kinds of help that are needed for this community that we're talking about today is the top priority. We need to make sure we keep doing that.



So, again, it's not necessarily a message that has to be out of synch with the rest of what we're hearing today by any means. I actually think it's a necessary compliment, because in this day and age we're going to have to look for ways to save, and I think asking for some modest changes in military compensation in the broader military population is going to be a necessary way to help preserve the benefits for those who need the most in the communities that we're discussing today.

Thank you.

MR. HASKINS: Mike, let me ask you a question. I know you have to leave at 11 o'clock, so I want to just disrupt the panel a minute so I can ask you one question, because I think this budget issue, which I also raised with the general, is crucial. There's no end in sight. There's no end in sight. Now, maybe in some respects the military's going to get a break here and there. It has not happened so far. I don't think we can count on that. So, my question to you is if we don't do the kind of thing that you're talking about and save money here so we can spend it here, do you think that it's likely that the programs that we're so interested in with the children and the families would be cut?

MR. O'HANLON: My instinct, Ron -- and I know everyone else is going to have their own reading on this -- my instinct is, in the first instance, no. In the first instance, these programs will be the last things to be cut. Secretary Shinseki's Veterans Administration budget will be one of the last things to be cut. But, we risk having a military that's unprepared for the next conflict. So, we risk generating a lot more wounded people, a lot more survivor families, because the next war doesn't go as well or isn't prevented through an adequate deterrent

force. So, I worry -- to the extent that this population is at risk, it's more at risk in the sense that there could be more casualties in a future conflict because we were unprepared. That would be my first order of consideration and concern.

MR. HASKINS: Okay, thank you. And thanks so much for coming. I know you're under tremendous time pressure, so I really appreciate your coming.

Shannon Maxwell.

MS. MAXWELL: I'm honored to be a part of this panel and to have been asked to talk, even more excited as a parent and as an advocate for other families to know that there is some concentrated effort for child issues.

I was asked to share a little bit of our story in relation to the policy brief, so I will give kind of an overview.

My husband is a Marine, wounded in Iraq in 2004. He was wounded at 16 years into his service and stayed in for 21 years. Three of those 21 years we experienced 6 deployments, 11 moves, lots and lots of changes. Our children -- military is the only life they knew until he was wounded, so they have lived both on base and off base. The military community truly is a family. The Marine Corps is a family. It's not just an organization; it truly is a family. And I think we gathered our resilience from that family.

Deployments before Tim was wounded became harder as the kids got older. They were exposed to greater understanding, certainly more information especially as technology improved, especially as we were getting -- first deployments, you waited for shore leave to communicate. As technology improved, you were getting constant feedback, constant information from the

media, and the kids were exposed to this. So, that did put a little more pressure on them.

But they handled things brilliantly. We always approached things with a very positive attitude, always looking for the cup half full and not necessarily half empty. We had comfort items that we would put in place during deployments. We would talk openly about things. My kids were very instrumental and instructional to me when Tim was wounded in telling me that they needed more information. As a parent your tendency is to protect them from information, and they demanded information. What they were imagining was much worse. So, if we could put a name to it and talk about it, they were able to handle it.

As their father was recovering and coming back home, we looked for assistance for them. I had found a child psychologist that worked with them before I brought my husband home so that they could develop a rapport. There were no services at the time available on the military installation. I had to go out in town to find those services, on my own, and when we moved three years later when Tim advised on the development of the Wounded Warrior Regiment, we were in a different city and a different town. Again, there were no services on the military installation. We lived out in town. And in the civilian community I could not find one practitioner who would see all of the children. I had to find three separate practitioners to see individual children, because they wouldn't communicate with them as a whole -- conflict of interest or what have you -- but it was difficult, and at \$25 a pop to be seen it was cost prohibitive after a while. So, we rallied together quite well.

With the military community they are exposed to other families that are deployed. We try to include them in as many activities as we can so that they see that they're not alone, which I think is very important. I think the military has done a great job of looking at some family issues. Certainly nonprofit organizations are starting to fill in some of the gaps. But I think that is not just a government situation; it needs to be a situation that is looked at, at the broader community. In the civilian sector, schools need to be aware of the situation. Teachers need to be educated. The policy brief kind of hits on that, that it needs to be an integrated national campaign to bring all of this together.

Our children -- it was important for them that their peers understood the challenges that their father was going through but also to understand that wounds, critical wounds, were not life ending, that there were still possibilities and things that they could contribute.

Our children have taken the lessons, and their recovery -- our eldest daughter is now a sophomore at Texas A&M. She is going to school for kinesiology and psychology, because she wants to come back and she wants to help other wounded vets recover both with the physical and the mental capabilities.

Our son still advocates that he wants to be a Marine. He is 16 years old. Because he was seven when my husband was wounded, there are definitely some impacts that he experienced. I was not able to give him as much attention as he needed. I had to be at bedside, so we had relatives come in and stay with them. That has impacted his school career, his organizational skills, not necessarily his resiliency and certainly he is a brilliant child, but sometimes

his drive has been impacted.

Our youngest we adopted afterward, and she's been wonderful, but she experiences, you know, a stressful life at periods of time when life at home gets a little bit more stressed. She definitely has become a self-advocate. She does quite a lot at 11 that most children probably don't know. In fact, each of the children has commented that entering especially the civilian community they recognize differences between themselves and their peers. So, that has a tendency, at times, to isolate them.

My eldest daughter certainly became a caregiver of her own, and despite having adults in the house to take care of everybody, she became a caregiver, and her high school career had to teach her again how to be a teenager and let her focus on being a child.

So, I am excited about programs like this -- certainly the focus on the FOCUS program, which is phenomenal, a program that looks at the family as an entire unit. Those are very important and very impactful.

Thank you.

MR. HASKINS: Thank you very much.

Patty Shinseki.

MS. SHINSEKI: Thank you very much, Ron, and thank you for hosting us today, and also to Princeton University.

I feel almost a connection to the future of children. I'm perhaps the oldest in the room, and so I have seen --

MR. HASKINS: No, that's Rich. (Laughter)

MS. SHINSEKI: I've seen a bit of history, and I am heartened by

the fact that this *Future of Children* volume, focused expressly on military families and children, will have a way to jumpstart our national conversation about the needs of our military families and children. I think that is absolutely wonderful, and I'm honored to take part in these discussions. And my views may be somewhat tinted by events of 40 or more years ago. However, I'm very heartened and see this as a time of great challenge, however, great opportunity as well.

We've learned firsthand how deeply the impact of war touches lives. The effects on those who go to war on their children and families remain long after the end of the conflict and even after that uniform is shed. The complicated recovery from wounds, complex psychological injuries, the forever impact of lives lost, and those left behind are experiences borne by loved ones, the families, and especially the children. By this time next year, most of the combat troops in Afghanistan will have left the theater. There are, however, many who are deployed around the globe in regions, not designated war zones, those still fraught with exposure to considerable risk. And, historically, the pause and operations we anticipate may be interrupted by yet other requirements. The fiscal constraints, change in force structure, soft economic environment add to the turbulence and uncertainty of the times and impact directly on our military families. Also, the sheer volume of priorities, as Michael and others have said, and requirements often muffle the voices of our children and families. They need us to be their champions now more than ever.

This publication sounds a clarion call for action, and the clear, consistent, and powerful message of intellectual unity or purpose around the

military child and family summons the urgent attention and action of all with the capacity assist.

The health and well-being of those who have carried the burdens of service and sacrifice deserve the careful, coordinated system of care that enables long-term, reliable, sustainable responses to their needs. And the distinguished and editors have combine their knowledge and skill of research and practice, both military and civilian, to identify where the program models discuss critical issues and provide recommendations for further study. However, the abundance and complexity of needs require public, private, and the nonprofit communities to partner in earnest, share and collaborate actively to determine effective measurable solutions that will remove the barriers and also foster resiliency and enhance positive development.

You see, the willingness of Americans now to support our service members, veterans, their families, and survivors remains exceedingly high. The First Lady and Dr. Biden's joined forces efforts shines a light on their needs and mobilizes the effort to serve them in education, well-being, and employment.

So, a few thoughts looking ahead. Military and veteran families reside in every ZIP code around the country, and among the greater population there is still a lack of awareness of how to identify the families, what it is they need, and how best to help them. Caregivers, after-school program managers, teachers, coaches, pediatricians, faith leaders are often the buffers in a child's life. That adult can be that one nurturing adult to light a spark in the life of a military child and help her to flourish -- just one adult. Barriers to access programs, services, and resources remain an issue and, as was discussed,

stigma and confusion because sometimes there is an abundance of services and choices. How to navigate the process may impede the willingness to select and utilize services. Creating simpler systems of access, peer support, education may certainly help to smooth the way and remembering that goodness happens locally where the best ideas and creative ingenuity take root, where the real needs are identified and met.

A large number of service members and veterans are transitioning into our communities, and a warm, welcoming community that offers encouraging support and understanding can be especially reassuring and helpful, especially during transition.

And, finally, military children and veterans' children are America's kids, and what we choose to do to ensure that they are able to live healthy, hopeful, productive lives will benefit all of our children and make this a better nation for all.

Thank you.

MR. HASKINS: Thank you very much.

I have a lot of experience -- I was with the Ways and Means community for 14 years and then I was in the White House for a year. I have a lot of experience with advocates, children's advocates who I talked earlier about cultural differences. There are big differences, as far as I can see, between advocacy for military families and in the children's community. I'm used to a lot of hostility, yelling, and screaming, waving arms, throwing stuff at me. And you all are very calm and reasonable and so forth, so I probably shouldn't ask you this question, but I'd ask you to just set aside for a minute all of the -- you know,



that you want to work so cooperatively with the military. Are they doing enough? And if not, what else should they be doing -- the military itself?

MS. KELLER: Okay, so you're, like, giving license to -- you know, you're asking a Texas woman and an Irish woman to --

MR. HASKINS: Yes, yes, yes.

MS. KELLER: Okay, well, here -- okay, let's talk. This is what makes me crazy. This is not a military issue. Okay, military kids are our kids, and, see, I think the downside of the all-volunteer military is the danger of a warrior class. You know, military kids live in our communities, and it's not an us/them thing, and, you know, the deal is lots of times there are services in the community. She just told a story. It's making me crazy, you know, that there are services in the community that people don't know about or that those that are on the civilian side don't understand the needs of the military child and their parent. So, if we say this is the need of the military alone to solve the problem, I think that is wrong. This is our country. These are our people.

You know, 40 percent, at least, of those who join the military come from military families. And if we don't take care of all of us of military children, then we're not going to have an all-volunteer military.

Anyway, that's my opinion.

MR. HASKINS: Okay, I completely agree with that. It's hard to dispute that. But the fact is that some of these kids, a fair number of them, have special needs and the military should be the number one in line to make sure that they get what they need. The rest of the country needs to support them. I don't disagree with you. But if the military doesn't step up, as I think it has over the

last, say, three or four decades -- and here's the other point. We're in wars all the time. We are a war-like nation. Do you all think about that? I mean, I just think of my own lifetime. My father fought in World War II; my father fought in the Korean War; my brother fought in the Vietnamese War, and we've had at least three since then, not counting all our incursions in South America and other places in the world. So, we are going to have these problems in the future. And if the Defense Department and the various services don't step up, and they don't have the resources to do it, I think we should not rely on the rest of the country. Do you agree with that? And I'm especially anxious to have you saying what specific things you think the military should be doing or the Defense Department should be doing to help these kids and families.

MS. SHINSEKI: I think you're putting us on the spot, but I'll try.

I've seen my husband serve for 38 years, and we came in when it was a draft or conscripted Army or military. Families were not a priority. Subsequently, after 1973 when we have now instituted the all-volunteer force, with it came a greater number of families. The Services realized that families are an integral part of mission readiness, because if a -- there's a funny saying that you recruit a service member but you retain the family. So, services are being provided, a considerable amount of programs, now, that never existed before. Do we have enough funds to do it all? Do we have enough people to do it all? No. I do not believe we do. We, I think, are trying the best we can. Budgets were very generous at the onset of the war. Yet, there were not enough programs available then. There was not enough research, so those programs that were developed early on had to be done with the best information that was

possibly available then.

Field tested, beta tested, completely “revamped” some of the programs to accommodate the needs. Now when we are at this point, we have learned some, but as was made clear by the volume, there is so much more that needs to be studied. We need empirical evidence to see whether or not these programs that have been created actually have accountability and outcomes that make a difference, as Steve has said. Has it changed people’s lives for the better? And so I do not feel in my heart that the Department of Defense or the military has the capacity to do it all. In fact, we have an American Defense Force. This is America’s responsibility to share in the health and well-being and ensuring the health and well-being of the families and children.

MR. HASKINS: Shannon, go ahead.

MS. MAXWELL: I agree with what Ms. Shinseki said. I do, however, believe that the military can do more as far as education -- educating the public. We have -- the military as a culture has an insight that the civilian population in the nation does not have. So, they should lead this effort. They should put more education out there. Certainly as far as resources for children on installations through the military and the veteran services, having more resources for recovery for mental health as a family unit, like the FOCUS project does, would be instrumental. Right now, still, you have divided where the service member can receive services and the spouse and children are left to find services elsewhere. So, it is a family picture. You cannot fix one part of the family without fixing all the components, and you won’t have resolution. But, certainly, education -- we were lacking in resources and through Tim’s recovery I

wrote two children's books in order to try to explain to our children why things were happening and to put a positive light on what was happening, not just focus on the negatives. More educational resources, both for families and for the civilian population to understand; those books my children have taken to their teachers, to coaches; certainly to our family members who -- our extended family who did not understand and could not grasp what we were going through as a family or what some of the behavioral and emotional effects that TBI had, why they were causing, for instance, that we couldn't come home for Christmas necessarily. Once they were able to read this information, receive some education, now they understand that they're not putting so much stress on us as a family. So, I think that the military could lead in those instances.

MR. LERNER: So, I'm probably the least qualified on numerous dimensions to make the following comment, but I don't think the future of the programs for military kids and families should rest just on the shoulders of the Department of Defense. Mary's point that these young people are America's children -- Patty made the same point at the end -- these are our kids. I think an enlightened policy initiative would say to the Department of Agriculture: What are you doing for our military kids? Labor, Education, HHS: What are you doing for our military kids?

I think a collaborative, coordinated policy effort across our government is the way that we can ensure that the right services, the right programs will be delivered to the breadth of the kids in our military.

MR. HASKINS: Okay, another way to think of Mary's question is the private sector -- not government agencies, not even state government

agencies, but the private sector. What would you like to see the private sector be doing -- churches, community organizations, and so forth? What should they be doing to help military kids and families?

MS. KELLER: You know, we had the opportunity to work public engagements in 37 states. As a matter of fact, I see some of our folks here that have been to public engagements, and it really is bringing in those private sectors, because, you know, that way you can just start by asking the question in your church. We just have been working with the family court law judges who now it's dawned on as more and more children have come into the court systems because of abuse and neglect or custody issues and so forth. You just saw Veronica's story, for example, and what the judges have discovered is they didn't really understand anything about military-connected kids. So, I think awareness of what you have to offer in your private or your religious sector and in asking the question, because, you know, when you've kids in your communities that are veterans, children, National Guard, Reserve, as well as active duty, and you are not close to a major installation, sometimes people are just shocked that they have military-connected kids. When we give them information about how many military kids they have in their county, I mean, they're just shocked. So, I think that ask the question and then look at what resources, supports, and tools you have, and then tap into the military community as a reservoir of experience and strength and to share. You know, we didn't have, you know, physical therapy, occupational therapy, except that we learned about it through our military experiences. You know, we learned so much from social change through the military. So, again, I really applaud what Shannon said, which is this is a

reservoir of strength not only from the grownup perspective but also from children.

MR. HASKINS: Oh, Steve, go ahead. Come up here -- go ahead and (inaudible).

MR. COZZA: I just wanted to make one comment, and that was to emphasize one point in the policy brief that I think is related to Shannon's comment that's very important. You know, we've had lots of challenges for military families through deployment. We don't know what the long-term effects of that are going to be on kids. There are individuals who have been injured. We certainly have surviving families. But one of the most important things to remember is that we have a half million to a million veterans who are moving into the community with post-traumatic stress disorder and traumatic brain injury. And what's most important to remember about that is that our models for effectively addressing those disorders really are challenged by the fact that we look at them as individual disorders. What we know about them -- and we have great evidence to suggest -- is that they become intrapersonal disorders. They're not just individual disorders. So, our models for treatment that focus on symptom outcomes for PTSD and TBI don't really focus on the functional impact on interpersonal relationships. So, what we really want to be thinking about is how we best put in place models that really both reflect the functional outcomes and also engage families in treatment in ways, because this really is a clear and identifiable public health problem that we have in the country right now.

MR. HASKINS: Audience, please raise your hand, tell us your name. Right there on the aisle.

MR. MURPHY: David Murphy from Child Trends. Thank you all very much for being here and sharing your wisdom and your knowledge.

I'd like to shift to the topic of resilience, because I think it is so important when we're talking about these circumstances that these kids are facing.

I'm concerned, from my reading of the literature, that there are a lot of assumptions made about resilience. There's a lot of kind of -- I hesitate to say this, but I'll say it anyway -- whistling in the dark, sort of a hopeful -- wanting to be hopeful that there are -- there's evidence of resilience, and yet I don't see the research really stepping up to the plate yet to establish what are the resources of resilience naturally within families and communities as well as what are interventions that can build resilience? So, I'd be grateful if one or more of you could speak to what we know about what can build that resilience, which we all know is so critical.

MR. LERNER: Well, I think I see the literature differently than you do. I think we know a great deal about the relationships between characteristics of kids and characteristics of context that when combined promote resilience and, in fact, thriving in kids. There are, while not necessarily from randomized control trials, although I have to add here that there's virtually no randomized control trial in the child development literature that's designed appropriately. They call it the gold standard, but it's really fool's gold, because it's not designed appropriately. There's always a lack of two control groups in that. You only have one control group; you need three. But we can talk about that later on.

But I think there is good evidence that there are strengths in kids.

There are self-regulatory abilities when applied with resources -- for example, mentoring, out of school time programs -- that allow young people to thrive. There's evidenced that military kids are part of that person-context relation. Do we have enough longitudinal evidence about that, especially longitudinal evidence that addresses the problems of selection effects in longitudinal studies? No, we don't have enough evidence of that. The chapter that Ann Easterbrooks and Ken Ginsburg and I wrote point to the need for that research. But at least the way I look at the literature, the glass is half full. We know what the process is. We have evidence that military kids are involved in those person-context relations that lead to thriving. We need better evidence, but I think it's clear that we know what to do.

MR. HASKINS: Another question. Yes, here in the front. Right here. Thank you.

MS. KELLEHER: Hi, my name is Robin Kelleher. I'm with Hope for the Warriors. I echo many of the situations that Shannon mentioned, as well as our family has been a part of the Fairfax County System now for three years. My son was told -- I was told by his principal that he's had life experiences beyond his years, and she told us to go to another school, because they were not able to handle the challenges that he was facing. So, we are in the public school system now in Fairfax County and dealing with the social workers there and the number of disorders that my son has been labeled with because of the way he handles his life, which is very similar to the way his father handles his life.

My frustration in the school system is the lack of military culture education, even with those that are the licensed professionals. As an



organization, we have approached the Fairfax County School System to offer our assistance, and what I'm asking today is can you help me with that, because there happens -- there seems to be hesitation or -- hesitation? I won't go any further with that. But I think it's critical, especially you look at a military child-rich community or county like Fairfax County, that we get some work done and we do it very quickly. Education and their futures are being impacted and, like you said, there are no do-overs when it comes to our children's education and of their mental health states themselves.

MR. HASKINS: Okay, one of you answer this question.

MS. KELLER: Well, certainly our organization is -- there's a lot in terms of professional development and, yes, of course we'll work with you on this. The thing about educators is that most educators do not have personal experience with the military, even in -- and I was an area superintendent with the Killeen Independent School District that serves Fort Hood, and about half of our kids are military. But, still, you know, not everyone had had military experience. And if they had, it may not have been recent.

So, how do you understand the needs? And that's why ongoing professional development, not one-shot deals, is so critically important, and, you know, making sure that you also can fit that professional development into what they're trying to achieve in terms of their campus goals and their district goals. And, honestly, it does all fit together and say what we learned about military kids also will help us learn more about other kids who learn differently or who have other kinds of challenges. So, the wonderful thing about kids is that we can learn from them, we can learn for them, and together we can be better as an education

community to serve all kids. So, sign us up. We're there, and the Fairfax County schools are a member of the Military Child Education Coalition. So, we're glad to work with you.

MS. SHINSEKI: May I just add one point very quickly?

Through the Joining Forces effort, the American Association of Colleges of Teacher Education has partnered with MCEC to provide teacher training education in the universities, and over 114 universities that train our teachers in teaching training are being familiarized with military children about military children. So, hopefully, before they become teachers, they will have a little information, but working ongoing is much more effective.

MR. HASKINS: One more question. Right here in front.

MS. WANAFELD: Hi, I'm Mary Wanafeld, military spouse. Just on your two comments.

I met with Joining Forces last week, and we talked about military children, and one of the things was the Interstate Compact Agreement. And even though we have 46 states out there -- hoping to get all of them to sign up -- there's no bite, and that's where I -- even I have high school kids, and I've just recently had to fight through some things on testing before my senior goes -- they're making him go back and take SOLs from eighth and ninth grades, even though he'll have seven AP classes by the time he graduates and ACT and AP tests, which is crazy, because they're pulling him out for all tests so he's missing advanced physics. I'm thinking you know, and -- I'm a senior military spouse, and if I'm fighting this and having to work the waivers and work the system, there are so many families out there.

You know, the question is: how do we get bite into some of these things? Because it can be out there and states sign off on it, but there's nothing there to hold them to help our kids.

MS. KELLER: So, first of all, we run constantly into the problem that educators at the campus level do not know about the Interstate Compact, which for you all provides some flexibility so that, you know, if you've already done something in one location, there's no reason to redo it or to be so bureaucratic that you prevent kids from the opportunities to take other kinds of courses and credits they need to be college, life, and workplace ready.

So, even though they sign it with -- the governor signs in some cases, the legislature has to pass. The state boards may or may not this is an education policy issue, but then it's a practical issue where the person that sits across from the desk from the parent and the child may not know it. And the -- we do have an *ex officio* member on the Interstate Compact Commission. Each state's got a commissioner, and people can appeal to Interstate Compact.

I support the Interstate Compact, but I have to tell you honestly I'm disappointed. I think that all the way up and down we've missed it, you know, where we have agreed at the paper level but we haven't agreed at the practical level, and it only makes a difference for kids if we agree at the practical level that this is something that we're committed to. And you'll see in the *Future of Children* some very specific ideas there. They have to with the Interstate Compact. We would be interested in doing more ourselves in terms of the advocacy on Interstate Compact. What we're doing now is we educate about 20,000 parents a year, about 8,000 professionals, and that's where we're trying

really hard to make sure we're getting the word out.

But, you're right, the buy isn't there. There's not -- except if a parent appeals, and the appeal process is very arduous and, you know --

SPEAKER: (off mic)

MS. KELLER: Yeah, I know, it's one at a time. I know.

MR. HASKINS: Shannon, were you going to say something?

MS. MAXWELL: I was. Just -- you bring up in the brief that there has to be policy changes, and I think this is a prime example. You can make policy changes at one level, but if you don't make it then throughout, the changes are not going to be made. Teachers, in my experience, want this learning, they want the education, they want to have the opportunities to go to training. But they're having to do this as a collateral duty. There is no funding, there is no policy to support them in getting this training or extending the policies that have been passed at one level down to the lower levels.

MR. HASKINS: All right, so please join me in thanking the panel.

And let me thank you. You've been an excellent audience, and I'm sure some of the panelists could stay afterward if you'd like to ask some more questions. Thanks for coming.

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