

Impact of Military Members and Their Families on North Carolina

Chapter 2

North Carolina has a proud, strong connection to the military. Currently, approximately 35% of the state's population is a military service member, veteran, spouse, surviving spouse, parent, or dependent of a current or former military service member. These service members and their families work to protect our freedom and keep us safe. Given the tremendous sacrifices these service members and families have made for our country, it is incumbent upon our nation and state to ensure they receive the support and services they need. The federal health system generally does a good job treating the physical wounds of war. However, there are gaps in meeting the behavioral health needs of the military service members, veterans, and family members. For the purposes of this report, behavioral health problems comprise mental health conditions (such as posttraumatic stress disorder [PTSD], depression, and anxiety-related conditions), military sexual trauma (MST), traumatic brain injury (TBI), and substance use disorders (SUD) that are caused by, or exacerbated through, the military experience of the service member or a family member.

This report refers to the military as a single population. In reality, the military consists of three distinct types of service:

1. Active duty service members (ADSMs) are enlisted and officer, full-time employees of the United States Armed Forces.
2. National Guard and Reserve personnel constitute the reserve component of the military and usually work part-time for the United States Armed Forces. There are distinctions between the two types of service but also many similarities in their experiences.
3. Veterans are former members of the active duty or reserve components who, depending on their type and length of service, may continue to be connected to the military.

The United States Armed Forces are composed of the Army, Marines, Navy, Air Force, and Coast Guard. All five of the branches were originally under the direction of the United States Department of Defense, but the Coast Guard was transferred to the Department of Homeland Security in 2001. The military services are composed of both active and reserve components. Each branch of the military has a reserve component; these reserve forces augment the forces on active duty.

Active Component

Active duty service members are full-time employees of their respective military branches. Most ADSMs are assigned to a unit located on a specific military installation. They have access to a variety of services and supports provided on those military installations. In addition, they have the support of other service members with a similar set of experiences.



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Reserve service members of all five branches total 22,517 Selected Reservists and 8,375 Individual Ready Reservists.

Nearly 10% of all United States ADSMs live in North Carolina. The state has the fifth highest number of total military personnel per capita and ranks fourth nationally in active duty military personnel per capita. There are currently 120,000 ADSMs based at one of the seven military installations or deployed overseas. North Carolina is likely to receive 15,000 additional active duty members by 2013 as military installations close in other states.^{1,2}

Reserve Component

The reserve component comprises both the Reserve and the National Guard. Although there are many similarities between these two reserve components, there are also key differences. Thus, the two reserve components are described separately to clarify their structure, function, and impact on North Carolina.

Reserve

The Reserve is a diverse group. Each of the five military branches has Reserve units; this discussion will focus on the Army Reserve. The Army is the largest and longest-established branch of the military in the nation and in North Carolina. Reserve units include both Selected and Individual Ready Reserves. The Selected Reserve is made up of:

Troop Program Unit (TPU): The Troop Program Unit is an Army Reserve soldier assigned to an Army Reserve unit and required to perform training one weekend each month and 14 days active duty training (ADT) per year. The TPU soldier is commonly referred to as a “Drilling Reservist.” There are 5,784 TPU soldiers in North Carolina.

Active Guard Reserve (AGR): The Active Guard Reserve soldier supports and enhances the mobilization readiness of the Army Reserve. AGR soldiers serve full time and enjoy the same benefits and entitlements as an active duty soldier, including medical care for themselves and their immediate family and the opportunity for immediate retirement after 20 years of active service. Soldiers serving within the AGR program are stationed worldwide in positions that directly support the Army Reserve. There are 568 AGR soldiers in North Carolina.

Individual Mobilization Augmentee (IMA): The Individual Mobilization Augmentee program’s overall objective is to facilitate the rapid expansion of the Active Army wartime structure of the Department of Defense and/or other departments or agencies of the US Government to meet military manpower requirements. The IMA soldiers are subject to immediate, involuntary order to active duty whenever there is a presidential reserve call-up (PRC)^a and in time of war or national emergency when declared by the President or Congress.^b Drilling IMA (DIMA) positions are identified as critical elements for mobilization during PRC, requiring an incumbent to maintain an even higher level of proficiency than a regular IMA soldier. Soldiers assigned to DIMA positions are authorized

a 10 USC 12304

b 10 USC 12301, 12302, or 12303

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to perform training up to two weekends each month. There are 121 IMA soldiers in North Carolina.

The “Ready Reserve” consists of the Selected Reserve, mentioned above, as well as the Individual Ready Reserve (IRR). IRR soldiers do not belong to an Army Reserve unit but still have a military service obligation (MSO) to fulfill. Many IRR soldiers have served several years on active duty and have been transferred to the IRR to fulfill the remainder of their eight-year MSO. Each IRR soldier is required annually to meet minimum requirements that include updating personal contact information, attending muster duty, updating a readiness screening questionnaire online, and responding to official military correspondence. IRR soldiers may also be involuntarily mobilized in time of national crisis.^c There are 2,244 IRR soldiers in North Carolina.

In total, the Army Reserve operates 43 facilities across North Carolina. Reserve service members of all five branches total 22,517 Selected Reservists and 8,375 Individual Ready Reservists.^d These Reserve service members may be commanded by a number of headquarters across the southeast and the nation.

National Guard

In addition to the Reserve, North Carolina—like all states—is home to the National Guard. The National Guard has the dual mission of serving their state and the nation. The National Guard provides for the defense of their respective states and can be called upon for military service by order of the President of the United States. Because of this dual mission, the North Carolina National Guard is under the authority of the Governor of North Carolina but is also part of the reserve component of the Department of Defense.³ Both the Army and the Air Force have a National Guard structure. There is no National Guard structure for the Marines, Navy, or Coast Guard.

The North Carolina National Guard (NCNG) includes 11,792 traditional service members, who serve part-time, and 2,076 full-time employees.^e The average age of the NCNG members is 34. Service members of the NCNG are demographically different from their active duty counterparts, with a higher proportion of women, married members, and people with dependent children serving in the NCNG. The NCNG have 101 Army locations and 3 Air Force locations in 75 North Carolina counties.^{3,4}

Veterans

The proportion of the population in North Carolina that is veterans is higher than the proportion of the population in the nation that is veterans. Veterans constitute more than 13% of the adult population in North Carolina, compared

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^c Bukaweski T. Army Reserve Legislative Liaison (South-East). Written (email) communication. September 21, 2010.

^d Meed J. Research Associate, Citizen Soldier Support Program. Written (email) communication. March 24, 2009.

^e Personal communication with North Carolina National Guard. The Adjutant General Command Brief, October 15, 2010.

with 10% nationally.^f There are nearly 800,000 veterans who live in the state. More than 90% of them are men, but the proportion of women is growing. There are also 83,000 military retirees.^g That places North Carolina fifth in military retiree population and ninth in veteran population in the country.^{1,5}

Families

Along with a strong military member presence, North Carolina is home to many military families. Almost 35% of the North Carolina population is in the military or is a veteran, a spouse, a parent, or a dependent of a military member. More than one-third (37%) of active duty service members are married with children, and 6% are single parents. Active component service members with children have an average of two children. In the North Carolina National Guard, 57% are married and 52% have at least one child. More than 103,000 children and adolescents of active and reserve components live in North Carolina. Almost 45,000 of these children are younger than six years old, 37,000 are between the ages of 6 and 12 years, and almost 21,000 are between the ages of 13 and 18 years.^h There are also 9,300 surviving spouses of deceased veterans in the state. These families live, work, study, and play in every county of the state.^{1,3,5,6}

Distribution across the State

North Carolina is home to military installations for each of the branches. The Army base, Fort Bragg, is located in Fayetteville. There is a Marine Corps Air Station (MCAS) at Cherry Point and one at New River, and a Marine Corps Base (MCB), Camp LeJeune, near Jacksonville. The Navy also operates through the Marine Corps Base. Air Force Bases (AFBs) include Seymour Johnson, near Goldsboro, and Pope, near Fayetteville. The Coast Guard has a Sector near Morehead City and a Support Center near Elizabeth City. The Reserve members are typically assigned to units all across the country but have 43 facilities across

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**Table 2.1
Military and Family Members in North Carolina**

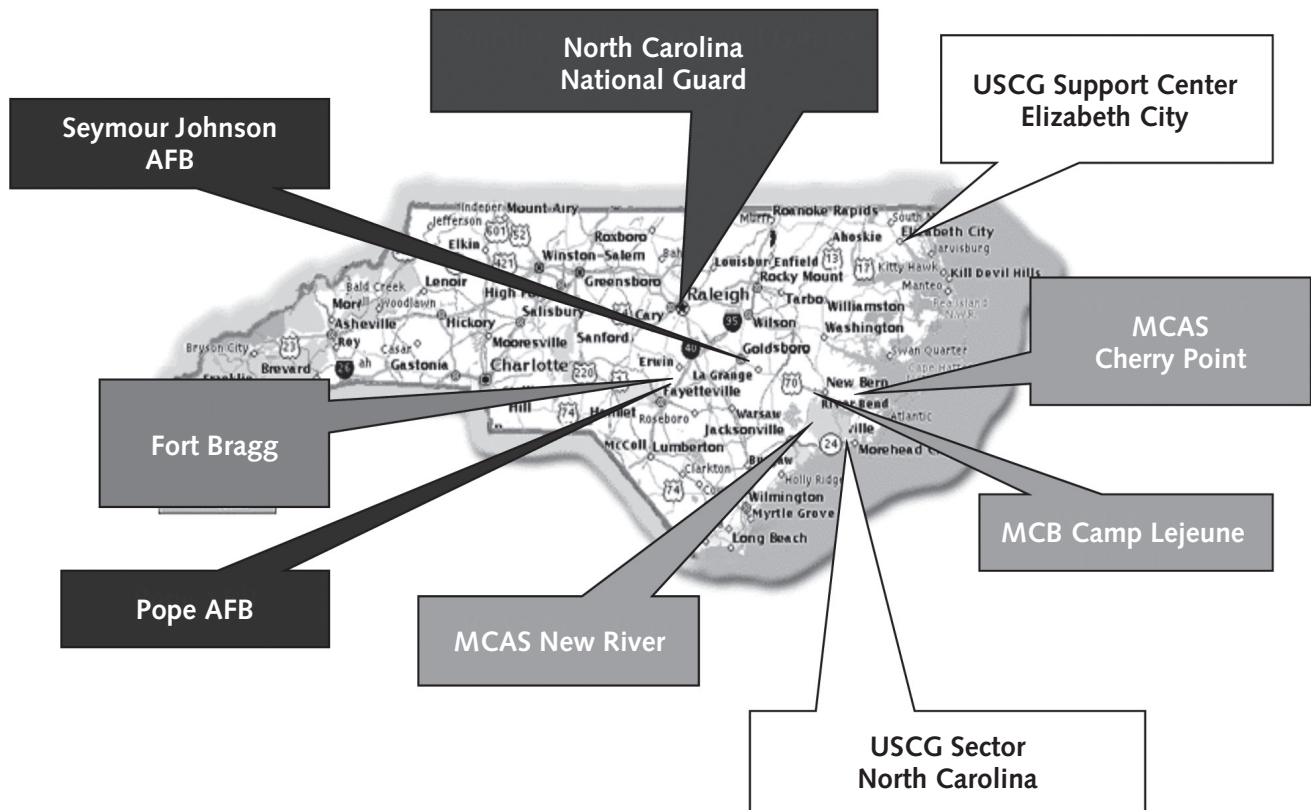
Variable	Active Duty	Reserves	National Guard
No. of service members	110,286	22,749	13,868
Percentage of service members who are married	55.8% [^]	n/a	57%
Percentage of service members who have children	43.7% [^]	n/a	52%
No. of children	138,714 [*]	n/a	8,731

n/a - Data are not available. *Number of dependents on military installations. Represent national percentages. Active Duty and Reserve data source: US Department of Defense. 2009 Demographics Profile of the Military Community. Available at http://cs.mhf.dod.mil/content/dav/mhf/QOL-Library/PDF/MHF/QOL%20Resources/Reports/2009_Demographics_Report.pdf. National Guard data source: Personal communication with North Carolina National Guard. The Adjutant General Command Brief. October 15, 2010.

f The term veteran is defined various ways. In this report, it will be used to describe people who have served in any branch of the military.
 g A military retiree is defined as a former service member who completed a career of service in the military and who receives special recognition in the form of pension and/or other benefits.
 h Fang WL. Director for Research and Evaluation, Governor’s Institute on Alcohol and Substance Abuse. Written (email) communication. September 21, 2009.

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Figure 2.1
North Carolina Military Installations



Source: Adapted from Smith CF. NC Department of Administration NC Division of Veteran Affairs. Talk presented to: North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families; November 18, 2009; Morrisville, NC.

the state. The National Guard members are directed by the North Carolina National Guard Joint Forces Headquarters located in Raleigh.¹

Military members and families are likely to live near these installations. However, the reserve component and active duty recruiters live and work in all 100 counties. Those who live further from military installations have less access to federal resources. They also may be in a community without knowledge of other military members who share their experiences.

Risk Factors and Barriers

The needs of the military population are different than the needs of North Carolina in general. Service members and their families encounter stress that many North Carolinians will never know. As described more fully in Chapter 3, many ADSMs and veterans suffer from mental health problems, cognitive disorders, or substance use problems that were developed during or exacerbated by their military experience. Family members also can experience psychological consequences from the multiple deployments and attempts at reintegration or

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from the emotional stress of caring for loved family members who have behavioral health problems. The federal government has the primary responsibility to meet the behavioral health needs of ADSMs as well as those of veterans. However, North Carolina can augment federal behavioral health services, particularly for ADSMs, veterans, or family members who either are not eligible for or cannot easily access federally supported services. However, to do so, the state needs to understand the unique behavioral health challenges that ADSMs, veterans, and their families face, from the length and number of deployments, to the military culture that encourages resiliency among service members and their families but also makes it difficult for individuals to seek needed behavioral health services, and to the gaps in the current federally funded services available to ADSMs, veterans, and their families.

Active Deployments

During war time, it is expected that many service members will be deployed to serve in combat. After the attack on September 11, 2001, combat operations began in Afghanistan on October 7, 2001. This conflict is officially titled Operation Enduring Freedom (OEF). The war in Iraq, officially titled Operation Iraqi Freedom (OIF), began in March 2003 and ended on August 19, 2010. Since 2001, more than 2 million United States service members have been deployed in support of OEF/OIF missions at least once. More than 218,000 women have been deployed to Iraq and Afghanistan, making up greater than 10% of the deployed service members. More than 7,500 Reserve members have been deployed at least once.ⁱ The North Carolina National Guard has deployed 10,800 soldiers to Iraq since 2003.^j Since 2001, they have also deployed 700 soldiers to Afghanistan, 1,400 soldiers to other parts of the world in support of OEF/OIF missions, and 5,100 airmen and women in support of OEF/OIF missions.^{1,3}

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Deployment to OEF/OIF is very different than deployment to previous conflicts. Operation Enduring Freedom and Operation Iraqi Freedom have continued longer than World War II. The military is now an entirely volunteer force. Rather than drafting additional service members, the United States deploys current service members multiple times, for longer lengths of time, and with less time at home between deployments (known as dwell time). There is also an increased use of Reserve and National Guard service members and increased numbers of deployed women and parents of young children. Service members have been deployed for more than three million tours of duty lasting 30 or more days. Approximately 40% of current service members have been deployed more than once. More than 25% of service members have been deployed more than twice.^{6,7}

i Meed J. Research Associate, Citizen Soldier Support Program. Written (email) communication. March 24, 2009.

j Personal communication with North Carolina National Guard. The Adjutant General Command Brief October 15, 2010.

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The physical environment in Iraq and Afghanistan exposes service members to more direct involvement, both those in traditional combat theater and those in support roles. Although there is more exposure to violence, more than 90% of injuries that in previous wars would have resulted in death are now survived.^{6,8}

Deployment is well described as a process or cycle from training and preparation to postdeployment and reconstitution. The service member receives special training and preparation for deployment. The service member or group is then mobilized to begin deployment. The deployment or employment phase involves performing a specific mission. The cycle then progresses to postdeployment and reconstitution, in which the service member leaves the war zone and readjusts to rejoin his or her community. This period varies, and many service members then progress to redeployment. The cycle of deployment elicits various responses in service members. Most service members transition through the cycle and completely reintegrate into their lives. However, some service members encounter challenges with readjustment and reintegration.⁹ Chapter 3 will discuss the challenges and problems of readjustment and reintegration.

Deployment also affects families at every stage of the deployment cycle. There are emotional, health-related, and social adjustments for the families left at home. Family members must adjust to the absence of the service member and take on new responsibilities. Children in military families with one or more deployed parents experience emotional and behavioral difficulties more often than other children. Longer deployments increase the likelihood that a child will suffer social and emotional difficulty. Similarly, longer deployments are associated with increased mental health diagnoses in spouses.^{6,10,11} These issues are also discussed in Chapter 3.

Military Culture

Military service members and their families have language, perceptions, traditions, and values that represent a distinct culture. Bravery, courage, honor, resilience, and respect for authority are expected and entrenched values. They are reflected in the slogans for each of the branches. The Army encourages soldiers to “be all you can be” and reminds them to “be Army strong” and that they are “an Army of one.” The Marines are “the few, the proud” and are reminded to be always faithful in their motto “*semper fidelis*.” The Navy is described as a “global force for good.” The Air Force teaches airmen and women to “aim high,” “do something amazing,” and be “above all.” The Coast Guard is “always ready” and describes their careers as “jobs that matter.” The North Carolina National Guard is “always ready, always there.”

Aspects of the military culture, including honor, resilience, and self sacrifice, help service members achieve their mission in stressful conditions. This inward culture is a benefit that provides a ready group of peers that share experiences. Resilience is the positive capacity to cope with stress and adversity and is valuable both in combat and at home. However, the self-sacrifice and “just deal with it” attitude can create a significant barrier to seeking care when a problem

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does arise. Service members may overestimate their abilities to cope and may not seek care when it is needed.

Transitions are another shared experience of service members and their families. Relocation is not only a possibility but also a guarantee for most military families. One-third of military families are relocated every year. The average military family moves every two to three years. This may be related to the service member's specialty training or career advancement. Families are required to leave the communities where they have become entrenched. Children have to change schools, and spouses have to leave jobs and support networks. The new assignment may be in a different part of the country or another part of the world. Often there is little choice in the location of the relocation. It is simply a fact of military life.⁶

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For some military families, the impact of deployment and military culture, including transitions, is doubled. Almost 7% of military marriages are between two active duty service members. These dual-military marriages are highest in the Air Force (12.8% of marriages). More than 26% of women in the Marine Corps and 30% of women in the Air Force are in dual-military marriages.^{1,5,6}

Gaps in the Federal System

The military does not have a single, comprehensive system of care for all its service members and their families. Depending on the type and length of service, a service member may get health coverage through a variety of sources. TRICARE is a federal program that generally provides coverage to active duty service members, eligible reserve component service members, retirees, and their families. The Veterans Affairs system provides care to eligible veterans. There are also state-funded services, private insurance, and other options for healthcare coverage. Chapter 4 will discuss some of the differences in eligibility for federal programs between active and reserve components. Chapter 5 will discuss state-funded services that cover more reserve component service members.

Conclusion

The military and their families provide a valuable service to the state of North Carolina. In response to their sacrifices, the nation and state should take extra care to provide services and supports for their well-being. Most active duty service members have access to federal services, either through services on military bases or through TRICARE. Many—but not all veterans—can access behavioral health services through a VA provider. The National Guard and Reserve also have systems to help link service members to federal or state-subsidized behavioral health services. However, these services are not available to everyone, as described more fully in Chapter 4. Thus, the state can help by augmenting and filling gaps in behavioral health services for active and retired members of the military and their families.

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References

1. Smith CF, Peedin W. NC Department of Administration NC Division of Veterans Affairs. Talk presented to: North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families; November 18, 2009; Morrisville, NC.
2. Military Family Research Institute at Purdue University. *2005 Demographics Report*. West Lafayette, IN: Military Family Research Institute at Purdue University; 2005.
3. Ingram W. North Carolina National Guard Command Brief. Talk presented to: North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families; February 18, 2010; Morrisville, NC. http://www.nciom.org/projects/military_health/MH_Ingram_2010-2-18.pdf. Accessed March 31, 2010.
4. Statistical Information Analysis Division US Department of Defense. Distribution of personnel by state and by selected locations. US Department of Defense website. <http://siadapp.dmdc.osd.mil/personnel/M02/fy08/08top.htm>. Published September 30, 2008. Accessed January 19, 2010.
5. Governor's Focus on Returning Combat Veterans and Their Families. Veteran facts. NC Division of Mental Health Developmental Disabilities and Substance Abuse Services website. <http://www.veteransfocus.org/veteran-facts/>. Published 2008. Accessed March 25, 2010.
6. Institute of Medicine of the National Academies. *Returning Home from Iraq and Afghanistan: Preliminary Assessment of Adjustments Needs of Veterans, Service Members, and Their Families*. Washington, DC: The National Academies Press; 2010. <http://www.biaf.org/documents/Returning%20Home%20from%20Iraq%20and%20Afghanistan.pdf>. Accessed April 9, 2010.
7. Veterans Health Administration Office of Public Health and Environmental Hazards. Analysis of VA health care utilization among US Global War on Terrorism (GWOT) veterans. Washington, DC: Veterans Health Administration; 2008. http://www.sacramento.networkofcare.org/library/GWOT_4th%20Qtr%20FY08%20HCU.pdf. Accessed April 8, 2010.
8. Kudler H. OEF/OIF overview. Talk presented to: North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families; November 18, 2009; Morrisville, NC.
9. Ritchie EC. Lessening the invisible wounds of war: lessons learned from army surveillance and research. Talk presented to: North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families; January 15, 2010; Morrisville, NC. http://www.ncmedicaljournal.com/wp-content/uploads/2010/10/MH_Ritchie_part1_2010-1-15.pdf/. Accessed April 9, 2010.
10. Mansfield A, Kaufman J, Marshall S, Gaynes B, Morrisey J, Engel C. Deployment and the use of mental health services among US army wives. *N Engl Med J*. 2010;362:101-109.
11. Chandra A, Lara-Cinisomo S, Jaycox LH, et al. Children on the homefront: the experience of children from military families. *Pediatrics*. 2010;125:16-25.