Children in a Post-9/11 World

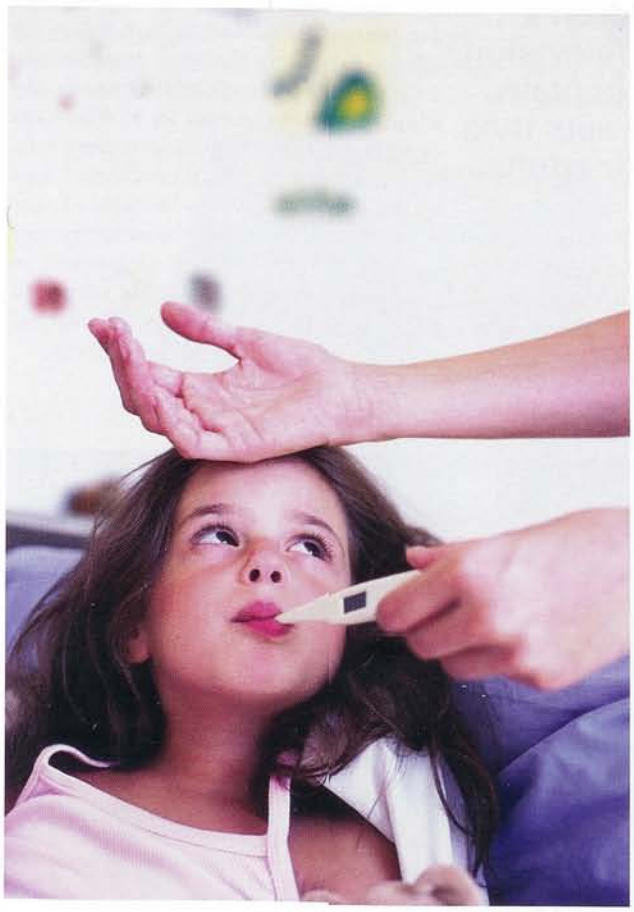
Irwin Redlener

Raising children is always about nurturing their potential and meeting challenges. In fact, it can be said that some families may even grow and thrive through adversity. And sometimes the very process of meeting difficult challenges can strengthen resolve and teach life-changing lessons about solving problems in ways that have positive emotional and personal consequences for individuals. It can also be said that at almost every stage of history there has been, somewhere, crises, catastrophes, and struggles that pose enormous challenges to families. This is particularly true for children who must develop physically, emotionally, and cognitively, irrespective of the larger social, political, or economic context of their world, even if the context is the specter of terrorism in America.

There is a special set of concerns with respect to children in a post-9/11 world. With the enormous national effort being made to prevent terrorism and particularly to enhance response capacity to unconventional weapons of terror, the special needs of children must be accounted for in preparedness planning at all levels. The important principle is that children are not "little adults" in terms of how they might respond to many potential chemical or biological weapons.

Since 9/11, American children are growing up in a society that is in the process of adapting to new realities.

The events of September 11, 2001, and beyond have created a unique set of circumstances for children in the United States. On 9/11, the nation was stunned by the brazen hijackings of four commercial jetliners that were used as missiles to attack highly visible targets in New York City and Washington, DC. One of the planes, undoubtedly diverted by the actions of passengers onboard, crashed into a relatively unpopulated area of Pennsylvania. The sheer extent and complexity of successfully planned and implemented acts of horrific violence, the destruction of seemingly invulnerable landmarks, and the ability to reach the Pentagon, a strong symbol of American power, were all important factors in understanding why Americans were so deeply affected by these terrible assaults. But there was more to it than the trauma of a single, infamous day.



The fact is that 9/11 was but the first in a series of traumatic national events. Within weeks, a passenger jet filled with passengers en route to the Dominican Republic crashed into a middle-class residential neighborhood of New York City. Almost simultaneously, the nation was consumed with the possibility of wide-scale bioterror when cases of anthrax began appearing in Florida, Washington, DC, and New York City. Five lives were lost, and by the end of 2003, neither the motive nor the perpetrator had been discovered.

In the summer of 2002, concerned that terrorists might have "weaponized" smallpox, the government announced a plan to vaccinate 500,000 Americans against this deadly disease. A year later, the plan was aborted because participation was far below expectation. And on

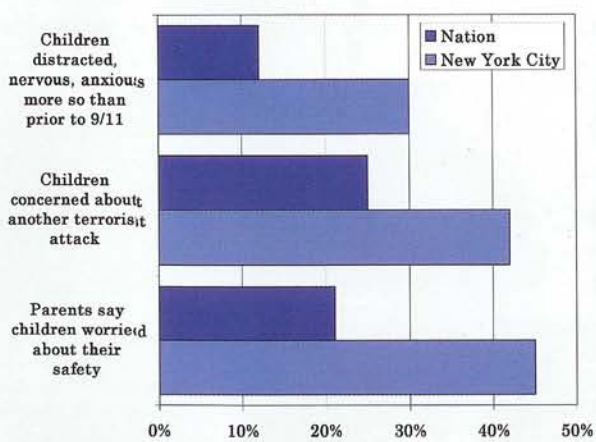


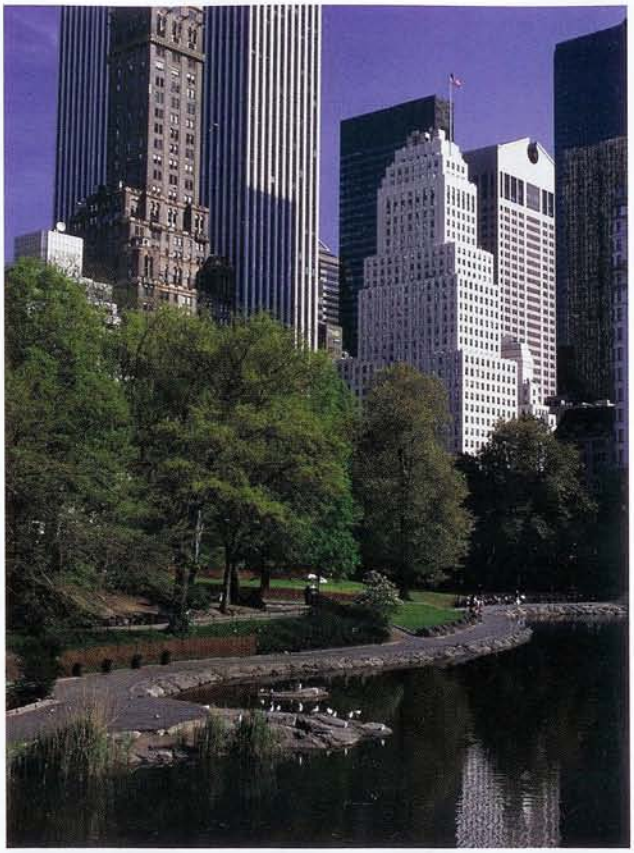
Figure 6.1: Percentage of Children Affected by Terrorism 1 Year after 9/11 by Location, 2002

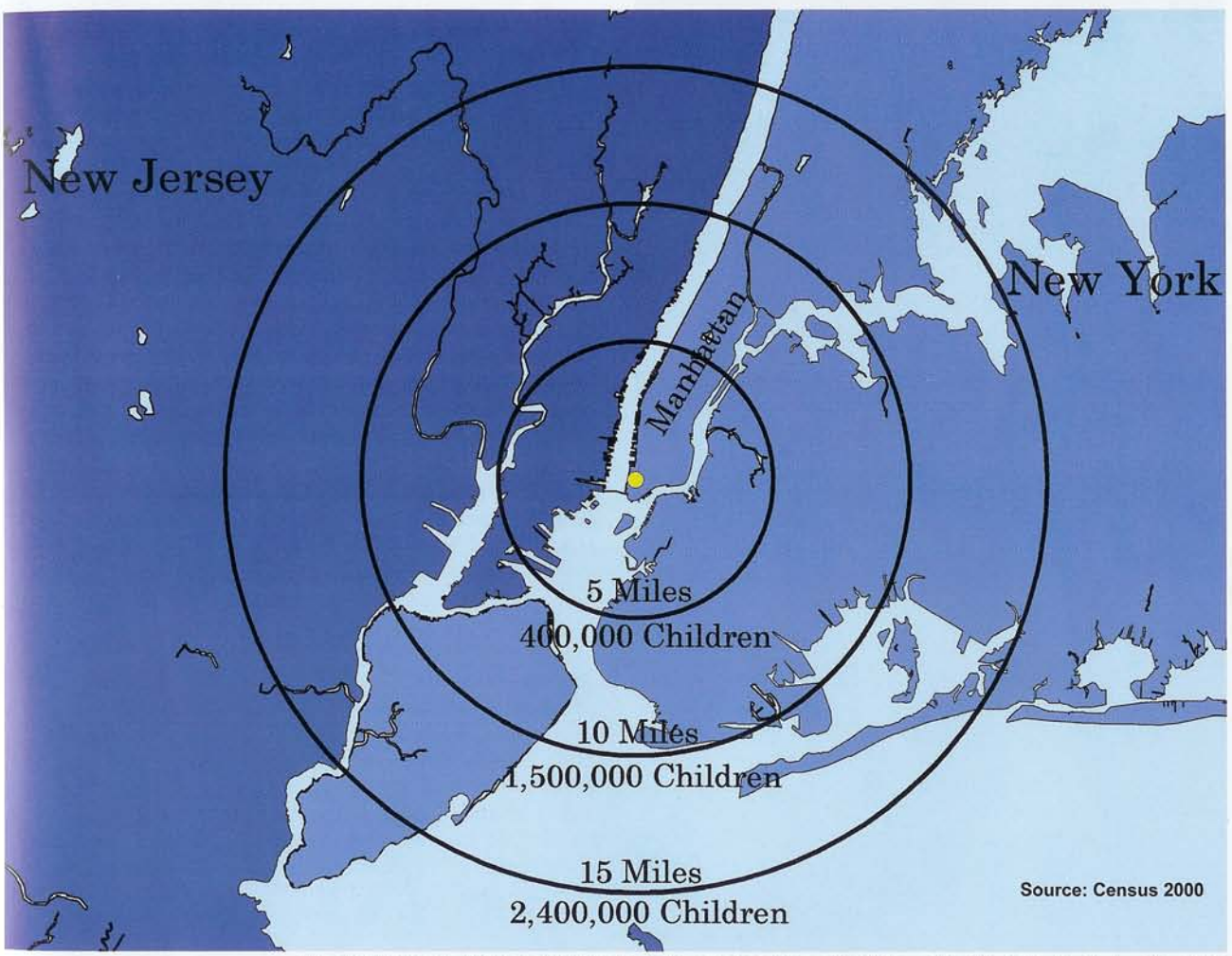
Source: Children's Health Fund/Marist 2002

the international front, since 9/11, the United States has found itself embroiled in major conflicts in Afghanistan and Iraq while terrorist acts continue around the world.

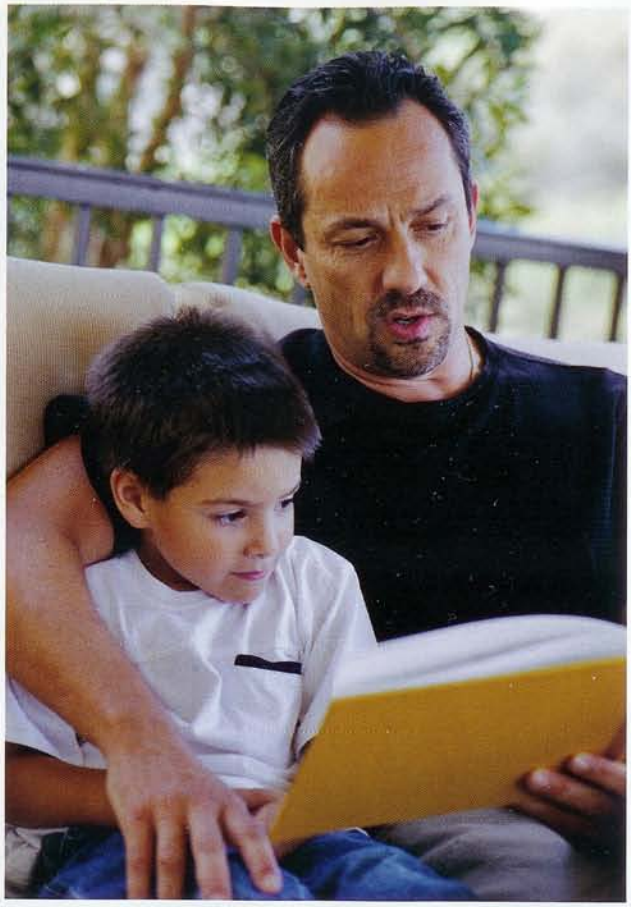
In the immediate aftermath of 9/11, numerous studies demonstrated that a majority of Americans, including children, experienced stress reactions ranging from headaches, stomachaches, and the like to serious anxieties.[1-3] Reactions in New York City were highest, as expected, but by no means limited to the children whose parents or loved ones were among the 3,000-plus people who died on 9/11,[4] the 5,000 children who lived near the site of the World Trade Center attack,[5] or the more than 9,000 children who attended public schools near there.[6] Why is this so?

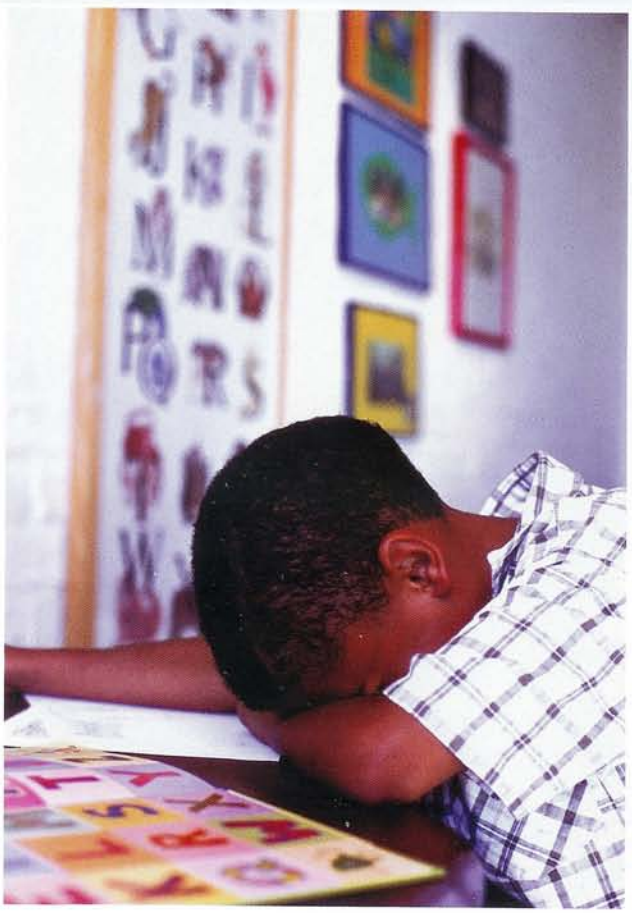
Before the first tower collapsed in lower Manhattan, the nonstop coverage of terrorism in America had begun and would continue without letup for months. The intensity of the coverage was virtually unavoidable, even for children. On television, for instance, film clips of hijacked planes crashing into the Twin Towers were shown repeatedly. Many experts cautioned that young children would find it difficult or impossible to distinguish repeated broadcast of the initial attacks from the possibility that attacks were continuing. Media exposure has not been established as a cause of posttraumatic stress disorder, but repeated exposure to graphic violent images has emerged as a risk factor.[7,8]





Map 6.1: Number of Children Under 18 Living within 5, 10, and 15 Miles of the World Trade Center Site, 2000





Several studies have shed light on how children have been faring since 9/11. In August 2003, the Children's Health Fund and the Marist Institute for Public Opinion conducted two concurrent surveys. One was national in scope; the other involved parents who lived in New York City. Among the more important insights from the two surveys were the following:

- There has been a persistent concern among parents and their children about the possibility of additional terrorism in the United States. Nearly 2 years after 9/11, 76% of Americans continued to believe that additional attacks were likely.

- Forty-two percent of parents and their children were concerned about their own safety and the safety of their families. Twenty-three percent of parents reported that, 2 years following 9/11, their children were still having multiple behavioral or psychological symptoms that seemed to be related to those events.

- Most affected were racial-ethnic minority children, especially Hispanics, and children in low-income families. Results from the New York City survey indicated that 32% of Hispanic, 22% of Black, and 15% of White children suffered from multiple symptoms. Parents of 18% of Hispanic children, 11% of Black children, and 7% of White children continued to report that their child(ren) showed feelings of depression and sadness. This finding is consistent with the results of a survey of the impact of 9/11 on New York City public school children that was conducted just 6 months after 9/11.[9]

This information does not suggest that children are necessarily experiencing clinical depression or posttraumatic stress disorder. A large number of children, however, are having concerns and problems that fall below the threshold of a psychiatric diagnosis but clearly reflect a level of anxiety and concern. These are the children who continue to have sleep disorders, difficulty in school, or more general evidence of anxiety—perhaps being extremely uncomfortable if their parent must fly out of town for a business meeting.

This new problem requires innovative solutions. Child health experts, physicians, and teachers must stand ready to address these problems. Efforts are already underway to ensure that emergency planning for bioterrorism in the United States includes essential information provided by child health experts. Children are more vulnerable to many of the chemical or biological agents that could be used by terrorists, and the treatments required for those who are exposed often differ markedly from protocols that would apply to adults.[10] Doctors, emergency workers, teachers, and others who may be first responders in the event of a terrorist attack need to know what to expect and what to do should the need arise. Pediatricians and family doctors are often the first people called by concerned parents who may want clarification of something they read or heard. It is essential that these professionals

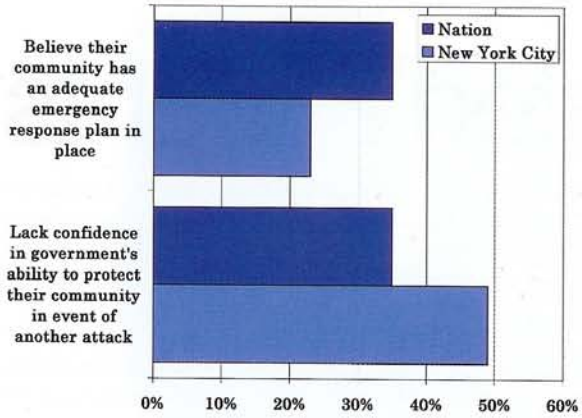


Figure 6.2: Respondents' Opinions on Community Preparedness and Their Own Confidence Levels by Location, 2003

Source: National Center for Disaster Preparedness/Marist 2003

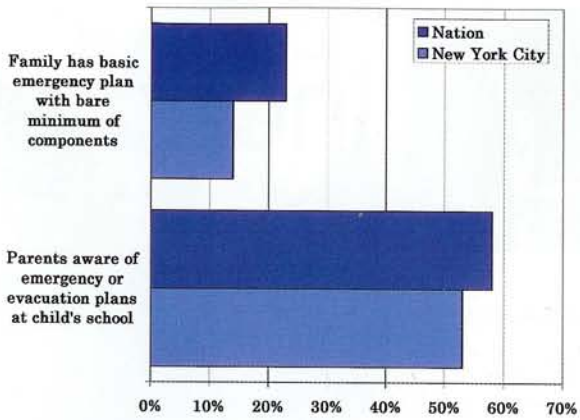


Figure 6.3: Parents' Responses to Family and School Preparedness Questions by Location, 2003

Source: National Center for Disaster Preparedness/Marist 2003

have access to accurate information and are comfortable in responding to inquiries from parents or others.[11,12]

Parents, caregivers, and a child's surrounding community should educate themselves about the potential of future terrorist threats and the need for preparedness. Parents and caregivers should be alert to changes in a child's behavior as early indicators of distress. These will vary according to the child's age and developmental stage as well as preexisting psychological conditions. Preschool children may not say that they are worried about something specific; rather, there may be changes in play activities, certain themes expressed in drawings, or aggressive interactions with peers. Older children may be withdrawn or excessively aggressive in school or with siblings and friends. They may have disturbed sleep patterns and unusual or unexplainable physical symptoms such as abdominal pains. Young children may seem to require more attention, nonverbal contact, and reassurance. Most importantly, for all children, there should be severe limits on amount of exposure to distressing news or images on television.

Doctors, emergency workers, teachers, and others who may be first responders in the event of a terrorist attack need to know what to expect and what to do should the need arise.

Families should reinforce positive routines, such as gathering as a family at mealtimes, reading at bedtime, and engaging in weekend leisure activities. Stability and predictability in such activities help reassure that life is in order and that parents have imposed a sense of control that is vital to a child's sense of security.

Developing basic emergency plans for the family, child care centers, and workplaces is an essential step and is applicable to any crisis. Involving the whole family and community in such planning is both reassuring and imminently practical if a disaster—natural, accidental, or terror related—were to occur. These and other details about planning for emergencies can be obtained from the federal government's Department of Homeland Security or agencies such as the American Red Cross.

Since 9/11, American children are growing up in a society that is in the process of adapting to new realities. New feelings of vulnerability and a rapidly changing relationship to the rest of the world have created an environment that can adversely affect children and their families. It is essential to take those steps that will best ensure that children are protected, physically and psychologically, in the event of any emergency, including terrorism. At the same time, it is equally important that the new reality not undermine the ability of every child to grow and learn without fear. In every age and through every crisis, sustaining and nurturing a sense of optimism and infinite possibility about the future are fundamental responsibilities of all parents and those who care for children.

Irwin Redlener

Irwin Redlener, MD, a pediatrician and associate dean at the Joseph L. Mailman School of Public Health at Columbia University, is a nationally recognized expert on child health policy and disaster preparedness. He is also president and cofounder of the Children's Health Fund, a philanthropic initiative created to develop and support health care programs for medically underserved children. At Columbia, Dr. Redlener founded and directs the National Center for Disaster Preparedness, with a special focus on the needs of children in a post-9/11 world. The acclaimed New York Children's Health Project, the country's largest health care program for homeless children, was developed in 1987 by Dr. Redlener. It is the model for the Children's Health Fund network of innovative health care projects serving extremely disadvantaged children in 17 urban and rural communities across the country. In his role as pediatrician-child advocate, Dr. Redlener has published, spoken, and testified extensively on the subjects of health care for homeless and indigent children, terrorism preparedness, and national health policy.