



Postservice Mortality in Vietnam Veterans: 30-Year Follow-Up

Boehmer, T.K.C., Flanders, W.D., McGeehin, M.A., Boyle, C. & Barrett, D.H. (2004). Postservice mortality in Vietnam Veterans: 30-year follow-up. *Archives of Internal Medicine*, 164, 1908-1916.



Service records from 9,324 Vietnam and 8,989 non-Vietnam Veterans and several administrative databases were used to compare the post-service mortality of Vietnam to non-Vietnam Veterans through the year 2000. Comparing Vietnam and non-Vietnam Veterans, there was no difference in death from any cause after the first five years of discharge.

Key Findings:

- There was no difference in all-cause mortality (death from any cause) after the first five years of discharge between Vietnam and non-Vietnam Veterans.
- There were no differences in disease-related mortality between Vietnam and non-Vietnam Veterans during the entire follow-up period (through 2000).
- The death rates for cancer did not differ between Vietnam and non-Vietnam Veterans.
- The rates of death from unintentional poisonings and due to drug-related causes were higher in Vietnam compared to non-Vietnam Veterans.
- Both Vietnam and non-Vietnam Veterans had lower mortality rates than the general U.S. population.

Implications for Programs:

- Programs could include information in wellness classes about the lower mortality rates among Veterans than civilians.
- Programs could highlight possible protective factors associated with military service for overall health.
- Programs could support encourage Service members and families to engage in health-promoting behaviors (e.g., regular physical exercise, adequate sleep, healthy diet).

Implications for Policies:

- Policies could continue to support structures and programs that foster good health of all Service members/Veterans during and after military service.
- Policies could recommend routine screening of Service members for a variety of physical health conditions, thereby promoting early detection and treatment of disease.

Avenues for Future Research:

- Additional research could extend these findings with subsequent data collections with the sample.
- Future research could examine mortality rates and causes of death with Veterans of other wars or conflicts.

Background Information

Methodology:

- Service records from the National Personnel Records Center for those who entered military service in 1965-1971. Eligibility criteria included: served 1 term of enlistment, had at least 16 weeks of active duty, earned a military specialty other than “trainee” or “duty soldier,” and had a pay grade no higher than E5 on discharge from Active Duty.
- Participants were classified as Vietnam Veterans if they served at least 1 tour in Vietnam.
- This study assessed mortality through 2000 using multiple administrative databases, requesting death certificates and ICD cause of death codes were obtained when possible.
- Regression was used to calculate rate ratios for all-cause mortality.




Participants:

- 9,324 Vietnam and 8,989 non-Vietnam Veterans.
- Vietnam Veteran characteristics: 87% White, Mean age at service entry was 20.30 years. 64% were draftees. 27% were infantry men.
- Non-Vietnam Veteran characteristics: 87% White, Mean age at service entry was 20.50 years. 66% draftees. 15% were infantry men.

Limitations:

- Some deaths may have been missed because the vital status of all Veterans could not be assessed (due to potential transiency and social security number inaccuracy).
- Death certificates may contain errors about causes of death, underreporting alcohol- and drug-related causes.

Assessing Research that Works

Research Design and Sample				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Methods				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations				Quality Rating:	
	Excellent Minor Limitations (★★★★)	Appropriate Few Limitations (★★★)	Limited Several Limitations (★★)	Questionable Many/Severe Limitations (★)	
The limitations of this study are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implications				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Not applicable because authors do not discuss implications					
Overall Quality Rating					