

Morbidity of Vietnam veterans

**A study of the health of Australia's
Vietnam veteran community
Volume 3 Validation study**

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Australian Institute of Health and Welfare

Australian Institute of Health and Welfare
Canberra

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REPATRIATION COMMISSION

10 November 1999

The Hon Bruce Scott MP
Minister for Veterans' Affairs and
Minister Assisting the Minister for Defence
Parliament House
CANBERRA ACT 2600

Dear Minister

As Chairman of the Advisory Committee for the validation of the results of the Vietnam Veterans' Health Study, I am pleased to forward the report entitled "Morbidity of Vietnam Veterans: A Study of the Health of Australia's Vietnam Veteran Community. Volume 3. Validation Study." for your consideration.

This is the third and final volume of the study of the health of Vietnam veterans begun in 1997. Its findings are vital but do not stand alone. Because of the manner in which the Health Study evolved, the total findings are to be found by reference to each of the three Volumes. The findings of the Health Study also complement the results of two previous studies: "Dapsone Exposure, Vietnam Service and Cancer Incidence" (AIHW, Canberra, 1992) and "Mortality of Vietnam Veterans: the Veteran Cohort Study" (DVA, Canberra, 1997).

In Volume 1 of the Health Study, male Vietnam veterans rated their own health as very poor and reported a number of conditions, especially psychiatric conditions, at a prevalence that exceeded the community norm. They also reported in approximately 30 per cent of cases that their own health problems had led to health problems in their partners, and that their children apparently suffered a greater prevalence of death, cancer and congenital abnormality.

One of the recommendations from Volume 1 was that some conditions – cancers, motor neurone disease and multiple sclerosis in veterans; and some cancers, genetic abnormalities and deaths in veterans' children – should be subject to validation at the level of a medical diagnosis or inclusion on a medical register. Validation would provide an accurate and reliable prevalence of each of these conditions as the basis for consideration of policy change, and as the basis for any future study into causation. The validation project is the subject of Volume 3.

Volume 2 of the Health Study reported the results of the survey of female Vietnam veterans, their partners and children. Here again, the female veterans reported their health as poorer than the general community, but not to the same extent as male veterans. Fourteen per cent reported their poor health had affected the health of partners. The female veterans did not report problems in children that exceeded expected levels, but the number of veterans responding was perhaps too small (223 as opposed to 40,030 male veterans) to constitute a statistically viable sample for this purpose.

The validation that is reported in Volume 3 commenced in October 1998 and has taken just over a year to reach a conclusion on the majority of conditions examined. Reports on multiple sclerosis and motor neurone disease are yet to be produced because the difficulty of diagnosis in these conditions means that some of those identified as potential sufferers will need to be examined by a small group of specialists to ensure accuracy. The results for multiple sclerosis and motor neurone disease will be published as an addendum to Volume 3 at a later date. Meanwhile, it should be noted that the prevalence of motor neurone disease identified through deaths of veterans and accepted DVA claims suggests a potential increase compared to community norms.

The Validation Study has taken longer than originally envisaged primarily because its methodology necessitated obtaining responses sequentially from the veterans involved, then from their children if required, and then from doctors or registers. Sufficient responses had to be obtained at each stage to ensure statistically reliable results. Campaigns to follow-up non-respondents were required to obtain the necessary numbers from all groups across the range of conditions. The need for these campaigns progressively delayed the Study's finalisation.

The findings of the Validation Study are shown in this Volume. Some conditions in both veterans and children have been validated as exceeding the community norm, and thus signal a need for an appropriate policy response. The Advisory Committee commends the findings in this report to you.

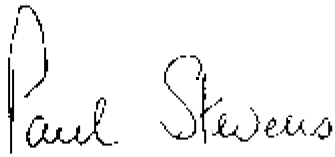
The Advisory Committee also note that some findings of concern from Parts 1 and 2 of the Study could neither be responded to under current Repatriation provisions nor be subject to validation because of the absence of a clear diagnostic category to define the condition, or because of a lack of community data against which it could be compared. The effect of war-related illness in veterans upon their partners and families is a case in point. The Reports of Volumes 1 and 2 recommended consideration of policy responses to these wider findings, and these recommendations are again brought to your attention.

As the Health Study draws to a close there are two further matters of importance.

The first is to note that while the health of Vietnam veterans, their partners and their children has now been examined, this process only began in 1997. Thus all the veterans who died before this date and their children have been excluded from the Health Study. There is an argument that these are the very veterans and children whose health would have been the poorest. The Committee has asked me to bring this to your attention. Your recent announcement of a health study for Gulf War veterans and routine health studies of veterans of future deployments should assist in alleviating this problem in future.

Finally, I would like to take this opportunity to thank all those connected with the Validation Study for their diligence and hard work. The Australian Institute of Health and Welfare conducted the Study and prepared the report. DVA staff assisted the drafting of the protocol for the Study, and participated in and supported the deliberations of the Study Advisory Committee. But principally I would like to thank the ex-service members of the Advisory Committee, Mrs Colleen Thurgar of the Returned and Services League of Australia, Mr John Methven of the Vietnam Veterans' Association of Australia, and Rear Admiral Guy Griffiths of the Australian Veterans and Defence Services Council. Their advice and critical appraisal on behalf of the wider Vietnam veteran community was rigorous and much appreciated.

Yours sincerely

A handwritten signature in cursive script that reads "Paul Stevens". The signature is written in black ink and is positioned below the "Yours sincerely" text.

Paul Stevens
Chairman, Morbidity of Vietnam Veterans Study
Advisory Committee and
Commissioner, Repatriation Commission

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Executive summary

The Validation Study report is the third and final volume in the Morbidity of Vietnam Veterans series. The first two volumes of the series sought the self-reported health status of all Vietnam veterans and as well as their partner(s) and children. *Volume 1: Male Vietnam Veterans Survey and Community Comparison Outcomes* (Department of Veteran's Affairs (DVA) 1998a) contains the male veteran outcomes, while *Volume 2: Female Vietnam Veterans Survey and Community Comparison Outcomes* (DVA 1998b) contains the female veteran outcomes. One of the recommendations made in Volume 1 was that some conditions (as noted below) should be subject to validation. This volume provides the results of these validations. Its findings should be considered in conjunction with the findings of the series.

Both Volume 1 (the Morbidity Study) and Volume 3 (the Validation Study) deal exclusively with male Vietnam veterans and their children. The results from the Morbidity Study suggested that a higher prevalence of certain self-reported health conditions exist in Vietnam veterans and their children than the general population.

The Morbidity Study (DVA 1998a:10) recommended that the results obtained for the following conditions in veterans be validated as a matter of urgency:

- all cancers (with the exception of non-melanocytic skin cancers)
- motor neurone disease
- multiple sclerosis.

Recommendations of the Morbidity Study (DVA 1997:11) regarding children of male Vietnam veterans were:

- that the responses which, taken together, indicate an increased level of congenital abnormalities in the veterans' children be validated as a matter of urgency;
- that the responses which, taken together, indicate increased mortality rates in the veterans' children be validated as a matter of urgency; and
- that the responses which indicate increased rates of leukaemia, Wilm's tumour and cancer of the nervous system in the veterans' children be validated as a matter of urgency.

The Validation Study aims to medically confirm selected conditions in Vietnam veterans and their children. The results of this process may then be compared with the Australian community standards used in the Morbidity Study to establish whether there is a higher prevalence of these conditions in Vietnam veterans and their children.

The Australian Institute of Health and Welfare (AIHW) ran the Validation Study under the direction of a Study Advisory Committee that included Ex-Service Organisation representatives.

A total of 6,842 veterans were surveyed about conditions they reported in the Morbidity Study that they, or their children, suffered from. From the initial survey 72% of veterans responded giving permission for the study to validate the conditions they had listed. Based on the responses concerning veterans' children, the health of 3,629 children with selected conditions was investigated. Information was provided by 67% of those children surveyed.

Sources used to validate reported conditions were clinicians, the National Death Index (NDI), National Cancer Statistics Clearing House (NCSCCH), Congenital Malformations Register (CMR), DVA database, and documentation provided by the veteran or the veteran's children. Clinicians were requested to provide validation for 1,707 conditions reported by veterans and their children. The response rate from the doctors contacted was 86%. The uses of validation sources are discussed in Chapter 3.

The Validation Study has been able to provide good evidence that indicates a high prevalence of several conditions in veterans and causes of death and conditions in their children. The outcomes of the Validation Study use the community standards derived in the Morbidity Study as a basis. The results obtained depend on the quality of the Morbidity Study estimates.

The results for the veterans are as follows:

- Melanoma of the skin and prostate cancer show significantly higher prevalence in veterans than in the Australian community standard.
- Breast and eye cancer, non-Hodgkin's lymphoma and leukaemia show no significant difference in prevalence between the veterans and the Australian community standard.
- Colorectal cancer, lung cancer, soft tissue sarcoma, and testis cancer show significantly lower prevalence in veterans than the Australian community standard.
- Cancer of the head and neck, other cancers and total cancers do not have a corresponding community standard, and one could not be derived in a way that was compatible with the prevalence data, so no assessment of their significance can be made.
- Motor neurone disease and multiple sclerosis were not addressed in this study. A separate study will be undertaken to validate these conditions.

The results for the veterans' children show:

- Spina bifida maxima and cleft lip/palate show significantly higher prevalence in veterans' children than in the Australian community standard.
- Deaths due to accidents and deaths due to illnesses show significantly higher prevalence in veterans' children than in the Australian community standard.
- Suicides are three times more prevalent in veteran's children than the Australian community standard.
- Wilm's tumour and anencephaly show no significant difference in prevalence between the veterans' children and the Australian community standard.
- Leukaemia, cancer of the nervous system, other cancers, Down syndrome, tracheo-esophageal fistula and absent body parts all show significantly lower prevalence in veterans' children than the Australian community standard.
- Extra body parts does not have a corresponding community standard, nor could one be derived in a way that was compatible with the prevalence data, so no assessment of its significance can be made.

The results from this Validation Study show only a small part of the picture of the health of veterans and their children. The results from this study should be read in conjunction with other studies listed in the references of this document to gain an appreciation of the range of health issues confronting this group of people.

Based on the reliance of the community standards derived in the Morbidity Study, statistical analysis of the Validation Study has prompted the following recommendations. It is recommended that:

- a validation study of motor neurone disease and multiple sclerosis in Vietnam veterans be undertaken as a matter of urgency in order to complete the validation process. This recommendation was made during the life of the Validation Study and is being planned by the AIHW, in conjunction with the Department of Veterans' Affairs, for completion in 2000;
- suicide in veterans' children be further investigated and the result drawn to the attention of the Vietnam Veterans' Counselling Service;
- cancer of the adrenal gland in veterans' children be further investigated and compared to a derived community standard; and
- Morbidity Study and Validation Study data be made accessible under appropriate conditions for use in further studies. Provision for this access is important to further work in this area. Approval for further work using these data would need to be gained from the AIHW Ethics Committee, after liaison with the Commonwealth Department of Veterans' Affairs.

