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Research Brief

Military Service and (Dis) Continuity in the Life Course: Evidence on Disadvantage and Mortality from the Health and Retirement Study and the Study of Assets and Health Dynamics among the Oldest-Old

Publication: *Research on Aging* (2006), 28 (1), pp. 135-159.

Keywords: military service; mortality; life course; cumulative disadvantage

Research Highlights:

- Military service did not substantially improve the life chances of men in ways that influenced later-life mortality
- Controlling for age and father's education, among Whites, military service increased the likelihood of dying between 1992 and 2002 relative to Whites who has not served in the military
- African Americans had a higher likelihood of dying than whites regardless of military service; however, African Americans who served in the military had a marginally lower likelihood of dying than African Americans who had not served in the military
- African American race and low paternal education have a continuing influence on later-life mortality.

Authors: Andrew S. London, Ph.D., Janet M. Wilmoth, Ph.D.

Abstract:

“This study uses a life-course framework and data from the Health and Retirement Study and the Study of Assets and Health Dynamics Among the Oldest-Old to examine three hypotheses related to (dis)continuity in the effects of early-life disadvantage (African American race and low paternal education) and military service on later-life mortality. Specifically, the authors consider whether military service (and age at enlistment) mediates or moderates the effects of early-life disadvantage on later-life mortality and whether mid- to late-life marital status, socioeconomic status, health status, and health behaviors mediate the effects of military service on mortality. The authors find very little evidence to support the notion that any mortality benefits accrue to men as a consequence of military service overall or enlistment at any particular age. Most of the evidence is consistent with life-course disruption and continuity of disadvantage interpretations.”

Implications

For Practice

This study is designed to use a life-course approach to address three hypotheses in relation to the early-life disadvantage, later-life mortality and military service. The authors find selected evidences that support each of the three hypotheses. However, there is little evidence to support the notion that “there are any benefits that accrue to men and materize in their lives as a lower likelihood of dying as a consequence of military service overall or at any particular age at enlistment”. If the results from this study are proven solid, there are some practical implications that can be inferred from these statements. For example, the study shows no evidence that the military service moderated the effect of lower paternal education on later-life mortality or military service mitigated to some extent the effects of racial inequality on later-life mortality, which is against the first hypothesis that military serves as a positive turning point of the disadvantaged early life. The negative impact of the disadvantaged early life on likelihood of death seems to continue in their later-life, which confirm the life-course continuity and cumulative disadvantaged hypotheses. Therefore, it implies that the military as a social institution might fail to provide opportunities that enable individuals to overcome early-life disadvantage. The study suggests that employment status has the most significant effect on the likelihood of death in men’s later-life among all other mid to late-life characteristics. People who had employment were significantly less likely to die in the following 9 to 10 years than those without employment. And also, the possibility of dying increased as the household income increased and self-rated health condition is highly associated with the risk of dying. Other factors such as smoking and obesity are related with military men’s mortality as well. Taken together, factors including employment status, household income, health condition, smoking habit and obesity should be given more weights on the likelihood of mortality than military service experience and age at enlistment based on this study.

For Policy

This study suggests that African American race and low paternal education have a continuous effect on later-life mortality, which confirms the life course disruption and continuity of disadvantage interpretations. It implies that policies and programs should provide more medical or financial assistance to those African American veterans with a lower paternal education. Since the impact of military service and age at enlistment on mortality remains controversial among different scholars, it is difficult to generate any policy implication from that. As mentioned above, factors including employment status, household income, health condition, smoking habit and obesity have a significant impact on veterans’ mortality in later life. Therefore, policies should pay more attention to these aspects to help increase the welfare of veterans.

For Future Research

There is a limited research on the impact of military service on mortality. The authors provide an exploring research on the overall effect of military service and age of enlistment. Future research should extend the research group to a broader populations and to articulate how life-course processes impact on later-life outcomes and mortality in a larger population. Also, future researchers should make more efforts to understand the historical context of military service, the length of service, and their potentially different effect on mortality. It is also crucial to consider whether these different aspects of military service exert differential effects on mid- and later-life health and disability trajectories, causes of death and outcomes for women since this study only focuses on these effects on men. Furthermore, due to the limitation of data, a lot of significant variables were missing in the analysis model of this study, and therefore, detecting more variables will be helpful to perfect the statistical model and strengthen or question the results of this study. Finally, a lack of consideration of the dynamic nature of late-life health and mortality makes the study less substantial. Future research should make up of this limitation by estimating hazard models with time-varying covariates.

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