

SUPPLEMENTARY SUBMISSION TO THE SENATE INQUIRY INTO MENTAL HEALTH OF THE AUSTRALIAN DEFENCE FORCE (ADF) PERSONNEL WHO HAVE RETURNED FROM COMBAT, PEACEKEEPING OR OTHER DEPLOYMENT.

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This submission supports my original Submission which is recorded on the Inquiry website as Submission number 20.

It is not my intention to restate the contents of my original submission the contents of which are self explanatory.

However, it is important to draw attention to the similarities in correspondence I have received from,

Lieutenant General Morrison, previous Chief of Army.

Lieutenant General Campbell, Chief of Army.

Mr. Robert McKellar, Chief of Staff, Assistant Minister for Defence, Stuart Robert MP.

I have also included in this comparison correspondence from Stuart Robert MP, Assistant Minister for Defence, who wrote to Shayne Neumann MP, Member for Blair.

The similarities are very simple.

1. The use of Mefloquine by the ADF is explained and justified. (Morrison, Robert, McKellar, Campbell)
2. The prescribing of Mefloquine by the ADF is explained only by using statistics from the last five years. (Robert, McKellar, Campbell)
3. There is no need to conduct an Outreach Programme to determine how many Veterans have been impacted by the side effects of Mefloquine as this would cause too much stress/anxiety amongst those Veterans. (Robert, McKellar)

Re' 1, above.

The prescribing of Mefloquine is not the issue. Mefloquine has been prescribed by the ADF for twenty five years. Over time worldwide research and reporting has identified serious and permanent side effects from the use of Mefloquine. The ADF has chosen not to acknowledge this research and reporting.

Re' 2, above.

The ADF **CANNOT/MUST NOT** be allowed to hide behind statistics which have been provided by the ADF and which show the minimum use of Mefloquine only over the past five years.

What the issue is here is that the ADF will not identify the total number of Veterans prescribed Mefloquine over a twenty five year period. **This is not a small number.** The ADF must provide this number to the Inquiry.

Re' 3, above.

The Veterans in 2 above, once identified, must be directed to an Outreach Programme so that they can be provided with the absolutely best avenue to a comprehensive diagnosis and an equally good path into rehabilitation from the side effects of Mefloquine. **NOW!**

Stuart Robert states (corres' 24th May 2015), "The side effects of Mefloquine are well known.....to the ADF, including neurotoxic side effects as referred by Mr.McCarthy."

and

"At this stage, the member will have ceased the use of mefloquine and there is generally no requirement to establish mefloquine as a cause in order to appropriately diagnose, manage and rehabilitate a member with potential long term mefloquine side effects."

Please note the contradiction in the above statement!

Robert McKellar states, (corres' 18th June, 2015), "Defence believes that the number of personnel with unrecognised and undiagnosed permanent neurological side effects from mefloquine use is very small."

The ADF has a Duty of Care to investigate "unrecognised" and "undiagnosed". What is this "belief" of the ADF based on? Research and fact, or denial? How can "unrecognised" and "undiagnosed" pass without attracting very significant criticism?

A simple, uncomplicated man in the street understanding of the quotes above is that the ADF knows about the side effects of Mefloquine, but because the ADF is determined to hind behind only recent statistics, the ADF has now shown in an unambiguous way that the ADF does not care about the Veterans impacted by the side effects of Mefloquine.

It is my expectation that the Inquiry will challenge the ADF very positively about the fact that the ADF is not prepared to investigate appropriately for the benefit of Veterans. I also expect that this challenge will bring about outstanding outcomes for the many Veterans who are coping, without support from the ADF, with the side effects of Mefloquine.

I am grateful for the opportunity to assist the Inquiry.

