

## **Submission to the Foreign Affairs, Defence and Trade References Committee For the Inquiry into the Use of Quinoline Anti- Malarial Drugs Mefloquine and Tafenoquine in the Australian Defence Force**

I am a retired Australian Army Colonel and currently the Project Manager for Operation Compass – one of the 12 Suicide Prevention Trials funded by the Federal Government. Operation Compass is based in Townsville, North Queensland and is the only trial focussing on the Ex – ADF and family's cohort.

I have been closely involved in advocating for 'real help' for serving members, veterans and families who believe they have been adversely affected by Mefloquine and Tafenoquine. That has included;

- Being the Moderator of the Mefloquine Forum conducted in Townsville (set up by a partner of an affected veteran and attended by about 80 people in March 2016).
- Being the Spokesman for ADSO on the Mefloquine issue – on behalf of those affected.
- Writing various reports, articles, and appearing in the media seeking 'real help' for those affected.
- Meeting, listening to, visiting in various medical facilities, in the order of 100 veterans and family members around the country.
- Attending and contributing to the DVA organised 'Outreach Program' that was conducted in Townsville.
- Being a non-invited attendee at the Briefing conducted by the ADF / DVA to a group of Townsville doctors.
- Attending, contributing to and conducting meetings and presentations on behalf of veterans and families.
- Meeting, speaking with and providing written briefs to DVA Ministers, Ministerial staff, senior DVA and VVCS staff, and senior ADF medical personnel seeking 'real help'.
- Drafting recommendations for ADSO, DFMA and the RAR to present to Government and various forums.
- More recently in my current position contributing to a CO DESIGN program designed to pilot a brain injury outreach trial in association with VVCS and veterans.

*This is a personal submission.*

About 5000 ADF personnel were required to take the anti-malarial drugs mefloquine and or tafenoquine. Many signed 'informed consent' documentation without fully knowing the risks and believed that they had little choice but to volunteer. Some were on 'trials' some were not. A significant minority of them (numbers not known) who took these drugs are not well.

Many have been diagnosed with PTSD however a number have told me personally that they suffered no traumatic events in Timor. (One advised me that six out of eight of his rifle section had been diagnosed with PTSD.) They were advised on return and having a variety of symptoms that they must have PTSD. Many have been treated for a wide variety of mental health issues. After not responding to various treatments or being determined as 'resistant to treatment' some have been subject to multiple Electro Convulsive Treatments (ECT).

The constant key messages I have heard from ADF and DVA officials in the last three years are:

- Malaria is a killer. (Comment. All serving personal and veterans absolutely recognise this. The inquiry respectfully is not about Malaria. It should focus on the 'real help' veterans and their families need.)
- We are providing help. A Helpline, on line resources, a literature review, information to doctors and outreach briefings. (Comment. Those affected have all said to me the help offered is not effective 'nor helpful'. That is a pretty stark message.)
- A small group of veterans are causing alarm and putting unnecessary stress on those who took mefloquine or tafenoquine. (Comment. There is a small group that have been fighting for their mates and families. They went through the chain of command, the correct channels, put forward proposals and each time were not provided real help).

The key messages from veterans and families I've heard are:

- We feel betrayed.
- We need real help.
- We do not want this to ever occur again to others. (They believe they were used as guinea pigs with little choice.)
- We need a proper Outreach Program set up to look at our individual needs.
- Families need real help and support.
- We don't care about compensation. We want help and to ensure that drug trials like this don't occur again.

In recent months I have seen a positive shift in the response from DVA / VVCS.

- The new Secretary of DVA, who I have met on this issue, is taking a close interest and is being very supporting to veterans and families and committed to provide real help.
- The VVCS Director has initiated what is effectively a Co Design Brain Injury Outreach Program. Supported by Operation Compass in Townsville, experts in mental health and brain injury and veterans and families affected.
- Research to learn more about the effects of mefloquine and tafenoquine appears to finally be being seriously considered.

In August 2016 I stated in an ABC 7.30 interview that "The Australian Defence and Veteran's Affairs Departments response up until the March 2016 Mefloquine Forum had been inadequate. My assessment now ... five months on ... is that their response has been negligent."

I made that statement after consulting former commanders, ADSO, the RSL, family members, and former mates of a veteran who had called out for help at the Mefloquine Forum. He could not access, navigate or get real help.

I respectfully submit that collectively we need to provide real help to those that are affected and those that have lost loved ones. My recommendations are attached at Annex A.

Respectfully

Ray Martin

27 August 2018

## Annex A to Martin Submission

In consultation with Veterans and Families as the ADSO Spokesman on Mefloquine I made these recommendations to ADSO in August 2016

1. Formally recognise that many hundreds of ADF personnel who took Mefloquine and Tafenoquine have suffered physical and mental harm that these effects represent serious, ongoing health issues for those affected and their families.
2. Establish an outreach program to identify all ADF personnel and former ADF personnel administered mefloquine and / or Tafenoquine during their service, including those involved in clinical trials run by Defence research organisations, and provide a firm commitment to give full clinical follow-up. This should include both an initial assessment and then ongoing rehabilitation and / or treatment where necessary, including assistance and support for lodgement of DVA claims.
3. Set up a joint Task Force which would engage personnel from ADF, Dept. of Veterans Affairs and other necessary agencies to provide urgent assistance those in need. This would include access to clinicians for clinical diagnosis and testing, medical treatment, assistance with the DVA claims process and so on.
4. Set up a full, open and independent Parliamentary, Senate or inquiry to establish the facts about the health impacts of mefloquine and Tafenoquine on military personnel. This inquiry should cover, but not be limited to:

An investigation of the conduct of Army Malaria Institute clinical trials which utilised ADF members, including re-examination and clear appraisal of; there conduct, ethics, impact and necessity, the application of informed consent, trial results validity, and the protocols for follow-up and duty of care of trial participants and the risk assessment that were conducted prior to and during the trails.

This inquiry should clearly appraise the conduct of the Army Malaria Institute, its senior officers, their connections to the pharmaceutical industry and other government(s) or military organisations as part of its remit.
5. To direct the ADF to suspend the use of mefloquine as a third line treatment, until further notice, and discontinue immediately the controversial and dangerous practice use of a 'loading dose'. It should conduct a thorough and independent risk assessment of all currently available chemo prophylactic options and establish guidelines for their use in military personnel.

6. Ensure that ADF personnel are not subjected to mass drug trials on future operations, noting that a military cohort cannot give truly informed and voluntary consent and that drug trials with untested or potentially harmful drugs will likely detract from operational effectiveness of the ADF, and or produce ineffective results. (Culturally ADF and other military personnel are likely to under report harmful side effects for fear of career impairment in the future.) It is worthy of note that the ADF has a duty of care for all personnel past and present who were required and 'consented' to participate in trials run by Defence organisations such as the Army Malaria Institute. As such, Defence should engage with these individuals immediately to offer any medical assistance required and to compensate for ill-health related to or subsequent from their participation in said trials.

7. Support and fund independent research to be conducted to define the long-term effects of exposure to these particular quinolone antimalarial treatments on both the physical and mental health of ADF members and veterans.

Let's get on with it.

Ray Martin

ADSO Rep Townsville

25 Aug 16