

Foreign Affairs, Defence and Trade References Committee
Use of the quinoline antimalarial drugs mefloquine and tafenoquine in the Australian
Defence Force – 11 October 2018
Answers to questions on notice from the Veterans' Affairs portfolio

Question 1

Topic: Breakdown of Claims

(Hansard Proof 11 October 2018, p 61)

Senator Alex Gallacher asked:

CHAIR: So we're saying two out of 53 have been accepted?

Ms Cosson: That's correct.

CHAIR: Do those 53 all relate back to East Timor?

Ms Cosson: I'm not too sure. Mr Orme might know.

Mr Orme: Sorry, we don't have the exact detail. We're working back through each of them. The claims—we're trying to unpack in detail, because you can't have a claim for mefloquine; you have a claim for a condition, which could be anxiety, depression—

CHAIR: I can put that on a claim form, though. I know what you're saying, but I can put on the claim form: 'I've got this problem because I was in Timor and I took that drug.'

Mr Orme: Correct.

CHAIR: Do we know how many of those 52 cases have that on it?

Mr Orme: That's what we're going back to unpack—the individual claims themselves—to understand. We don't accept the claim on the basis of mefloquine; rather, there's a contention that there is a condition, a diagnosis—

CHAIR: I accept exactly what you're saying. I know you don't accept that it's related to tafenoquine or mefloquine, but people can put that on their claim form.

Ms Cosson: They can.

Mr Orme: Absolutely, they can.

CHAIR: So can you find out how many people have put it on their claim form?

Ms Cosson: That's what we're trying to unpack at the moment. We don't have the answer. We'll take it on notice

Answer

The Department has maintained a record of specific claims relating to antimalarial medications since September 2016. These have previously been reported as the total number of unique veterans and the total number of claims made by these veterans. In the submission to the current Senate Inquiry, DVA reported that as at 30 July 2018, 42 veterans had lodged 53 claims since reporting commenced. However, this does not give a complete sense of the number or nature of the conditions being claimed, as a single claim may represent one or more conditions per veteran. Additionally a veteran may have more than one claim for the same condition to reflect they may have entitlements to test the same claim under multiple Acts.

The following details present information on the basis of the number of conditions being claimed, the area of deployment, the medication claimed as being the cause of the condition, and the status of the determination of the claim.

As at 15 October 2018, DVA has received claims from 44 veterans for a total of 71 conditions that have been contended as relating the use of antimalarial medications.

The veterans who have made these claims were deployed to the following locations and used an antimalarial:

- 30 veterans for East Timor;
- 4 veterans for South East Asia;
- 5 veterans for Australia-Pacific Region;
- 2 veterans for the Middle East;
- 1 veteran for Africa; and
- 2 veterans with an unspecified location.

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Outcome of claimed condition

The following table shows the conditions claimed by veterans since September 2016 and the outcome of DVA consideration. Of the 71 claims a total of 29 have been accepted either consistent with the original claim or as relating to a different Statement Of Principle (SOP). 24 conditions have been rejected as either not meeting the requirement of the SOP or there being no diagnosed condition as claimed.

Outcome by condition claimed

Condition	Accepted as claimed	Accepted under another SOP	Rejected	No Diagnosable Condition	Withdrawn by veteran	In Progress	Total
Headaches/migraines	0	0	2	0	0	0	2
Cardiovascular	0	1	1	0	0	0	2
Malaria	0	1	0	1	0	0	2
Gastro Oesophageal Reflux	3	1	1	2	0	4	11
Gastro-intestinal	0	3	2	0	0	0	5
Alcohol & other drugs	0	2	0	0	0	1	3
Hearing loss/tinnitus	0	1	0	0	1	0	2
Neurological & brain injury	0	0	0	2	2	0	4
Posttraumatic Stress Disorder	0	4	1	0	1	0	6
Adjustment Disorder	0	1	1	0	0	1	3
Depression	0	6	1	0	1	1	9
Anxiety	0	2	0	0	0	0	2
Other mental health	0	3	2	0	1	0	6
Toxic side-effects	0	0	1	3	0	1	5
Psoriasis	0	0	2	0	0	2	4
Cancer	0	0	1	0	0	0	1
Erectile dysfunction	0	1	0	0	0	1	2
Vision	0	0	1	0	0	0	1
Sleep apnoea	0	0	0	0	0	1	1
Total	3	26	16	8	6	12	71

Notes

- ‘Accepted as claimed’ means the condition was accepted as contended by the veteran.
- ‘Accepted under another SOP’ means that DVA accepted liability for the condition relating to service but not as contended by the veterans. For example, a person may claim a gastro-intestinal condition relating to antimalarial but was determined based on the available evidence as being accepted under another Statement Of Principle (SOP).
- ‘Rejected’ means the condition was not accepted on the basis of not meeting the requirements of the SOP.
- ‘No Diagnosable Condition’ means there was no clinical diagnosis to support the condition being claimed and the claim was rejected.
- ‘Withdrawn’ indicates the veteran has withdrawn the claim – noting in the table above all 6 conditions withdrawn related to one veteran’s claim.
- ‘In Progress’ means the conditions were still under consideration at the time of reporting.

Outcome of claimed condition by deployment location

The following table shows the area of deployment and the outcome of conditions claimed by veterans since September 2016.

Outcome by deployment

Condition	East Timor	South East Asia	Australia / Pacific	Middle East	Africa	Unspecified	Total
Accepted as claimed	2	0	1	0	0	0	3
Accepted under another SOP	22	1	1	1	0	1	26
Rejected	12	3	0	0	0	1	16
No Diagnosable Condition	6	0	1	0	1	0	8
Withdrawn by veteran	6	0	0	0	0	0	6
In Progress	7	1	3	1	0	0	12
Total	55	5	6	2	1	2	71

Notes

- ‘Accepted as claimed’ means the condition was accepted as contended by the veteran.
- ‘Accepted under another SOP’ means that DVA accepted liability for the condition relating to service but not as contended by the veterans. For example, a person may claim a gastro-intestinal condition relating to antimalarial but was determined based on the available evidence as being accepted under another Statement Of Principle (SOP).
- ‘Rejected’ means the condition was not accepted on the basis of not meeting the requirements of the SOP.
- ‘No Diagnosable Condition’ means there was no clinical diagnosis to support the condition being claimed and the claim was rejected.
- ‘Withdrawn’ indicates the veteran has withdrawn the consideration of the claim – noting in the table above all 6 conditions withdrawn related to one veteran’s claim.
- ‘In Progress’ means the conditions were still under consideration at the time of reporting.

Outcome of claimed condition by antimalarial medication

The following table shows which antimalarial medications were being attributed by the veteran as the cause of the condition being claimed, and the outcome of the claim.

Outcome by antimalarial

Condition	Chloroquine	Doxycycline	Mefloquine	Tafenoquine	Mefloquine/ Tafenoquine	Mefloquine/ Doxycycline/ Tafenoquine	Chloroquine/ Primaquine	Unspecified	Total
Accepted as claimed	0	3	0	0	0	0	0	0	3
Accepted under another SOP	1	1	18	5	1	0	0	0	26
Rejected	0	3	9	1	1	0	1	1	16
No Diagnosable Condition	0	1	5	0	2	0	0	0	8
Withdrawn by veteran	0	0	6	0	0	0	0	0	6
In Progress	0	3	4	1	0	4	0	0	12
Total	1	11	42	7	4	4	1	1	71

There were no claims received that related to the use of primaquine only during the reporting period. The combinations of antimalarials reported in the table is on the basis of the claim made by the veteran. In some circumstances, this represents the use of more than one medication over their period of deployment or service, and in others the veteran was uncertain as to which medication was used.

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Question 2

Topic: Staff turnover

(Hansard Proof 11 October 2018, p 62)

Senator Alex Gallacher asked:

Ms Cosson: The claims team are delegates appointed by the Repatriation Commission and Military Rehabilitation and Compensation Commission. They're usually around the level of APS5 or 6 and they are trained in applying the statements of principles to help them determine whether a claim for a condition is related to their service.

CHAIR: So they're permanent APS5 or 6. Do they have any medical knowledge or just an understanding of the SOPs?

Ms Cosson: It can be a mix of permanent and contracted employees who are making those decisions to determine against the—

CHAIR: Contractors, as in limited period contracts?

Ms Cosson: Yes. Non-ongoing contractors, we call them. They come into our teams.

CHAIR: So they're for months at a time.

Ms Cosson: That's right. Some of them may have some medical qualification, but they are in a team environment where they can defer to a clinician who sits with them in the claims team.

CHAIR: What is the level of staff turnover?

Ms Cosson: In the claims area? I'll have to take that on notice.

Answer

The dedicated Complex Case Team in the Melbourne office consists of seven delegates (three APS6 and four APS5) supported by an EL1 Assistant Director, a contracted medical advisor and two social workers. The team previously consisted of four delegates and was increased to seven delegates when combined with the Mefloquine Claims Team. The delegates in the team are experienced and have expertise across the *Veterans' Entitlements Act 1986*, the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* and the *Military Rehabilitation and Compensation Act 2004*. Mefloquine or other anti-malarial drugs claims receive a higher level of priority and all calls relating to these claims are handled by the Complex Case Team.

Of the seven delegates processing claims, five have been in the team for greater than 12 months. This team also processes claims relating to physical and sexual abuse in the Australian Defence Force and given the nature of these claims delegates are rotated after about 12 months.

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Question 3

Topic: Adelaide Outreach

(Hansard Proof 11 October 2018, p 64)

Senator Alex Gallacher asked:

CHAIR: Would it be possible to get a summary of the activities, say, of the completed outreach in Adelaide—how many attended, what sort of—

Ms Cosson: Absolutely. We can do that.

CHAIR: Thank you. And any feedback that you're getting would also be very useful.

Ms Cosson: Yes, we can provide that to the committee.

Answer

The first in the series of Mefloquine and Tafenoquine Consultation forums hosted by the Department of Veterans' Affairs (DVA) was held in Adelaide on 26 September 2018.

Forty people attended the forum in Adelaide. The group consisted of mostly former Australian Defence Force (ADF) personnel and family members with a small number of current ADF personnel, and ex-serving organisation representatives. The forum was led by an independent facilitator and hosted by the Deputy Commissioner of South Australia. It was also supported by DVA client contact staff and counsellors from Open Arms Veterans and Families Counselling.

Attendees' discussion included:

- describing their own health experiences relating to their ADF service, including a range of physical and mental health conditions, some of which followed taking antimalarial medications including doxycycline, mefloquine, and tafenoquine;
- recognition that some of the symptoms experienced were consistent with known side-effects of taking antimalarial medicines;
- some attendees describing their experience of health issues and their concern about the ability to understand whether it related to the use of antimalarials or another cause, and it was this uncertainty creating personal stress and anxiety;
- a lack of awareness of what supports are available to them through DVA or Defence, with some of the people having left service almost two decades earlier;
- concerns about how to access the mental health workforce in Adelaide and South Australia, and in particular psychiatrists and psychologists;
- a broad consensus that the Government, whether Defence or DVA, should contact everyone who had been administered mefloquine and tafenoquine in the course of their service to offer assessment, support and assistance; and
- support for the initiative which commenced in mid-2018 to provide a DVA white card to all serving members on transition.

Forum attendees were provided information regarding current DVA and Defence information resources specifically for people with concerns about their use of antimalarials and in particular

mefloquine or tafenoquine. This included support available through Open Arms Veterans and Families Counselling.

DVA was also able to clarify the non-liability health care pathway available to all former permanent ADF personnel and certain reservists to access DVA funded treatment for mental health conditions. This included confirmation that brain injury is one of the conditions listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM 5) and is therefore covered by the non-liability health care arrangements.

The forum attendees were also advised of a neurocognitive assessment program that is being developed by Open Arms Veterans and Families Counselling. This proposal is to address broader concerns in the veteran community regarding cognitive decline, whether due to age, brain injury, disease or other circumstances. The focus of the proposed program would be to provide individual assessment and referral to an appropriate clinical pathway in response to the assessment.

Attendees were invited to provide feedback on the forum via a short survey. Overall, attendees indicated the forum provided helpful information and a good opportunity to openly discuss their concerns. Further, they indicated that it was well organised and facilitated with a positive and honest atmosphere. However, some felt that the discussion became too emotional and that a smaller group might help facilitate a more focused and comfortable discussion for attendees. Attendees also identified that additional information on available supports and services, including non-liability health care arrangements, would be helpful.

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Question 4

Topic: Requests for Assistance

(Hansard Proof 11 October 2018, p 67)

Senator Alex Gallacher asked:

CHAIR: We also received a submission, or a letter, saying that people were having difficulty in preparing submissions for this inquiry. Did the department receive any requests for assistance from individuals wishing to make to a submission to the inquiry?

Ms Cosson: We did make the offer. I spoke to one of the witnesses at your hearing. I spoke with him personally and said, 'If there is a veteran out there who is seeking support with preparing a submission, we will pay for a scribe to sit with them and prepare that so that they could put it forward, if they weren't given the opportunity to attend the hearing. I'm not aware of many who took up that offer, but I can take on notice whether anybody did.'

Answer

Following the Public Hearings in Brisbane on 30 August 2018 and Townsville on 31 August 2018, the Department of Veterans' Affairs (DVA) made an offer to a number of individuals to pay for independent scribing services to assist them with submissions to the Committee. These offers of assistance have not been taken up.

DVA has not received any additional requests for assistance with preparing submissions to the Inquiry.