

Senate Inquiry
Mefloquine and Tafenoquine in the ADF
Kel Ryan - Opening Remarks
30 August 2018

Senators, thank you for the opportunity to address this Inquiry into the use of the Quinoline anti-malarial drugs, Mefloquine and Tafenoquine in the ADF.

We acknowledge that this Inquiry was initiated by the Labor Party with the support of the Green and for that we thank each for their initiative.

It is a long overdue Inquiry into an inconvenient truth, that being that approved trials of Mefloquine that took place in 2001-2012 may have involved some degree of coercion to encourage serving members to participate. After all, even the Australian Defence Human Research Ethics Committee during its investigations of the time was conscious of the fact that ADF personnel are in a unique position of receiving and following orders and, as such, they could be considered to be a captive audience.

If that can be rightfully accepted as a valid proposition, we are unable to reconcile why, in the light of on-going and continued media coverage related to the administration of the drug and possible short term and long-term side effects, there seems to be such resistance to follow up on those members who volunteered to take part in the trial in 2001/2 – it would allay their concerns and the concerns of the likes of Associations such as DFWA.

But firstly, to DFWA and its purpose – the Association seeks to foster the best interests and the wellbeing of the members of the ADF and their families in any matter likely to affect them during or after their period of service. It was established in 1959 and drawn its membership from across the country.

As to my own background, I served 24 years in Army, two tours of Vietnam and service across the Royal Australian Regiment, the SASR, the Pacific Islands Regiment and 51 FNQR. I mention this as I think I have a fair grasp of soldier, soldiering and the concern they have and how they express them.

I do not intend to address the medical and research aspects of the malarial drugs in question nor their use by the ADF per se.

Rather with 70 plus submissions you will have ample reading, detailed reading, to satisfy your interest I would hope.

DFWA concern is with why we are here now:

- a. 30 plus years after the ADF first began issuing Mefloquine to deployed troops,
- b. 20 years after the East Timor deployments when the drugs were the drugs of choice by the ADF for those deployed, and
- c. 15 years after individuals began seriously presenting with symptoms that have torn many lives and families apart.

Why has it taken so long for the ADF, the DVA and the government to address the serious mental health issues of an increasing number of former ADF personnel?

Agent Orange Issue

The Agent Orange issue in the post-Vietnam era was only addressed through political intervention some 15 years after the end of that war. It:

- a. Proved a scourge for the RSL, as its leadership of the time sided with the government of the day and acknowledged that such were the challenges of going to war.
- b. Prompted the creation of, at one time, seven organisations that sought to represent those who served in Vietnam. There are now two Vietnam veteran organisations.
- c. Caused the establishment of a Royal Commission to seek to resolve the concerns of veterans. Note that the official medical history of that period is currently being reviewed and rewritten.

Why do we do this to ourselves? Why do we as a nation treat veterans this way?

RMA

We are loath to be critical of the RMA as it does great work in the development of the Statement of Principles across the range of diseases, injuries and death related to military service. These decisions are based on sound medical-scientific evidence.

However, we are perplexed, as the RMA is of the view that there is insufficient evidence that exposure to the malarial drugs in question cause chronic brain injury. Yet it has included them as a factor in the SOPs for 14 conditions where there is at least a reasonable hypothesis that relevant conditions can occur e.g. bipolar disorder and epileptic seizure.

This seeming contradiction is yet to be explained clearly to the satisfaction of the individuals affected.

DFWA Concerns

DFWA major concerns are:

- a. The length of time it has taken relevant authorities to recognise a problem exists.
- b. The belated recognition by the ADF that it has a responsibility to monitor all members and former members who claim to be affected, and
- c. The use of members of the ADF in human drug trials is problematic. References to and instances of coercion and bullying are concerning in an environment where soldiers are keen to deploy yet are confronted with, 'no taking, no going'.

I am happy to address any questions you may have.

Kel Ryan

National President DFWA