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**:To whom this should concern,**

Reference: Senate inquiry into the use of the Quinoline anti malarial drugs, Mefloquine and Tafenoquine, in the Australian defence Force.

This is a submission that I am making, to address the terms of reference outlined by The senate. I will be making this on behalf of my family, who has suffered the effects of these drugs. In regard to members of the 3rd Battalion Royal Australian Regiment (3RAR), I will also be addressing their part in the trial of these drugs. I will be addressing the suicides of soldiers dating back to deployments to Somalia. I will also be raising questions in regard to the trials and the role of Department of Veterans affairs. Last of all I will be addressing a breach of contract, trust, call it what you want, from the Army and Australia for which I served, standing the wall for 20 years.

I believe that the way the terms of reference have been arranged is poor at best. It leads me believe, that the answers have already been arranged and that there is no clear or transparent process. The questions show little to no knowledge of the subject by the author and will inherently start this inquiry off poorly. I make this statement for the following reasons;

(1) You ask in one question, Two major topics of a completely different nature. Mefloquine and Tafenoquine are two completely different subjects. Tafenoquine was given as a trial drug and is unregistered. Mefloquine is a registered drug and was given in several different scenarios, including mixed into a trial. You then mix in a third topic which now includes all the Quinoline drugs. This then addresses the third drug, which is Primaquine. A brief search of that drug will lead to the material that describes this

drug as, potentially potent to the user, like other two. A deficiency in the Glucose-6-Phosphate enzyme (G-6-PD), warns this drug to have serious side affects, including death. “*quote OP SUMATRA ASSIST REDEPLOYMENT HEALTH BRIEF, APPENDIX 1, CJTF HQ 629*”

(2) You change your questions from that of the Quinoline drugs to mefloquine/Tafenoquine questions only, then swap back again. This allows no continuity in the answering of the questions. Primaquine is also a drug in this classification of drugs.

(3) there has been no attempt to contact the members of the battalions or soldiers that were trialed on the drugs. This is one of the major points of conjecture that surrounds what has happened. The government has the capability to give the soldiers these drugs, then makes no attempt to follow up, investigate or ensure the welfare of the recipients. This was the case when the drugs were given and is still the case. Without the senate inquiry going to the Australian Malaria Institute, asking for the list of the persons trialed, contacting those persons, or families of the deceased and asking for them to submit to the inquiry, then how can this investigation be classified as conclusive. This is basic investigation processes.

(4) It is apparent that their has been Mefloquine given since Somalia, possibly before that. I would also believe it not unreasonable for the government to source the names of the suicides, since then, of ADF personal, and cross reference their medical records for the use of the drug. If this task is to bigger undertaking, then it is another reason for the call of a royal commission.

It is my belief that a Royal commission be sort and the powers of that commission are required to thoroughly investigate this massive issue. The commission will also have the power to investigate this properly and refer the law and action that is most probably warranted. The commission will have the best ability to

channel its focus into findings that will safeguard this from occurring again and strengthen our fighting capabilities. The soldiers are not crash test dummies, they are a vulnerable group, have been identified as such and require protection from this type of activity.

Last of all a Royal Commission will have the ability to look into the completely dysfunctional Department of veterans affairs.

*“ the department has got massive issues, we know that, and we have got it wrong for a long time. There is no trust in our ability to provide an effective service for veterans. We have massive problems. But were trying!” ( quote , Liz Cossen, Secretary of veterans affairs, During a 4 1/2 hour, one on one meeting, I had with her 28 April 2018, when I flew from Geraldton WA to Canberra to speak with her. )*

Addressing Your terms of reference;

*(a) the current and past policies for :*

*(i) prescribing Quinoline anti-malarial drugs to personal*

My wife served in East Timor in 1999/2000. she had some issue with Doxycycline and went to the force hospital. She had initially had an issue seeing some one and had returned to the unit untreated. This you must understand is an operational environment and movement is done escorted with multiple vehicles and armed personal. So going to the doctor at that time, was a fuss for all. She had a female captain send her again, and got into see an male Egyptian doctor. With that ( described as an extremely uncomfortable visit) she was just given tablets. She took a loading dose then Took one a week. There is no written information supplied. There is no warning given. She continued taking this tablet weekly for the duration of her tour. The drug was Mefloquine as described on her medical documents.

*Main points of this drug given to patient;*

*(1) patient was under stress when drug was issued ( not prescribed ). She had already caused a fuss and an issue with this being the second visit.*

*(2) The Drug, Mefloquine ( Lariam) is an S4 Drug. This was not prescribed in accordance with any guidelines on S4 drugs. This was issued, which is a military term for given.*

*(3) the patient was not warned of any side affects which at the time were known or should have been reasonably been known, to the Australian Army.*

*(4) there was no follow up appointment made nor any attempt to check on the welfare of the patient after issue.*

*(5) there was no ability for the patient to choose to not take this medication.*

*(6) the patient had no choice of doctor ( normal for military) however in this case it was a foreign doctor, from a foreign military. There was a distinct discomfort.*

- “due to the nature of service and the need for the military to get on with the task on the ground, the guidelines and overwatch on the drugs that “keep the capability fighting”, should be of the highest order. Soldiers should not be given these drugs unless the highest standard of safeguards are in place. This has not and I have no reason to believe, still does not occur.”*

I personally served two training rotations in 1992 and 1993 in Rifle company Butterworth , Malaysia. On these two trips we had the same cycle of drugs administered. The daily prevention was doxycycline that was taken daily, and then primaquine as the eradication, at the end for 14 days. I had 2, 14 day doses of primaquine in a 7 month period. I was deployed to Timor in 99/2000 and received a daily dose of self administered doxycycline ( laying around literally as well as in bowls on the table in the mess). On return to Australia I was given 30 mgrs / day for 14 days of Primaquine. On all 3 occasions I was given these drugs in a group setting. I have never had any briefing nor

consultation into taking of these drugs. At no stage have I been warned about the possible side affects. At no stage have I been asked if I've had any issues. When I have sort help for issues there has been no mention of the possibility of this drug being administered, in high doses, close frequencies and multiple times. This is regardless to the neurological side affects and other side affects, I reported this and was investigated by the Department of Veteran Affairs.

*Main points of this drug given to patient;*

*(1) patient was in a group setting in the military and was given no free choice in the taking of this medication.*

*(2) patient received no warning to the possible side affects of this drug*

*(3) patient received no follow medical examination on the effects of this drug.*

*(4) primaquine is an S4 Drug. This was not prescribed in accordance with any guidelines on S4 drugs. This was issued, which is a military term for given.*

I accept that this is the military and there is a focus on operational requirement, however this does not over ride the duty of care. These are a drugs with known neurotoxicity.

***(ii) identifying and reporting adverse drug reactions from Quinoline anti-malarial drugs among ADF personal.***

In my wife's situation, she had no idea what this drug was. She had no idea, as a young soldier on operations what this drug was nor had the ability in 1999 to research it. On the other hand there was no cause for her to do that. She had faith in her military to look after her welfare. Why would she even question what she had been given.

The environment of the deployment on operations is a heavy workload period. By the time she had deployed , she had completed months of lead up training. There has been long hours

and dozens of subjects such as kit checks, weapons training, country briefs, medical appointments, dental, more training, more briefs, and this just continues. She was also a clerk, so she was doing the admin for the Snr officers and soldiers deploying. Her mind and body physically and mentally stretched before getting a boot on the ground. She then gets into country and has some issues with the drug doxycycline. She notified her commander and a trip to the hospital was organised. This was the initial reporting of an adverse reaction to a malaria medication. So she attends the force hospital in Dili, with armed escorts organised. She had difficulties in getting to see someone and they returned to their unit. The commander that the initial report was made to, sorted another appointment for her and reorganised an appointment. So on attending a second time, she was seen by a male doctor from the Egyptian defence force. This appointment was described as extremely uncomfortable.

She was issued a drug. She was directed to take an unsupervised loading dose for the first week and then one a week.

She was given a bag with enough drugs to see her the operation, and that was that.

So after being given a drug, that is an S4 drug. After being given a drug with a known neurotoxicity at the time (2000), and after the drug has been known to, or should have been reasonably known to, cause a wide range of side effects. Had no warnings given and had no information.

That was 2000. We found out a connection for her conditions, and this drug 17 years later, after being contacted by a close friend.

She has since being given Mefloquine, seen doctors from the military as well as psychologists and DVA. None of them has looked at her medical documents, that they had, looked at the Mefloquine which is clearly there, and questioned Mefloquine as a possible and most probable causation.

As the questions have changed from that of Quinoline drugs to that of Mefloquine and tafenoquine, I have included my dosing of primaquine in this term of reference.

I had no follow up medical of any substance, nor any medical assessment in the military, that sort to check my welfare on a whole. There was definitely none that was given to assess my psychology. There was a constant theme to not be broken, to not report and to be labeled a skiver and a malingerer for doing so. There is evidence of this in my medical records. So the reporting for help on a psychological matter was never going to happen. The psychology appointments I attended were to gain clearance or approval to advance. This was the case in my Trade school application and my special forces processes. On deployment to Timor this was also the case and on exit from that operation, the two debriefs were appalling. The debrief/ interview in country ended as quickly as it begun, when I was asked how was my tour and did I see anything that might have caused me distress. I reported an Australian Soldier aiming and pointing a loaded weapon with the safety off and finger on trigger, at another Australian soldier. This stopped my interview on the spot and lead to that being pursued. So that would conclude a 2 minute maximum brief for me in Timor.

In Australia I needed to attend another. We had operational urgency for repairs on mission essential equipment, the LAV's (light armoured fighting vehicle). I had not been informed that I had an appointment on and this missed it. When the Major and Warren officer psychs got me I got what was considered an arse reaming. I was abused and spoken to poorly. When I responded I was shut down. I said little to nothing during the following debrief. So yeah.... good system.

***(b) the nature and extent of any adverse health effects of those that have taken Mefloquine/Tafenoquine on serving and former ADF personal.***

The health effects of these drugs on my wife are severe. The first part is that even after having the drug listed on her medical records, and having issues that were reported to and attended to by the Army, and with the Army knowing or should have reasonably known the severe side effects, did anyone address mefloquine as the causation of her sickness.

My wife has suffered a wide range of both neurotoxic effects as well as physical effects of this drug. But this is a topic that is of her medical confidentiality . There is no trust in the government nor the Army to deal with this in a confidential manner. The DVA have had her report the side effects and have full access to her documents and still let her go on blindly, not knowing what the issue was. There can only be one reasonable answer to this, and that is of the actions of an insurance company hiding blame and causation. You gave her the drugs, you go to her and investigate.

On my own medical. I have had primaquine on three occasions. I have as a younger soldier not reported any issues that I had due to the culture that I belonged to. I also had no idea what the drugs were that I was given nor any ability to track possible side effects. I have had severe nightmares and illusive dreaming. I've suffered during my service from depression and anxiety. This was most prominent after Timor, but occurred much of the 90,s . I had turned to alcohol as a self medication to this. I have had extended periods of suicide ideation, including the dreaming of it actually occurring. I was helped by my wife and another friend and finally ended up with DVA and their doctors. At the time, I was a doing high level tactical job as an Air Marshal , flying with a loaded pistol, protecting Australian Aircraft . I had to be extremely guarded and was naturally distrusting. I was told by DVA that I had undiagnosed childhood ADHD and was offered drugs for that. This was the DVA doctor who knew I carried a concealed weapon on an aircraft. I had as a result of the illusive dreaming, no idea if I was in a dream or not. I have, whilst travelling



internationally and domestically, woken to be extremely disoriented and having moved from where I went to sleep. It was extremely distressing. Alcohol consumption is the only thing that seems to num this down. Returning for help seems difficult, as my trust in the system is fully compromised. Writing this is extremely distressing and is once again consuming my thought process.

***(c) the support available for partners, carers and families of personal who experience any adverse side effects of Quinoline anti-malarial drugs;***

Once again there is the issue of first finding out that you had this drug, what it is, and that there is massive side effects profile from the drug. From the point of first being asked if my wife had had Mefloquine, to finding it in her medical documents, and then trying to piece this together, has taken ages. I contacted the then Minister for veterans affairs, Dan Tehan, told him my wife had issues and was given this drug. I was contacted by the dedicated mefloquine help team. There was no help. I could submit a claim, and that was about it. There was little knowledge of the drug and there was little information given. This occurred with the information on this drug known by the Army and the Australian Malaria Institute.

I had a meeting with Liz Cossen, DVA secretary in Canberra. She admitted that the system was broken and all she could do is personally oversee my wife's claim. What system is it that operates with the CEO equivalent, having to personally do claims. I have little more to say on this subject as it seems trivial to complain that the problems it has caused us are massive, yet Chris Styles stood in front of the government and pleaded for help and then with none forthcoming, took his life. My brothers from the 3rd Battalion descended into the dark and never had a chance of fighting out of it and didn't. The families gave their sons and daughters to stand the wall and you "slipped a micky in their drink". In most cases, within a 3 day period, of their total service,

you caused them a life of chronic sickness, brain injury and for some death.

What hope do we have!

There is no support. my children and I have had to wing it. We first punched in the dark to what the problem was. We then had to endure years of issues arising and just having to cope. We then asked for help and there was nothing. The experience of a claim through the DVA, was nothing less than an inflammatory process of stress, with no known end. This is particularly upsetting now knowing that the information on the extreme side effect profile of the drug Mefloquine, was known to the Army and DVA. It was on her medical documents, the problems she reported were all known side effects and yet not one of the doctors, who had those records, choose to inform her, nor investigate this. It is medical incompetence and negligence. I don't know anything about chemically acquired brain injury. I'm not a doctor and I'm not a shrink. I have no experience in rehabilitation . All this and you have made me fight, stress, and spend a monumental amount of my time and energy, just to have the questions asked.

You have no idea nor do I honestly think as humans, do you have the ability to sympathise with our situation.

*(d) a comparison of international evidence/literature available on the impact of Quinoline anti-malarials ;*

*“ never ask a question without knowing the answers”*

Questions on Tafenoquine?

1- why is a country that does not have malaria (Australia) trialing a drug, (tafenoquine) on its soldiers?

2/ why is an American pharmaceuticals company trialing a drug on Australian Soldiers? (There is no market for the drug and thus no money for the companies).

3/ why is an American pharmaceuticals company quoting trials, that they conducted on Australian Soldiers, in their application for a priority review voucher worth millions of dollars, in the USA?

4/ why is that company 60 degrees pharmaceuticals, not listed on the stock exchange? who are the major share holders, who is in the company? What are their backgrounds? What are the links to the Australian Malaria Institute? What are there tie ins in the Canadian company knights pharmaceuticals? What are the links into the Walter Reid Institute?

5/ Why was the trials done on soldiers from the Australian Army on operations, when the risk of them having post traumatic stress was always going to conflict with the known neurotoxicity of the trial drugs. This was always going to be used as a smoke screen for any reporting of adverse events. Rifle company Butterworth has been maned with 4x90 man Rifle company, since 1973 in Malaysia. Since 1983 this has been a training deployment, into The malarial region of south east Asia. The drug doxycycline and all the years of medical evidence of its use are available. In fact how many deployments were available for the Australian Army, that they could have trialed these drugs on. The only reason that the drugs were trialed on soldiers on a deployment was to blame PTSD, should the need arise. Please see the WUSA9 interview with Dr Geoffrey Dow, 60 degrees pharmaceuticals. He says he does not know why there are soldiers having issues ( there was no follow ups so that is actually correct, he has no information). He goes onto say repeatedly that the soldiers are suffering PTSD. He states that literature states that combat is a major cause of PTSD. He is told it was more of a peace keeping mission, to which he states that the Australian government classified it as war like. He was asked about Boganville and replied that it's still a deployment and it's PTSD. So he and the companies know that's there blocking smoke screen , that casts doubt over this. This is a deliberate act.

6/ why has the Geoffrey Dow, 60 degrees pharmaceuticals company, directly involved in these trials, repeatedly answer when asked, on WUSA9 interview, that he didn't know why all

these people that had these drugs were suffering these side effects. Why did He did he make repeated allegations that all the problems that soldiers were having were the results of PTSD. He did this twice during the interview and a third time when told that Boganville was a peace keeping deployment, he replied that it was all nature of deployments were stressful and PTSD.

They trialed this drug on a deployment deliberately to mask any trial results. There was no follow up. When enough people got together and figured it out it was years later and they just said it's PTSD and here we are fighting. Where are the people that did this?

7/ why was there no follow ups into the trials of the drug tafenoquine, on Australian troops.?

8/ why was there no quality assurance systems in place from the Army to ensure that the soldiers were not trialed on a drug that may cause harm?

9/ why was the Army trialed on drugs when by its very nature of a command structure, discipline system under Australian law, and a system of strict discipline and implies all directions to be strictly adhered to, so a "vulnerable Group" by definition?

10/ What accountability do the persons and departments that allowed and facilitated the access to Australian troops, by foreign pharmaceuticals companies have? The liability has now been landed on the Australian Government and the tax payer that they work for!

11/ why has there been no reach out on this subject. You as the government have access to the records. Why have you not conducted a study to find out who is suffering and find out why.

***(e) how other governments have responded to claims regarding Quinoline anti-malarial;***

*(f) any other related matters;*

***The 3rd Battalion Royal Australian Regiment ( airborne).***

There are several issues of contention with the use of the infantry in this trial. The soldiers of this unit were sent to do the heavy hit on this mission. They, by their mission and role, sort out and closed with the enemy, they killed or captured him, they ceased and held ground, repelled attack by day or night, and did this regardless of season weather or terrain.

While preparing for months ahead for mission specific functions, the Paras under the command of Lt Col Nick Welsh, trained in what was described as one of the the most physical and mentally arduous training cycles in the modern history of the battalion.

On the eve of battle the battalion deployed Bravo Company to RAAF base Tindal, NT, to train along with the SAS, for the initial cease and hold of ground and security of Australian Nationals.

This is a busy time for any warrior under the command of Welsh. So while being prodded, poked and doing the medical side of the deploy ability, the individual, is exposed to the medical system. He needs to present with the pass required to deploy. As such, he does what ever it takes to achieve this. He makes no waves. He hides physical liabilities. He absolutely 100% hides any psychological problems. He is also peered by the soldier beside him to not show any signs of weakness nor to fault, that may cause him to be that weak link or again a liability.

So when given a drug, Tafenoquine , by a system that he is bound to, and not withholding the information above, he is bound also by a system of command structure. The defence force discipline act and the fact that if asked to do something, it is a polite way of following a direction that would other wise be a command. So when asked to be a part of a trial a person who is now in a vulnerable group by definition, would clearly be highly

susceptible to inclusion in the trial. To the soldier, it was an order and a requirement of deployment.

Also the drug was given to the members of the battalion under the selling point of “its safe” had “ implied that all were involved” and “that it was already tested”. They were also told “that it was only a 3 day drug that you could consume alcohol whilst on the trial drug” and the alternative was a fortnight of an alternate drug and no alcohol. This to a young soldier, or any soldier returning from such a deployment, was going to take the 3 day alcohol option.

The battalion has lost several soldiers, and by lost I mean a polite way of saying descended into the sadness and darkness and suffered a violent death at their own hands. They were found by someone, that shall have their day haunted with that find and their families left shattered at the process of loosing a son.

It is now beyond reasonable doubt that the inclusion in this drug has contributed to their deaths. This is know known and as a result under the Coroners act, defined as an un natural death and should now be referred to the various state coroners, for investigation, under the relevant national and state coroners act.

The pharmaceuticals Company that is now completely disconnected from this situation was provided a gate access to the Australian soldiers. They now sit completely disconnected from the storm that is now the ex soldiers gathering themselves and seeking answers for this. The Therapeutic goods administration (TGA), gave approval for the drug to be exported into Boganville, yet no such permission was given for the export into Timor in 99/2000. This is another stop point missed, and shows that due process and policy was not adhered to. The adverse events reporting process through the TGU was a process not discussed with the soldiers and not accurate, as there was no follow up medical checks after the drug was administered. There were no long term health effects studies done and thus the reporting will not accurately describe the side effects profile of this drug. The

soldiers suicides that were exposed to this drug have not been accurately captured.

This all needs to be addressed by the senate and the need for the Royal commission needs to be put forward to address this wholistic, and with the depth it requires.

### *Suicides of Australian Soldiers dating back to deployments to Somalia 1992- current;*

The poor side effect profile of this drug Mefloquine, has been known for an extended period of time. The fact that suicide ideation, is a side effect, it is not unreasonable to conclude that Mefloquine needs to be considered in the death by suicide.

Soldiers that have suicided or been involved in a single person accident ( ie car or bike crash) need to be investigated by the states coroner.

Tafenoquine is the same. The deaths of soldiers trialed on the drug need investigation.

(3) the role of the department of Veterans Affairs.

I flew from Geraldton WA to sit with Liz Cossen. This had stemmed from an invite, after I spent the better part of a week end trying to intervene on a soldier trying to kill himself. He had been exposed to the drugs during the trial and his mother rang me distraught. I ended up speaking with Liz and she did truly act on this. So I genuinely think she has tried when she has found these situations, to act and I genuinely thank her as a person and a former military commander for doing so.

I attended a 4 1/2 hr meeting in Canberra with her and we went through the issues.

This system is killing soldiers. There is a system that is broken, and that if you were slightly harmed going in, you a flogged

human coming out. Jessie Bird is a classic example. But it's still happening.

The solution to this is a Royal commission. You know it. If the weather is right, your not gonna upset the political apple cart and it doesn't affect the part line, then the soldiers that served will appreciate it. But hey, what's a few men!

### ***Conclusion;***

*It is highly likely Australian Defence force (ADF) personnel, that have been given anti-malaria drugs and that are suffering medical conditions, have a chemically acquired brain injury. Research is now describing the symptoms of 'neuropsychiatric quinism or quinoline encephalopathy as mimicking Post-traumatic stress disorder (PTSD).' ( Dr Remmington Nevin, quinism foundation).*

ADF personnel were used in trials that were both unethical and a high probability, illegal. ADF personal were administered drugs without proper medical review and without adequate or no warning to the drugs side affects.

There is 5 suicides of former members of the 3rd battalion royal Australian Regiment that were a part of the group that was trailed. There deaths have not been investigated to include this exposure. My wife an ADF member was also exposed to the drug Mefloquine and is suffering its affects. I have been exposed to Primaquine and have affects. You have the information And need only a moral compass that points true north.

***At the going down of the sun and in the morning we will remember them***

***Lest we forget.***



*Rip. Carter. Patterson. Elphinstone. Jozwiak. Cafe. Turner.  
Styles.*

Sent from my iPad