Written evidence submitted by Lt Col Andrew Marriott (Rtd)

1. This submission is respectfully presented by Lt Col (retired) Andrew Marriott, formerly an infantry officer with 35 years’ service, including operations in Northern Ireland, the Balkans, the Caucasus, the Middle East and West Africa. He is currently completing doctoral research in archaeology at Newcastle University, having recently been awarded a BA (Hons), first class with distinction, and a Masters, with distinction, at the University of York.

Executive Summary

2. Three areas relevant to the Inquiry are addressed by this paper.
   - Data management and interpretation, and the need for the MoD to formally recognise all potential causes of mental illness within the military population.
   - The need to ensure that government departmental witnesses and their staff adhere to the standards of integrity that they would expect of serving military personnel.
   - Action regarding veteran suicides.

Introduction

3. Lt Col Marriott gave evidence to a previous inquiry ‘An acceptable risk? The use of Lariam by military personnel’. While acknowledging that that inquiry is closed, this submission draws on key lessons from it central to military mental health. Lt Col Marriott works with the UK Mefloquine Veterans’ Alliance (UKMVA) which is affiliated to similar bodies in North America and Australia. He is particularly concerned that wounded and stigmatised veterans be recognised and treated appropriately.

4. This submission will mainly address three of the questions posed by the Committee, namely:
   
   To what extent do current statistics accurately reflect the level of mental health issues in serving armed forces personnel and veterans, including PTSD?

   What proportion of mental health issues in veterans is attributable to service in the Armed Forces and how well is this measured and understood?

   What are the challenges to accurately assessing the extent of mental health issues in serving armed forces personnel and veterans and how could government improve its understanding of those issues?

Data

5. Statistical data on mental health will continue to be unreliable until the Ministry of Defence recognises that many service personnel and veterans struggling with mental illness are suffering from Lariam or mefloquine toxicity. Work in the United States now sees
mefloquine poisoning as a distinct disease. Also described as neuropsychiatric quinism, this illness is acquiring a set of recognised symptoms with a known pathophysiology (neurotoxicity). Despite the DSC Lariam inquiry of 2015/16, the MoD remains resistant to the increasing medico/scientific evidence that Lariam will have caused long-term or even persistent neuro-psychiatric damage to many of its personnel. This presents two important outcomes relevant to this inquiry. First, because Lariam toxicity mimics and confounds the diagnosis of several mental disorders, including PTSD, data for the latter are being erroneously inflated by misattribution. Second, such misattribution causes those with Lariam toxicity to receive entirely inappropriate treatment, with potentially fatal results. Lariam toxicity is an illness attributable to service. MoD has not attempted to either measure the scale of the problem or understand the illness. Meanwhile, it is being left to those damaged to fend for themselves, or in the case of one inspirational veteran, work alone with his Primary Health Care Trust to build and deliver an outreach strategy to help other mentally injured personnel.

Integrity of Witnesses

6. A particular challenge in assessing the extent of mental health issues may lie in a lack of integrity and accountability of public officials in their defence of malpractice and neglect. This serious charge has numerous recent precedents. Before, during and after the Lariam inquiry, some ministers and senior officers have given oral and written statements that have subsequently proved to be unsustainable and difficult to reconcile with stated policy and the proper administration of prescription-only medicines.

- A particularly egregious example is that of a retired service chief. He recently made a public admission that, because of his knowledge of the dangers of Lariam to mental well-being, he always insisted on being provided an alternative anti-malarial, even though Lariam was the default drug imposed on the rest of his command. Subsequent Freedom of Information inquiries suggest that while protecting himself from harm, he did little if anything, to direct any investigations into the use of safer alternatives for his soldiers. Rather, in a letter to the widow of an officer who committed suicide after taking Lariam, and in which he also defended its preferential use over other available alternatives, he said “I have some personal experience of this drug but, on balance, am content to go with the formal advice.”

- Equally, the Surgeon General stated in his evidence to the DSC 1 “There is no evidence that I can find any place that Mefloquine impairs function.” Noteworthy, and not disclosed to the Committee and only discovered by other lay-witnesses in 2017, is a report by the European Medicines Agency (EMA) from January 2014, and endorsed the following month, which concluded that “There is enough evidence from

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1 Ministry of Defence Evidence to the Defence Committee 12 January 2016,
the presented drug safety reports, the submitted literature report and the FDA assessment report supporting a causal relationship between mefloquine and the occurrence of long lasting and even persistent neuropsychiatric side effects.” This information was known to the Department of Health. It is difficult to reconcile the Surgeon General’s evidence with the EMA report. My military judgement would be that neuropsychiatric side effects would certainly cause serious impairment to function and seriously erode military capability. Furthermore, various defence ministers from 2014, in excusing the use of Lariam, have either been unaware of the EMA report or have chosen to ignore it when answering correspondence. Ministers continue to remain evasive when pressed about MoD knowledge of the EMA report.

Veteran Suicides

7. The government could improve its understanding of mental health issues, first by departments changing from a defensive and institutionally protective culture to a proactive one and, second, by adopting a more comprehensive approach to the problem. An area where improvement is essential relates to veteran suicides.

- Currently, the government has no visibility of veteran suicides, while coroners’ courts have shown a determination to exclude Lariam toxicity as a potential causative factor, even when it has been presented to them as highly likely to be germane to inquests. By failing to address such evidence, coroners cannot meet their remit “to make reports to a person, organisation, local authority or government department or agency where the coroner believes that action should be taken to prevent future deaths”\(^3\). In 2016/17 both the County Durham and North Wales Coroners had been apprised of highly plausible concerns that Lariam was implicated in the suicide of veterans who were the subject of their inquests. One veteran had even posted his concerns of Lariam toxicity on social media before his suicide. Such evidence appears to have been ignored and neither coroner will explain why Lariam toxicity was not addressed.

- The issue of veteran suicides, including the above examples, were presented by the UKMVA to the Head of Defence People, Lt Gen Richard Nugee, at a meeting on 3 August 2017 co-hosted by the MoD and the Department of Health, the latter represented by Kate Davies, NHS Director of Health and Justice, and Armed Forces Commissioning. The MoD response was that they had no means of collecting data regarding veteran suicides and, seemingly, no inclination to attempt to do so. It was suggested to the MoD and the Department of Health that a collaborative body including the MoD, the Department of Health/NHS and the Ministry of Justice (encompassing coroners’ reports) might be formed to address the problem. The matter was not included in the action points subsequently produced by the MoD/NHS on 24 August 2017.

Further to this disappointing outcome, a Freedom of Information request was submitted to the Ministry of Justice asking for “statistics for suicides by both serving armed forces personnel and veterans from 1985 to date? If possible could these be broken down into each Coroner’s area of jurisdiction?” The answer⁴ is most revealing. It said:

The MoJ does not hold any information in the scope of your request. No information on serving armed forces personnel or veterans are collected in the annual returns which coroners submit to the MoJ. This is because there is no legal or business requirement for the MoJ to collect or publish this.

Recommendations

8. It is recommended that:

- A cross-governmental approach be taken to address the short-comings in military mental health.

- The MoJ directs coroners to fully investigate veteran suicides.

- Primary Health Care Trusts develop better understanding of veteran mental health issues and proactively engage with local veterans and/or their advocates.

- The EMA’s confirmation of a causal relationship between mefloquine and the occurrence of long lasting and even persistent neuropsychiatric side effects be embraced by the MoD and the Department of Health.

- The MoD and Department of Health commission independent research to better understand Lariam/mefloquine toxicity, also known as neuropsychiatric quinism, and how it might be treated.

23 March 2018

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