

**WRITTEN SUBMISSION TO THE CHAIR OF THE CANADIAN HOUSE OF COMMONS
STANDING COMMITTEE ON VETERANS AFFAIRS**

**STATEMENT OF E. HERVEY BLOIS, CD, RETIRED CANADIAN FORCES
MEFLOQUINE, MENTAL HEALTH, AND SUICIDE**

My name is Hervey Blois, retired Medical Assistant in the Royal Canadian Medical Services.

I share with you today my concerns around the lasting health effects of the use of the anti-malarial drug, mefloquine (Lariam), in the Canadian Forces (CF).

I started taking mefloquine under orders on January 2, 1993, while I was deployed to Somalia, as a member of the 900-strong Canadian Airborne Regiment Battle Group. This was months prior to the drug's formal approval as a licensed medication by Health Canada. Essentially, I and a number of my unit members were ordered to take what was at the time, an experimental study medication.

Although I have since learned that the CF's use of this study medication was intended in part to document the drug's adverse effects — some of which were already then well known to physicians and scientists — I was never told what these known adverse effects were, nor was I ever told to discontinue the drug if any of these adverse effects developed. Incredibly, even though I was administered the drug as part of a formal scientific study, at no time were the adverse effects I experienced ever recorded or documented, or passed along to Health Canada to inform their later licensing of the drug.

These adverse effects were quite devastating to me and severely affected my health. Initially, while in Somalia, these adverse effects took the form of severe nightmares and paranoia. Had I been provided information that these symptoms could have been due to the drug, I would have discontinued the medication as I have since learned should have been the direction. But since I was provided with no information about the drug's potential dangers, I continued taking the drug weekly under orders, despite experiencing these severe adverse effects.

I have since learned that in addition to causing acute adverse effects, among those who continue taking the drug when these occur, mefloquine may have chronic and adverse

effects that last years after use or may even be permanent. I believe that as a result of my continued use of the drug, that I am also suffering from these effects.

Since my return from Somalia, I developed a number of other severe neurological symptoms, to include muscle weakness and parathesias. All of these symptoms have worsened over time, causing me a great deal of physical pain and discomfort. Doctors continued to tell me they could find nothing objectively indicating any disease process that might require treatment.

Since my return, I have also developed a number of severe psychiatric symptoms, including profound anxiety, aggression, delusional paranoia, and frequent thoughts of self-harm.

In 1998, during a delusional episode I entered into a period of mental breakdown, which caused my admission to the psychiatric ward of the Royal Alexandria Hospital in Edmonton, Alberta.

Following my medical release from the CF in 2001, I was diagnosed with post-traumatic stress disorder (PTSD). But when I received this diagnosis in 2001, I questioned whether this was really the cause of my symptoms. Although I had experienced trauma while in Somalia, in retrospect, my greatest source of trauma and stress were from the nightmares and paranoia from the adverse effects of mefloquine.

In about 2013, I learned about the work of Dr. Remington Nevin and Dr. Elspeth Cameron Ritchie. Both former members of the United States Armed Forces. I began following these two physicians as they published a series of case studies of veterans who had experienced lasting adverse reactions from mefloquine.

Following their research, it became clear to me that the chronic adverse effects of mefloquine, to which these medical professionals kept referring, were very similar in nature to what I had been experiencing over the past 20 years.

Unfortunately, although Dr. Nevin and Dr. Ritchie's work have given me insight into what may be causing my symptoms, and although this insight has provided me some relief, their work has yet to identify a treatment that can directly help my condition.

I have also now, unfortunately, accepted the bitter truth that my lasting symptoms may have been caused by what was then, and remains formally unacknowledged as, an illegal use by this medication by CF.

I have also learned of the heroic, but unfortunately unsuccessful, attempts by Dr. Michelle Brill-Edwards to first prevent, and direct attention to this illegal use.

And, I have also learned that I am not alone in suffering from these effects, and that many more of my fellow veterans may be suffering, some far more than me.

I believe the onus must now fall on the Government of Canada to acknowledge the harm that has been done through these wrong to my generation of veterans. Although these wrongs can never be undone, they can be acknowledged, and we can begin to make up for time lost in investigating and addressing the problems that they may have caused.

One particular area that requires attention in this regard is the problem of suicide among our veterans.

Mr. Trudeau recently admitted on camera in Belleville, Ontario there had been 170 suicides in the CF since 2004¹. There have been a total of 253 suicides from 1995 to 2013².

How many of these may have been the result of acute adverse effects from mefloquine, which we now know can include thoughts of suicide and even completed suicide? How many more of these suicides may have been the result of chronic mental health effects from the drug? How many more suicides will there be among veterans who continue to suffer from the drug's chronic effects?

These are important questions that require formal research and investigation, but there is yet no funding for concerned scientists and physicians to study these questions, and no commitment by the government to ensure that these questions will be answered.

I urge the committee to commit the resources of the Department of Veterans Affairs to begin addressing these questions, and to more broadly acknowledge and commit to investigating the burden of chronic adverse effects from this medication among our veterans.

I thank the committee members for allowing me to submit this personal statement for their consideration.

¹ See <http://www.cbc.ca/news/politics/canada-election-2015-trudeau-liberal-veterans-pensions-1.3201506>

² See <http://www.theglobeandmail.com/news/politics/number-of-suicides-among-male-canadian-armed-forces-personnel/article15816541>

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