Submission to the Canadian House of Commons
Standing Committee on Veterans Affairs

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I thank the Standing Committee for the opportunity to submit this brief for their consideration.

My son, Corporal Scott Smith, 3-Commando, Canadian Airborne Regiment, died of self-inflicted wounds on Christmas Day, 1994, during military operations in Rwanda, following a severe adverse reaction to the antimalarial drug mefloquine.

My son was first issued mefloquine two years earlier, during his deployment to Somalia in 1992, when he was made an unwitting participant in a fraudulent study of what was then, in Canada, an experimental and unlicensed medication.

To gain access to large supplies of mefloquine, under the guise of a drug safety monitoring study promoted by the Public Health Agency of Canada, the Department of National Defence misled officials at Health Canada that it intended to carefully monitor soldiers for medication side effects.

In fact, the Department of National Defence had no such intentions, and it conducted no such safety monitoring during my son's use of the drug. When non-compliance with the study protocol became apparent, neither Health Canada nor the Public Health Agency of Canada intervened to demand the immediate termination of the study nor a careful assessment of the health of its unwitting participants.

During his deployment to Somalia, my son experienced severe side effects, including hallucinations, that he attributed to his use of mefloquine. However, because mefloquine was issued to my son without his receiving any safety instructions, he was never told of the significance of his hallucinations, nor was he instructed to discontinue the drug or seek medical advice as a result of their occurrence. Consequently, I believe that neither Health Canada nor the Public Health Agency of Canada were ever made aware that my son was experiencing symptoms of psychosis while taking the drug.

Psychosis is clearly a severe adverse reaction that should have been considered by Health Canada in its evaluation of the safety of mefloquine and its suitability for use as an approved prescription medication.

In fact, we now know that my son was one of at least two soldiers who are reported to have experienced symptoms of psychosis while taking mefloquine in Somalia. On October 27, 2016, the Standing Committee received compelling oral evidence from an eyewitness, John Dowe, that Master Corporal Clayton Matchee was hallucinating the presence of camel spiders while in the bunker where Shidane Arone was being detained.

It does not take an expert to realize that if two or more soldiers among the approximately 1,000 issued mefloquine in Somalia were suffering from symptoms of psychosis, the true number who experience severe side effects from use of this drug is far higher than the 1 in 10,000 that officials from Health Canada and the Public Health Agency of Canada continue to claim.

With the Department of National Defence having failed in its duty to conduct careful drug safety monitoring, and without the benefit of information that would have permitted the drug's true rate of severe side effects to have been calculated, by the time my son was deployed to Rwanda in 1994, Health Canada had deemed that mefloquine was safe, and my son was once again issued the drug — this time as a licensed medication.

Recently, I learned that while in Rwanda, my son was being treated with an antidepressant medication for an unknown health condition. Tests conducted at autopsy, in Nairobi, Kenya, confirmed the presence of a tricyclic antidepressant in his body. I have never been told by the Department of National Defence what health condition he was being treated for with this medication. However, a reporter, Bonnie Toews, who met my son in Rwanda, wrote in an article that was published the month of his death that he "is one of the unfortunate ones to react to the malaria medicine everyone has to take. He experiences hallucinations. But in Rwanda he's prepared to endure these side effects"[1].

While in Rwanda, I fear that my son was once again suffering from severe side effects caused by mefloquine, and that to control these side effects, he was prescribed an antidepressant. And although the exact cause of my son's death may never be known, I fear that it is likely that the negligent use of mefloquine despite the side effects he experienced ultimately triggered a serious drug-induced dissociative psychotic reaction that led directly to his death.

My son did not have to die on Christmas Day, 1994. If not for the presence of mefloquine, my son would likely still be with me today.

Officials in the Department of National Defence continue to believe that their use of mefloquine in Somalia and Rwanda was justified because of the deadly threat of malaria there. But I am tired of hearing our military officials say that malaria is a deadly disease, and then use this fact to justify and excuse what in my son's case was clearly a fraudulent, and negligent use, of this drug.

While malaria is dangerous, the real danger my son faced — and the likely reason that he died — is that he was given mefloquine in place of a safer antimalarial drug. When my son deployed to Somalia and Rwanda, there were safer and equally effective antimalarials available that the Department of National Defence could have prescribed to him, including doxycycline. Doxycycline was the U.S. military's antimalarial drug of choice prior to its licensing of mefloquine in 1989, and the U.S. military returned to doxycycline as its first-line drug twenty years later in 2009 when the Army began to deprioritize the use of mefloquine. Canadian officials had a choice of first-line use of this medication, but instead chose the inherently dangerous drug mefloquine.

[1] Toews, Bonnie. Trucks integral part of relief effort in ravaged Rwanda. *Canadian Trucking Magazine*. December, 1994.

In the years since my son's death, successive Canadian governments have accepted an intentional and self-imposed ignorance on this subject, and have inherited from their Ministries an unrepentant culture of denial regarding the drug's inherent dangers that continues to this day. The Canadian government's refusal to consider the pleas of veterans to prohibit mefloquine, or at least to declare it a drug of last resort before any large-scale deployment to Africa, reflects this continuing culture of denial.

Although it may not be the place of the Standing Committee to make recommendations to the Department of National Defense on the use of mefloquine, the Standing Committee can do more to encourage the Department of National Defence to reconsider its position by holding additional hearings to further investigate the role of this drug in veterans' suicides.

I would welcome the Standing Committee's assistance in seeking clarification from the Department of National Defense as to the circumstances surrounding my son's death. How was his severe reaction to mefloquine overlooked in Somalia? Why was he prescribed mefloquine again for Rwanda? For what condition was he being treated with antidepressants? Why was his death not attributed to mefloquine, when this was clearly the most logical explanation for his suicide? Similarly, the attempted suicide of Clayton Matchee deserves further investigation. In how many other cases of suicide and attempted suicide among Canadian veterans was there evidence of past exposure to mefloquine? In how many — as was the case with my son and with Master Corporal Matchee —were signs of severe side effects missed?

While I would encourage the Standing Committee to consider these important questions, I would also ask that the Standing Committee consider the broader goals of Canadian veterans affected by this drug. They have requested that the Canadian government formally acknowledge that mefloquine has caused lasting harm to a generation of Canadian veterans, to include contributing directly to suicide. These veterans have also requested that the Canadian government reach out to those who may be continuing to suffer from the drug's effects, particularly those who may still be at risk of suicide because of these effects. Lastly, these veterans have also requested that the Canadian government commit the necessary financial resources to sponsor independent clinical and scientific research to properly study the drug's effects, and possibly find a way to mitigate these and prevent future suicides. I fully support these goals.

I thank the Standing Committee for the opportunity to submit this brief for its consideration.