

**Prepared Statement of Dr. Remington Nevin**  
**Parliament Hill, Ottawa, Canada**  
**September 19, 2017**

It is great to be with you this afternoon. Here, in your capital city, Ottawa, in front of your beautiful Parliament buildings. In the company of brave veterans and their supporters. Thank you to everyone who has made today possible, especially Marj. Pieter. Bev. And so many more. Thank you all for your tireless support.

How proud you must all be. Here, today. To have come so far in this fight. And to know that victory in this issue, while perhaps not imminent, is now all but inevitable. And that help will, one day, come from your government. To see the support of so many members of Parliament. Veterans' organizations. The media. And a public that grows more interested and concerned at your plight with every passing day.

Victory is coming. But, let us make no mistake, when it comes, this will be, at best, a bittersweet moment.

And it will not come before you, as Canadians, discuss some very uncomfortable things amongst yourselves.

Today, I will be speaking to you about these things as an American. I am former American military physician. An epidemiologist. I earned a master and a doctoral degree from Johns Hopkins University. I am widely published in the field of drug safety. This is the career I have made in my adopted home in America.

But, as many of you know, I am also a very proud native son of Canada. I was born and raised here in Ontario — like so many others, the son of an American father and a Canadian mother. While wearing the uniform of the American military, I was deployed alongside Canadians in Afghanistan. I

have known veterans on both sides of the our shared border who have given their lives for their country. So, if you would please, indulge me as you would a fellow Canadian when I speak to you about your country, and what makes you — and your military — different than America, and why this issue should upset you so greatly, as Canadians.

This is a story about our two countries and an antimalarial drug — mefloquine — that has been the source of so many tragedies between us over the last quarter century. An epidemic of mental illness. An epidemic of suicide. Brutal and senseless murders on battlefields and on the homefront. Tragedies that could have been prevented, were it not for what I think was the undue influence of American interests.

This is a story about missed opportunities, and of pivotal events in your nation's recent history that have defined who you are as a country in the eyes of the world. And this is a story whose final chapter has yet to be written, because you, as Canadians, have yet to write it.

Mefloquine is not a Canadian drug. It's an American drug, one that Canadians would never, in a thousand years, ever dream of developing. It was developed for the American military. For American military purposes, as part of its war efforts in Vietnam. It was first developed — around the time I was born — at a time when the very fabric of my adopted country was being torn apart. When opposition to the war was at its peak. And when so many Americans — including my father, were voting with their feet — and choosing what for them was a better path, here in Canada.

At the time, just as your country had no desire or need for the Vietnam War, Canada had no desire or need for mefloquine. Canada was not involved in overseas conflict. You were not drafting hundreds of thousands of troops to send to malaria-endemic jungles. You were, as you are now, primarily proud peacekeepers, carefully deploying small numbers of well-trained, highly-disciplined troops, to make a difference in the world, as only Canadians can.

All this changed with Somalia, 25 years ago this fall. By 1992, mefloquine had been licensed and available for sale in America for about three years. But Canadians, very wisely, had not yet licensed it. There were very troubling indications that mefloquine was causing paranoia, aggression, vivid horrific nightmares, and even psychosis — or nightmare-like hallucinations — that would linger throughout the day. These and other effects were not rare, but in fact common, and affected at least a sizeable minority of those taking the drug. A warning was even added to the American drug label to caution that if you developed certain psychiatric symptoms, to immediately stop mefloquine, and use a safer alternative.

For these reasons, concerned physicians in the American military — the military that had just spent hundreds of millions of dollars developing this drug — were at first quite reluctant to use it widely, and instead, continued to use safer alternatives that had been available, and effective, for many years.

All this changed in Somalia, where it appears that American military leaders, determined to make good on their investment in this drug, ordered its widespread use.

When the Canadian military signed onto the American-led mission in Somalia, it appears to have come under great pressure to conform with American practices. Many other nations who were participating in the separate UN mission in Somalia instead chose to use safer antimalarial drugs. But Canadians, integrated closely — and perhaps too closely — with Americans — followed the American lead in recommending mefloquine as the first-line drug, even though the drug had yet to be licensed in Canada, and even though a safe and effective alternative antimalarial drug was already readily available.

Prior to Somalia, Canadian Forces had access to small quantities of mefloquine only through a Health Canada-approved Safety Monitoring Study, that was to have been closely supervised by physicians. The results

of this study were to have been carefully reviewed to help inform Canada's eventual decision on whether or not it would license the drug.

Until very recently, Health Canada and the Department of National Defence had seemingly held to the fiction that the use of mefloquine in Somalia fell under the very limited legal authority of this Safety Monitoring Study.

But today, the Canadian Armed Forces Surgeon General and the Department of National Defence have apparently conceded that there was no legal basis for its distribution of mefloquine at the start of the Somalia mission. It is clear that the legally mandated terms for access to mefloquine through the Safety Monitoring Study were not — and could not — be met.

Consequently, thousands of doses — industrial quantities — of mefloquine were somehow, without obvious legal basis — imported into Canada and distributed to Canadian Forces personnel deploying to Somalia in the early days of the mission. These personnel received no safety warnings, and they received no safety monitoring. They were, in fact, ordered to take the drug, and they could not stop taking it, even when many developed the very symptoms listed in the American drug label that required the drug's immediate discontinuation. All of this occurred before mefloquine was ever licensed for legal use in Canada.

One of the soldiers who received mefloquine was Master Corporal Clayton Matchee. You may know Clayton Matchee from your history books as the soldier from the once-proud Canadian Airborne Regiment, who just days after returning to Somalia after being home on leave, tortured and killed Somali captive Shidane Arone.

Today, you will hear from Clayton's wife, Marj, about how Clayton himself was tortured in the days leading up to Shidane's death. Tortured by horrific drug-induced hallucinations of a demon that kept him awake at night cowering in his bed. Drug effects that made him so obviously paranoid, aggressive, and confused, that any reasonable drug safety monitoring study would have detected them — had such a study been in effect. Drug

effects that — because they remained undetected — would lead, upon his return to Somalia, to Clayton savagely beating his captive to death, while in an obviously psychotic state.

What happened in the hours that followed this event is not yet fully known. Clayton Matchee was found severely brain-injured, the apparent victim of a failed impulsive suicide attempt.

But what is known is that in the days and months that followed, blame for this event fell not upon those at Health Canada and the Department of National Defence who had made the fateful decisions that led to the importation and distribution of this drug. Instead, blame fell upon the very Canadian soldiers, including Clayton Matchee and others, who were very obviously suffering under the drug's horrific ill-effects.

Canada had an opportunity to speak then and there to the dangerous effects of this American drug. The Canadian Forces could have immediately terminated its use, and Health Canada could have halted its distribution. But make no mistake. Doing this would have greatly displeased the American military.

Instead, Canadian military leaders issued informal gag orders, and Canadian soldiers quickly learned not to speak ill of mefloquine or complain of effects from its use, so as not to see their careers suffer. Canadian Forces doubled-down on their commitment to the drug. Health Canada quickly rubberstamped its licensing in the midst of the Somalia mission. The Canadian Airborne Regiment was subsequently disbanded in disgrace. The human toll from these fateful decisions you will hear about in the speeches that follow today.

In the years that followed this scandal, brave soldiers and physicians, who had seen and studied first-hand the effects of mefloquine in Somalia and elsewhere, were prepared to risk their careers to speak to what they knew. But the Somalia Commission of Inquiry, investigating these issues, was

prematurely terminated—just as it was about to investigate the mefloquine issue.

Even so, the Somalia Commission of Inquiry, commenting on how the mefloquine issue was never fully investigated, concluded this:

“If mefloquine did, in fact, cause or contribute to some of the misbehavior that is the subject of this Inquiry, [Canadian Forces] personnel who were influenced by the drug might be partly or totally excused for their behaviour”.

Imagine what this would mean for the family of Clayton Matchee, for him to be “partly or totally excused” for his behavior. And for the history books to teach not that he was the man who brutally and senselessly tortured and killed Shidane Arone, but that both Clayton and Shidane were collateral damage from a drug developed by the American military, for American military purposes, that was rushed into use by the Canadian Forces likely to serve American interests, its dangers never fully investigated, and quite possibly covered up by Canadians, out of nothing more than a misplaced sense of alliance.

I can talk about these issues, because after years of suffering from our own brutal scandals involving mefloquine, the American military has now wisely distanced itself from the drug, declaring it a drug of last resort or banning it all together. And the American veterans’ compensation system is now quietly awarding disability benefits to the many veterans who are suffering from the effects of being poisoned by it.

This condition — which I have termed “quinism” — is a hidden epidemic among veterans of the last quarter century. Its symptoms mimic those of posttraumatic stress disorder and traumatic brain injury, and complicate the diagnosis and treatment of these conditions. Tomorrow, I will be speaking more to this condition.

But today, the focus is on what your government can do. Today you are asking for acknowledgement by your government that Canadian veterans have been poisoned by mefloquine and are suffering still today from its harmful effects. You are asking for a commitment for the government reach out to Canadian veterans, including from the Somalia era, who have been suffering in silence all these years. You are asking for a commitment to fund truly independent research by leading institutions and scientists who will have the academic and intellectual freedom to explore issues that will very likely prove embarrassing to the Canadian government. And you are asking for a commitment to reopen the Somalia Commission of Inquiry, to fully account for the role of mefloquine in that fateful mission.

America and Canada are best of friends, and I have had the good fortune and privilege to live on both sides of our shared border. And while my loyalties are very clearly with my adopted county, as one of your native sons, I understand in my heart what it means to be Canadian. To be independent, sovereign, masters of your own destiny, un beholden to America or its interests; and free to steer clear of its occasional mistakes and misadventures.

When this Commission of Inquiry is reopened, as I am confident it will be, we will learn that Canada could have saved itself the nightmare of the Somalia Affair. We will learn that Canada could have saved myself and other Americans from the terrible legacy of mefloquine, a legacy of our own disastrous creation. And we will also learn the uncomfortable reasons why, at a fateful moment in your history, some of your leaders appear to have forgotten what it means to be a Canadian, and we will be reminded why, for the sake of your country and its people, you must never permit this to happen again.

Thank you.