



# VETERAN VOICE.INFO

Feature: Mefloquine

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[www.VeteranVoice.info](http://www.VeteranVoice.info)

## VeteranVoice.info

VVi is for you, all veterans, regardless of whether you belong to a veteran organization or not. VVi is a distribution centre, a conduit for making sure that the information you need as a veteran is there for you in a timely fashion. Our aim is to provide a forum for *all* Canadian veterans, serving members and their families to have access to information pertaining to veteran rights.

VVi is an independent site, not associated with any governmental department, agency or veteran organization. VeteranVoice.info is maintained by independent contributions.



## Mefloquine mass tort class action litigation

During the 1990s, it was common for military personnel to be prescribed Mefloquine, an antimalarial medication, when deployed to areas around the world where malaria was prevalent. However, issues with the drug have since been discovered causing some to be concerned. In fact, in 2016, Health Canada updated the warning labels for mefloquine,

highlighting serious side effects – anxiety, paranoia, depression, hallucinations, psychotic behaviour and thoughts of suicide –which can persist for months or years after taking the drug.

A class action was commenced in 2000 against the Canadian Government; the case was dismissed for delay in April 2018.

HSH has partnered with Waddell Phillips as Co-Counsel to bring forth individual claims for any member, or former member, of Canadian Armed Forces who was ordered to take Mefloquine from years 1989 to present.

To learn more on the differences between class actions and mass torts, read our article here <https://www.hshlawyers.com/articles/the-power-of-many-customized-for-one-mass-torts-vs-class-actions/> .

If you or a loved one is taking or has taken Mefloquine and has experienced harmful side effects associated with its use, HSH personal injury lawyers Paul Miller and Michael Henry can help you to identify whether you may benefit from taking part in this legal action.

## Side Effects of Mefloquine

Mefloquine has been reported to cause a number of symptoms in those who've taken the drug, including anxiety, depression, suicidal and homicidal thoughts, paranoia, delusions and hallucinations. Health Canada recently updated its warning labels to reflect those side effects. Though the Canadian military conducted its own review which determined that the drug doesn't have any long-term effects, it now only prescribes mefloquine as a drug of last resort.

## The Problem

A number of veterans claim they have suffered significant side effects from mefloquine which they say they were forced to take when deployed to Somalia in 1992 and 1993. They say the anti-malaria drug was prescribed as part of a clinical trial which didn't follow proper procedure. According to the rules of clinical trials, soldiers must provide consent before taking a new drug and be made aware of possible side effects. They should also be advised to avoid alcohol when taking the drug and must be monitored and treated for any negative side effects.

By not following those rules, the veterans claim the federal government hasn't effectively met its duty of care. As a result, many are now suffering from a variety of side effects from mefloquine, including depression, anxiety, aggressive behaviour, paranoia, psychiatric symptoms, brain damage and suicidal thoughts.

Today the Canadian military seldom prescribes mefloquine. In June of 2017 the Department of National Defence announced that Mefloquine would only be recommended for use if a CAF member requests it, or if there are contraindications to the member being

prescribed other anti-malarials.

## What's Being Done?

By prescribing mefloquine without following proper procedure for a clinical trial, and failing to inform our forces of the side effects, members of the military have suffered debilitating medical symptoms, some serious with long-term impact. HSH lawyers Paul Miller and Michael Henry, along with Waddell Phillips, want to hold the Canadian Government accountable.

The objective of the mefloquine lawsuit in Canada is to help its victims receive compensation for the drug's harmful effects and for being part of a clinical trial that didn't follow proper procedure despite potential risks. As a mass tort litigation, cases proceed on an individual basis.

## Helping You

HSH lawyers can help you create a claim for compensation and damages based on the pain, suffering and losses you have experienced after experiencing side effects from a drug. If you or a loved one has been prescribed mefloquine and have experienced harm as a result, HSH can explain your rights and determine whether you may benefit from participating in this mass tort litigation.

Call us today at 1-877-771-7006 for a free consultation.

Source...[https://www.hshlawyers.com/expertise/mass-tort-class-action-litigation/mefloquine/?fbclid=IwAR101WgTnNEzeJN5wm1io\\_CHVYktRDROFixMx\\_cYM0FW12JksNOcKTnlcRY](https://www.hshlawyers.com/expertise/mass-tort-class-action-litigation/mefloquine/?fbclid=IwAR101WgTnNEzeJN5wm1io_CHVYktRDROFixMx_cYM0FW12JksNOcKTnlcRY)



## **Canadian Forces curb use of mefloquine, but study findings anger veterans**

DAVE CHAN/THE GLOBE AND MAIL

GLORIA GALLOWAY PARLIAMENTARY REPORTER  
PUBLISHED JUNE 1, 2017 UPDATED JUNE 2, 2017



Chief of the Defence Staff General Jonathan Vance working in his office at DND Headquarter November 13, 2015 in Ottawa. The Canadian Forces on Thursday released a report from a task force on mefloquine that was ordered last fall by General Vance.

Canadian soldiers who are deployed to regions where malaria is prevalent will no longer be offered mefloquine as a first option for preventing the disease, the military has decided after completing a study prompted by veterans who say the drug caused permanent brain damage.

The Canadian Forces on Thursday released a report from a task force on mefloquine that was ordered last fall by General Jonathan Vance, the Chief of Defence Staff. Health Canada simultaneously made public its own findings about the safety of the drug. Both studies conclude there is no evidence that the drug causes long-lasting and permanent neurological and psychiatric problems.

That angers some veterans, who say they experience debilitating mood issues, sleep disorders, aggression, depression and memory loss as a result of mefloquine toxicity.

"There is no doubt in my mind that this drug caused, and causes, serious, serious issues for a lot of us," former soldier Dave Bona said.

The military's report recommends that the two most commonly prescribed alternatives – Malarone and doxycycline – be considered preferred options for soldiers deploying to countries where malaria is a risk, and that mefloquine be used only when the other drugs are not tolerated or when a soldier has taken it previously, had no problems with it, and chooses to take it again.

The change closely aligns the policy of the Canadian Forces with that of the Australian, U.S. and British military, which have declared mefloquine a drug of last resort. Germany has banned it for its soldiers.

The Canadian military study did not involve original scientific research, but analyzed available studies on the medication and reviewed the Canadian Forces' experience with it.

"It just infuriates me. It's like they have cherry-picked the reports they want to use to support their own agenda," said Mr. Bona, who took mefloquine during the Somalia mission of the early 1990s as part of an unorthodox and possibly illegal clinical trial run by the Department of National Defence and Health Canada. Some blame the drug for the violence in which Canadian troops beat a 16-year-old Somali to death.

Mr. Bona's partner, Teresa Untereiner, said it is both dangerous and irresponsible to say mefloquine causes no permanent neurological harm. "When they deny that it has an effect, they're able to deny the people who have been affected any services," she said.

Health Canada updated the warning labels for mefloquine in August to emphasize that certain side effects can persist for months or years after the drug is discontinued and may be permanent in some patients. The department said the reported symptoms include anxiety, paranoia, depression, hallucinations, psychotic behaviour and, in rare cases, thoughts of suicide.

How such side effects might affect soldiers when they are deployed to dangerous parts of the world was part of the study released by the military on Thursday, said Lieutenant-Colonel Andrew Currie, the head of the communicable disease prevention program for the Canadian Forces. "At the end of the day," Lt.-Col. Currie said, "that was certainly part of the decision-making that the surgeon-general had when he proposed the new policy on mefloquine."

It is important to point out that the number of soldiers who have been using mefloquine has diminished significantly, he said.

In fact, task force could find just 111 military patients who had been prescribed mefloquine between December, 2013, and December, 2016, a time when there was no large deployment to a country where malaria is prevalent. Of those cases, however, it was discovered that 12 per cent were given the drug even though they had a history with anxiety, depression or PTSD that meant it was not recommended. The report advises the military to develop better screening procedures.

The Commons Veterans Affairs Committee, which has been studying mental health and suicide among veterans, had heard much testimony from veterans such as Mr. Bona who believe they were injured by mefloquine.

Cathay Wagantall, a Conservative MP who is a member of that committee, commended the military for making mefloquine a second-line drug. But by declaring there is no evidence of permanent neurological and psychiatric damage, she said, "I think they are trying to dismiss themselves now from having to deal with the fact that, for years, soldiers have suffered, and veterans have suffered, with the use of this drug."

Remington Nevin, a doctor at the Johns Hopkins University Bloomberg School of Public Health in Maryland, who has studied the drug's effects for nearly a decade, was harsh in his assessment of Health's Canada's conclusions. The federal department "shamefully appears to be taking a page from the playbook of tobacco company executives in attempting to manufacture doubt about the known chronic effects of mefloquine which are clearly acknowledged by international drug regulators," Dr. Nevin said.

As for the report of the Canadian military, the recommendation to further restrict use of mefloquine is a tacit acknowledgment that the Forces have failed to use mefloquine safely, and that its continued use poses a risk to its members, Dr. Nevin said.

"While this report is a step in the right direction for serving members of the Canadian Armed Forces," he said, "it does a disservice to Canadian veterans. Canadian mefloquine veterans deserve to have the government acknowledge that their health has been placed at risk by Canadian Armed Forces' misuse of mefloquine."

Source... <https://www.theglobeandmail.com/news/politics/mefloquine-will-no-longer-be-canadian-forces-first-malaria-prevention-option/article35184526/>



### **Malaria drug causes brain damage that mimics PTSD: case study**

By: Patricia Kime  
August 11, 2016





Cpl. Timothy Dobson, a fire team leader with second platoon, Ground Combat Element, Security Cooperation Task Force Africa Partnership Station 2011 takes doxycycline once per day in accordance with a weekly dosage of mefloquine to prevent the spread of Malaria. The daily routine is supervised by 1st Sgt. Jason Moffit and one of the second platoon corpsmen to ensure that meds are taken each day while APS-11 conducts its mission of security cooperation through military-to-military exchanges. (U.S. Marine Corps photo by Lance Cpl. Timothy L. Solano)

The case of a service member diagnosed with post-traumatic stress disorder but found instead to have brain damage caused by a malaria drug raises questions about the origin of similar symptoms in other post-9/11 veterans.

According to the case study published online in Drug Safety Case Reports in June, a U.S. military member sought treatment at Walter Reed National Military Medical Center in Bethesda, Maryland, for uncontrolled anger, insomnia, nightmares and memory loss.

The once-active sailor, who ran marathons and deployed in 2009 to East Africa, reported stumbling frequently, arguing with his family and needing significant support from his staff while on the job due to cognitive issues.

Physicians diagnosed the service member with anxiety, PTSD and a thiamine deficiency. But after months of treatment, including medication, behavioral therapy and daily doses of vitamins, little changed.

The patient continued to be hobbled by his symptoms, eventually leaving the military on a medical discharge and questioning his abilities to function or take care of his children.

It wasn't until physicians took a hard look at his medical history, which included vertigo that began two months after his Africa deployment, that they suspected mefloquine poisoning: The medication once used widely by the U.S. armed forces to prevent and treat malaria has been linked to brain stem lesions and psychiatric symptoms.

While no test is available to prove the sailor suffered what is called "mefloquine toxicity," he scored high enough on an adverse drug reaction probability survey to tie his symptoms to the drug, also known as Lariam.

The sailor told his Walter Reed doctors that he began experiencing vivid dreams and disequilibrium within two months of starting the required deployment protocol.

Symptoms can last years

Case reports of mefloquine side effects have been published before, but the authors of "Prolonged Neuropsychiatric Symptoms in a Military Service Member Exposed to Mefloquine" say their example is unusual because it shows that symptoms can last years after a person stops taking the drug.

And since the symptoms are so similar to PTSD, the researchers add, they serve to "confound the diagnosis" of either condition.

"It demonstrates the difficulty in distinguishing from possible mefloquine-induced toxicity versus PTSD and raises some questions regarding possible linkages between the two diagnoses," wrote Army Maj. Jeffrey Livezey, chief of clinical pharmacology at the Walter Reed Army Institute of Research, Silver Spring, Maryland.



Once the U.S. military's malaria prophylactic of choice, favored for its once-a-week dosage regimen, mefloquine was designated the drug of last resort in 2013 by the Defense Department after the Food and Drug Administration slapped a boxed warning on its label, noting it can cause permanent psychiatric and neurological side effects,

50,000 prescriptions in 2003

At the peak of mefloquine's use in 2003, nearly 50,000 prescriptions were written by military doctors.

That figure dropped to 216 prescriptions in 2015, according to data provided by the Defense Department. According to DoD policy, mefloquine is prescribed only to personnel who can't tolerate other preventives.

But Dr. Remington Nevin, a former Army epidemiologist and researcher at the Johns Hopkins Bloomberg School of Public Health in Baltimore, said any distribution of the drug, which was developed by the Army in the late 1970s, is too much.

"This new finding should motivate the U.S. military to consider further revising its mefloquine policy to ban use of the drug altogether," Nevin told Military Times.

While a case study is a snapshot of one patient's experience and not an indication that everyone who took or takes mefloquine has similar issues, one randomized study conducted in 2001 — more than a decade after the medication was adopted by the military for malaria prevention — showed that 67 percent of study participants reported more than one adverse side effect, such as nightmares and hallucinations, and 6 percent needed medical treatment after taking the drug.

Yet mefloquine remains on the market while Walter Reed Army Institute of Research conducts research on medications in the same family as mefloquine, including tafenoquine, hoping to find a malarial preventive that is less toxic but as effective.

Mefloquine was developed under the Army's malaria drug discovery program and approved for use as a malaria prophylactic in 1989. Shortly after commercial production began, stories surfaced about side effects, including hallucinations, delirium and psychoses.

Once considered 'well-tolerated'

Military researchers maintained, however, that it was a "well-tolerated drug," with one WRAIR scientist attributing reports of mefloquine-associated psychoses to a "herd mentality."

"Growing controversies over neurological side effects, though, are appearing in the

literature, from journal articles to traveler's magazines and resulting legal ramifications threaten global availability," wrote researcher Army Col. Wilbur Milhous in 2001. "As the 'herd mentality' of mefloquine associated psychoses continues to gain momentum, it will certainly affect operational compliance and readiness. ... The need for a replacement drug for weekly prophylaxis will continue to escalate."

Mefloquine was implicated in a series of murder-suicides at Fort Bragg, North Carolina, in 2002, and media reports also tied it to an uptick in military suicides in 2003.

A 2004 Veterans Affairs Department memo urged doctors to refrain from prescribing mefloquine, citing individual cases of hallucinations, paranoia, suicidal thoughts, psychoses and more.

The FDA black box warning nine years later led to a sharp decline in demand for the medication. But while the drug is no longer widely used, it has left damage in its wake, with an unknown number of troops and veterans affected, according to retired Navy Cmdr. Bill Manofsky, who was discharged from the military in 2004 for PTSD and later documented to have mefloquine toxicity.

He said the Defense Department and VA should do more to understand the scope of the problem and reach out to those who have been affected.

"I'm kind of the patient zero for this and I now spend my life trying to help other veterans who have health problems that may have been caused by mefloquine. More needs to be done," Manofsky said.

He said while there is no cure for the vertigo and vestibular damage or the psychiatric symptoms caused by mefloquine, treatments for such symptoms, such as behavior and vestibular therapy help.

And, he added, simply having a diagnosis is comforting.

Veterans can seek help

"Veterans need to come forward," he said. "The VA's War Related Illness and Injury Study Center can help."

The patient in the case study written by Livezey continues to see a behavioral therapist weekly but takes no medications besides vitamins and fish oil.

He sleeps just three to four hours a night, has vivid dreams and nightmares and vertigo that causes him to fall frequently, and continues to report depression, restlessness and a lack of motivation.

The sailor's experience with mefloquine has been "severely life debilitating" and Livezey notes that the case should alert physicians to the challenges of diagnosing patients with

similar symptoms.

"This case documents the potential long-term and varied mefloquine-induced neuropsychiatric side effects," he wrote.

*Patricia Kime covers military health care and medicine for Military Times. She can be reached at [pkime@militarytimes.com](mailto:pkime@militarytimes.com).*

Source... <https://www.militarytimes.com/news/your-military/2016/08/11/malaria-drug-causes-brain-damage-that-mimics-ptsd-case-study/>

## **Lariam - Canadian Airborne in Somalia (The Fifth Estate)**

Source... <https://www.youtube.com/watch?v=wJmTt-vMPs0&feature=share&fbclid=IwAR00CKo30lutDnuQdIU1cHZKussFqLZ6ZM0iM1VcmILbaTeidNBIawa7DTg>

## **For more information**

Visit... <https://imvalliance.org>



## **You Can Help!**

All veterans are encouraged to pass information, opinions, links to self-help sites onto VVi. VeteranVoice.info is a distribution centre and we are dependant on others to pass information. This is your site. Tell other veterans about your site.

Email: [info@VeteranVoice.info](mailto:info@VeteranVoice.info)

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**VeteranVoice.info**  
(VVi)

<http://VeteranVoice.info>

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<http://VeteranVoice.info/bulletinboard.htm>



**VVi Database**

[http://www.veteranvoice.info/db/all\\_records.asp](http://www.veteranvoice.info/db/all_records.asp)



**VVi CSAT Forum**

<http://csat.top-talk.net/>



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**Veteran's Aide  
Memoire**

[http://veteranvoice.info/archive/aide\\_memoire/Vet\\_Aide\\_Memoire.pdf](http://veteranvoice.info/archive/aide_memoire/Vet_Aide_Memoire.pdf)



**Equitas Society**

<http://www.equitassociety.ca/>



Marijuana For Trauma Inc.  
VETERANS HELPING VETERANS

**MARIJUANA For Trauma  
(MFT)**

<https://mftgroup.ca/>

**National (US) Gulf War  
Resources Center, Inc.**

<http://www.ngwrc.org/>

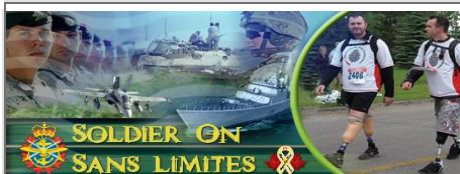


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<http://vpp.ppcliassoc.ca>



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**Wounded Warriors**  
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