

On Oct 10, 2014, at 8:33 PM, Hervey Blois <[hblois\\_51@hotmail.com](mailto:hblois_51@hotmail.com)> wrote:

Dr. Nevin,

I am sending the attached article for your perusal and interest. It was recently sent to me by another Somalia deployed individual who had heard that I was looking for any such material. There are some very powerful quotes contained within, to which I would ask you to respond, if you see fit. I will leave that choice up to you.

In your years of research on the subject of mefloquine, did the question of toxicity ever arise in the sense of duration of usability? In other words is there a safe/unsafe length of prophylactic usage. That is to say 6 weeks, 8 weeks, 6 months, 1 year, etc.?

If there is a restriction, I am unable to find any reference. Are you able to answer that question?

In the attached article, in my opinion, there seems to be some avoidance of clear response. Perhaps I'm reading too much into what is written. What is your opinion?

I would appreciate any insight you may be able to provide in this regard.

Thank you for your time.

Respectfully yours,

Hervey Blois  
<The mefloquine issue.pdf>

(Reponse from Dr. Nevin October 11, 2014.)

Hi Hervey, this was a reasonably well researched chapter of the Somalia Commission of Inquiry report, but some facts are incorrectly stated, probably as honest errors, and some additional information has come to attention in the years since that are of relevance. In particular, the report is noteworthy for failing to identify the impropriety of the Canadian Forces dispensing a drug that was not at the time licensed for use in Canada, and for which permission was notionally given by Health Canada regulators in the context of a promised study that was never in fact conducted by the Canadian Forces.

At some point I will get around to writing a brief paper with updated information, perhaps for a Canadian medical journal, that should put this issue into better historical context. Certainly a credible case can be made that mefloquine was likely to have played a significant role in the events of that era.

As to your question, some individuals have suffered permanent disability from neurotoxicity from as little as a single tablet. Conversely, others report taking the drug consistently for many

years seemingly without problems. The leading current theory to explain this is that risk of mefloquine toxicity is proportional more to dose rate than to total dose, and that such toxicity depends on an individual susceptibility that is related to a "leakiness" to the drug in the blood brain barrier.

An analogy to toxicity is having a leaky basement. A sump pump might keep such a basement dry even over years of constant rainy weather, but if the sump pump breaks then even a slow drizzle could lead to flooding. Similarly, even with a working sump pump, a heavy downpour will lead to flooding. So with mefloquine, some people may have genetic predispositions, or may take drugs, which cause the pump to malfunction that normally takes mefloquine out of the brain, leading to toxic levels being attained that result in the severe behavioral symptoms previously noted.

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