

START-IO-STORY

@SLUG=249EFB-1

@PROGRAM=FIFTH ESTATE

@NETWORK=CBC-TV

@DATE=021016

@TIME=21:00:00 ET

@END=22:00:00 ET

@GUEST=DICK MACLEAN, director of tropical medicine at Montreal General Hospital and McGill University; DEBBIE LOWN; ROB PROUSE, former Airborne Corporal; Geoffrey LARMER, North Bay lawyer

@TITLE=INTRO

@HOST=HANA GARTNER

@TEXT=VOICE-OVER ANNOUNCER: The fifth estate.

HANA GARTNER(the fifth estate): Hello, I'm Hana Gartner. Welcome to the fifth estate. Tonight, we sent our soldiers off to fight for us, even die for us, in some of the world's worst places, and we gave them a little something to help them stay safe. But for some, that little something became a ticket to hell. For Canadian soldiers in Third World theatres, tropical diseases like malaria are more of a threat than enemy bullets. Enter Mefloquine, anti-malaria medicine, highly effective.

DICK MACLEAN (Director of tropical medicine at Montreal General Hospital and McGill University): It's more used than any other anti-malarial, for the risky parts of the world.

GARTNER: But what our troops were not told was that in many cases, they were guinea pigs for a drug that is now being connected with horrifying side effects, hideous nightmares.

DEBBIE LOWN: It's like plugged-in colours, and it's sick, morbid. I mutilated bodies in my dreams.

GARTNER: Episodes of madness.

ROB PROUSE (Former Airborne Corporal): I hold a pistol to a child's head in a macabre game, eenie, meanie, miny, moe. His friends laugh at the joke of it, but scatter when I point it at them.

GARTNER: And worse. Did he act on any of these violent impulses when he was in Somalia?

UNIDENTIFIED: Yes. That's all I can say.

GARTNER: There are no photographs?

UNIDENTIFIED: There were no photographs.

GARTNER: But he confessed to you?

GEOFFREY LARMER (North Bay lawyer): He has described a number of instances involving himself and others.

START-IO-STORY

@SLUG=249EFB-2

@PROGRAM=FIFTH ESTATE

@NETWORK=CBC-TV

@DATE=021016

@TIME=21:00:00 ET

@END=22:00:00 ET

@GUEST=VAL SMITH, mother of deceased Canadian soldier; UNIDENTIFIED; SAM PENNICA homicide detective; BILL WRIGHT, murdered his wife; ARCHIE WATSON, father of murdered woman; JENNIFER WRIGHT, murdered woman; DEBBIE LOWN; JOHN LOWN; AMBER PERRY; LINDA PERRY; JEFF HECK, director of the International Travelers Clinic at the University of Cincinnati's College of Medicine; ROB PROUSE, former Airborne Corporal; KIM CAMPBELL, Former Minister of Defense; BARRY ARMSTRONG, military doctor; JOHN CUMMINS, Alliance MP; GEOFFREY LARMER, North Bay lawyer; RON SMITH, former Canadian Airborne

@TITLE=THE NIGHTMARE DRUG

@HOST=HANA GARTNER

@TEXT=HANA GARTNER(the fifth estate): We watch them march onto transport planes and troop ships and march off to do our dirty work - fighting and peacekeeping in some of the world's worst corners - and we think we understand their sacrifice and the risks they're running. But neither our Canadian military personnel nor the Canadian public really understood the risks contained in those Mefloquine pills. It has taken years, years of agony for some soldiers and their families, and now a shocking eruption of violence at an American military base, to reveal the entire story of what was done in the name of keeping our troops safe when we gave them The Nightmare Drug. When soldiers die in the line of duty, their bravery usually buys them a medal and a place alongside other Canadian warriors.

VAL SMITH (Mother of deceased Canadian soldier): I think...

GARTNER: This mother's son died in Rwanda eight years ago. But 23 year-old Corporal Scott Smith did not die in the line of duty, so Val Smith had to fight the Canadian military before it would honour her only child's memory.

SMITH: He was joking around in the room at one point, and then he left. And a short while later, they heard a shot and he was gone.

GARTNER: It was Christmas Eve, 1994, when Val Smith got the call. Now all she has left is Scott's medal and a letter telling her they'll have their Christmas when he gets home. He was looking forward to it?

SMITH: Absolutely, absolutely. We were going to celebrate Christmas in February with the family. We all promised that we would do that when he came home.

GARTNER: Val Smith is convinced her son did not want to die. She believes that what made him put a bullet through his head was a terrible reaction to a drug, a drug the army prescribed to keep him alive. This man also blames the drug, the anti-malaria called Mefloquine, for what has happened to him. When Ron Smith came home from Somalia as part of the disgraced and now-disbanded Airborne Regiment, his own family did not recognize him. He had become depressed, angry, and paranoid. Today, he lives in the woods of Northern Ontario, mostly keeping to himself. He thinks anti-psychotic medication and his daily ritual of chopping trees is all that keeps him from killing himself or anyone else. Some believe the mystery of what happened to these men is connected to a rash of murders and suicides this past summer.

UNIDENTIFIED: A Special Forces soldier killed his wife and then himself...

UNIDENTIFIED: Sergeant Wright led detectives to his wife's body, which he...

UNIDENTIFIED: A preliminary autopsy has shown the 32 year-old...

UNIDENTIFIED: ...military reservation.

GARTNER: They occurred at a military base near Fayetteville, North Carolina. Fort Bragg boasts about being the biggest and the best. After all, this is the largest army installation in the world, 43,000 soldiers, including the elite Green Beret and Special Operations command, are based

here and are deployed from here. They fight all over the world. They were there during Desert Storm, in Kosovo and Afghanistan. They're particularly proud of the role they're playing in Operation Enduring Freedom, their war on terrorism outside of the United States. But the thing military brass cannot explain is why some of their soldiers are coming home and killing their wives.

SAM PENNICA (Homicide detective): And in any homicide investigation, we always start with the person closest to the victim and then work our way out from that inner circle.

GARTNER: Sam Pennica is a homicide detective. His little town usually turns up more than enough murders for him to solve. The question is why in the space of two months has Fort Bragg added six dead people to his list? How far down?

PENECA: Oh, about 40 or 50 feet.

GARTNER: They were still in high school when they fell in love and married. Everyone thought they were just a great-looking, fun-loving couple.

BILL WRIGHT (Murdered his wife - on home video): I love you, too...

GARTNER: And they were, for almost 14 years. Jennifer's job was taking care of the house and home-schooling their three boys.

WRIGHT (on home video): Here they come and go, let's go outside...

GARTNER: While Bill, who was with the elite Special Forces, traveled the world fighting for Uncle Sam.

ARCHIE WATSON (Father of murdered woman): To be in Special Forces, you have to be really physical, mental, you know, top of everything. And he climbed clear up to a Master Sergeant. That's a big deal.

GARTNER: Archie Watson thought his daughter had made a good match in Bill Wright.

WATSON: I really did like Bill. He had such a nice personality, real friendly, always willing to help you.

GARTNER: When he was there. But Bill Wright was only home for three months of the year.

JENNIFER WRIGHT (Murdered woman - on home video): And we were here tonight in honour of Grandma. We're celebrating her, her birthday. We're having a party. Yay! A party!

GARTNER: So he isn't in very many of these happy home videos, and it became an issue for Jennifer, who wanted him to spend more time at home. That is, until she began noticing changes in her husband's personality, and it scared her.

WATSON: She would say Bill...Bill's not the same, he's changed. He's got too much anger in him. He gets mad over nothing. And I think that led to a lot of arguments. And then, when he came back from Afghanistan, it was worse.

GARTNER: Wright loved his tour of duty in Afghanistan as part of Operation Anaconda. It was Bill Wright's job to travel the country assessing the damage inflicted by the Allies. But Wright would cut his tour of duty short. After only eight weeks, he tells his commander there are problems with the wife and he has to get home.

PENNICA: She was reported missing on July the 1st of this year by her husband.

GARTNER: When did you first realize that something was amiss?

PENNICA: In a missing person's case, we take a look at the person's background and we look at things such as telephone activity, credit card activity, bankcard activity. And in Jennifer's case, there was no activity at all. It's like she completely disappeared.

GARTNER: Jennifer's parents immediately came in from out of state to help out with the boys and to comfort Bill.

WATSON: I knew there was something bad wrong. I knew there was, I just had a gut feeling.

GARTNER: The tension in that house became unbearable. Suddenly, Bill Wright was no longer the man he had loved like a son. What did he say?

WATSON: He said, Dad, is there anything that you want to ask me? But I didn't know how to answer, I didn't know what to say.

GARTNER: So he wanted you to ask, and you didn't want to know the answer?

WATSON: That's right, that's right. And I knew he had done something to her, I could just feel it.

GARTNER: Within days, 36 year-old Master Sergeant Bill Wright would confess to strangling his wife with her own brassiere, and with the children still in the house, stuffing her into a duffle bag, then driving to a secluded area and burying her in a shallow grave.

PENECA: Yeah, it was probably a foot under the earth, from the top.

GARTNER: Had Bill Wright not confessed, his wife's body would have never been found.

GARTNER: What was your reaction...? John LOWN and his wife Debbie knew the couple from Church. When they heard the news, they had the exact same thought.

DEBBIE LOWN: I would say within 30 minutes, we both thought, I wonder if Mefloquine had anything to do with this, because it was just, to kill her, it had to be something.

GARTNER: Former Commando John Lown is now a Baptist minister, but both he and his wife have had their own experience with the drug, which they describe as a bad dream, literally.

DEBBIE LOWN: It's Technicolor. It's like, the colour is so vivid, it's almost scary. It's like electrified colours. It's like plugged-in colours, and it's sick, morbid. I mutilated bodies in my dreams.

GARTNER: But what happened to her husband was no dream.

DEBBIE LOWN: This was, I believe, your last deployment that you went on, and he had taken Mefloquine a lot that year. They were in Africa and there was a goat that was making that obnoxious sound, what they call braying, drove John up the wall. And he said it was disturbing his sleep. So the guys said they just got up from where he was sitting and walked over and took out his...what do you call your knife?

JOHN LOWN: My knife.

DEBBIE LOWN: His knife, a big knife, and pulled the goat's head back and just sliced his throat and then cut his head off.

GARTNER: This is not normal behaviour.

JOHN LOWN: No, I wouldn't...

DEBBIE LOWN: No.

JOHN LOWN: That was like...I'm embarrassed about this story.

DEBBIE LOWN: He wouldn't even tell me.

GARTNER: The Lowns say they have been swapping Mefloquine stories with their military friends for years. Back in his own home, and trying to make sense of everything that had happened, Archie Watson says all these stories about Mefloquine or Lariam, as it's also known, came as news to him. When did you first hear the words Mefloquine, Lariam?

WATSON: It's been about three, four weeks ago, a reporter called.

GARTNER: So it's only through reporters coming around to find out about the murders at Fort Bragg that you even found out about Mefloquine?

WATSON: Yes. No one from the military told me about it.

GARTNER: And what have you found out?

WATSON: I found out that it can cause violence. It can cause people to commit suicide. It causes depression. And I can't understand why they give it to the military. I can't understand why they give it to anybody if it does something to the mind.

GARTNER: Since you have found out about all this, has it changed your feelings at all?

WATSON: No. No, he still committed murder and my daughter is still gone.

GARTNER: When we come back, deadly decision.

DICK MACLEAN (Director of tropical medicine, Montreal General Hospital and McGill University): I have the other side of the coin, which is people dying from malaria because they aren't taking anything. It's bad news both ways. I'm weighing two bad-news scenarios and I'm walking down the middle.

VOICE-OVER ANNOUNCER: And now, we return to the fifth estate.

GARTNER: In high-risk areas, more soldiers fall from malaria than bullets. It's a huge issue for the Canadian military when sending troops into places like Afghanistan or Somalia, and for civilian doctors as well, with patients planning travel to exotic destinations. Ask any tropical disease expert is Mefloquine is their drug of choice when it comes to malaria and almost always, they will answer...

MACLEAN: Yes. It's more used than any other anti-malarial for the risky parts of the world.

GARTNER: 50,000 prescriptions were written in Canada alone last year, some by Dr. Dick MacLean, director of tropical medicine at Montreal General Hospital and McGill University.

MACLEAN: We've had good success with it. We've had people who continue to want to use it because it's so easy to use.

GARTNER: And without it, you risk dying a horrible death. This year, some 250 million people throughout the world will be bitten by a mosquito carrying this virulent parasite. Three million will die. It's a vicious cycle. The mosquito bites an infected person, picks up the bug, then bites

another victim, injecting the malaria parasite directly into the bloodstream. It travels to the liver and multiplies in red blood cells, which eventually explode, releasing even more parasites. Then the chills, convulsions, and kidney failure. Death is only hours away. All this can be avoided by taking one pill once a week. That's why Mefloquine has been the drug of choice, endorsed not only by physicians, but respected international bodies like the Centers for Disease Control and the UN. But there are risks.

MACLEAN: There's no question that Mefloquine, the complaints are particular. The most common ones are nightmares, anxiety, depression, sleeplessness.

GARTNER: Do you have any idea who would have a predisposition to react negatively?

MACLEAN: No.

GARTNER: Not at all?

MACLEAN: We pretend we do. We eliminate those people who have had psychological problems in the past, who have seen a psychiatrist or psychologist, who admit to have a fairly high stress or anxiety level or have been depressed.

GARTNER: When you prescribe the drug, do you hold your breath and cross your fingers?

MACLEAN: Yes. I also give written information the patient has to...what things they should watch for and that they should phone me...and they're trying it out three or four weeks before they go, and they phone me, I'm available, so that we can stop it and change it on the phone.

UNIDENTIFIED: If you want to say a prayer...we want to know that we're thinking about you and that we love you greatly...

GARTNER: If only Linda Perry had had that kind of information, life for her, daughter Amber and the other six children would be completely different. Linda Perry remembers Chuck as the love of her life, her best friend, and a good man. He was 54 years old when he died in January 1999. There is an African scene engraved into Linda Perry's memory. It's the same one she engraved on her husband's tombstone. It represents the last time they were really happy together, on their 30th anniversary on safari in Zimbabwe. Both being health care professionals, they had made sure they were prepared for this trip of a lifetime.

LINDA PERRY: We went to the doctor and had physicals. There was a whole list of shots and a malaria preventative.

GARTNER: Clearly, you're not one who takes things on face value, when the doctor says take...

PERRY: No, no. And I went one step further. Because, you know, it's a Third World country, it's Africa, I called the Health Department.

GARTNER: The Health Department agreed with Perry's doctor and their pharmacist. They all recommended Mefloquine and warned her not to miss a dose. So the conversations you had with everybody were not about any side effects, they were just reinforcing the fact that you should take them all?

PERRY: Absolutely. There was no comment about any kind of adverse side effect whatsoever from any of these sources, and that's a lot of sources. We were both health care professionals, we were part of the system and we trusted it. I mean, there was nothing in any of the literature that I read.

GARTNER: So when the night sweats and the vivid Technicolor dreams began, they both wrote it off as just part of the excitement of being on safari. But when they returned home two weeks later, Chuck's symptoms kept getting worse. So you saw this happy guy who you loved disappear in front of your eyes?

PERRY: Absolutely. I would describe him as mad, like rabies, like encephalitis. That's how I would describe him. He was completely mad. It wasn't even insane, it wasn't some kind of mental disorder. It was madness, just total madness.

GARTNER: Desperate for answers, Perry consulted many physicians, including Jeff Heck, director of the International Travelers Clinic at the University of Cincinnati's College of Medicine.

JEFF HECK (Director of the International Travelers Clinic at the University of Cincinnati's College of Medicine): She was, you know, agitated and very silent. He clearly was paranoid and very cautious and suspicious of me, clearly not, obviously not the high-functioning health care executive that he was prior to taking his medication.

GARTNER: He was irrational?

HECK: He was very, very irrational and very frightened, and that's a terrible thing to see.

GARTNER: What a puzzle for you.

HECK: Well...

GARTNER: His wife brings him in for advice to you, and you have been an advocate to a large degree of Mefloquine, your first reaction was, nah, can't be?

HECK: Umm, no...well, my first reaction was to try and make sure that all the other possibilities were excluded, but all along, my suspicion was, given the causal relationship between taking the medication and symptoms, it was pretty clear to me that what he had was a Mefloquine reaction.

GARTNER: There is tranquility here. That's why Linda Perry so adores this place she and Chuck built together. But at the end of the day, it gets really hard. That's when she is alone with a horrific memory.

PERRY: When I heard that gunshot, I stood there for a minute. I didn't want to see what I knew I was going to see. I did not want to walk those steps because I knew the minute I went through that door, my life was never, ever going to be the same. And it hasn't been. I don't really want to talk about what I saw.

GARTNER: But it was the defining moment of her life. She was going to warn the world about the dangers of Mefloquine.

PERRY: You don't let him die like that, on the floor, facing the pictures of his children with blood all over their pictures, and walk away and do it to somebody else. That's when I decided, you don't kill my husband like that and walk, and by God, you're not going to do it to anybody else. Nobody else is going to suffer like this.

GARTNER: Linda Perry wants to unravel the Mefloquine mystery, but even experts in the field admit they don't have a lot of answers for her. What exactly does Mefloquine do to the brain that causes some people to run amok?

MACLEAN: We don't now. Otherwise, we could predict it. We don't know what it does to the brain and why. I mean, there's all sorts of possibilities, but I don't know.

GARTNER: Neither does Health Canada or the Department of National Defense, but they approved it for use overseas, in places like Angola, Nigeria, and Cambodia, on an experimental basis. But it was the elite Airborne Regiment, a commando unit of 900 soldiers sent as peacekeepers to Somalia in '92, that would be Canada's largest group of Mefloquine guinea pigs. It has taken former Airborne Corporal Rob Prouse a long time to get over Somalia and Mefloquine.

ROB PROUSE (Former Airborne Corporal): Every night you could hear somebody screaming in their sleep. We thought it was stress. We never really made the connection, although we did call it nightmare Wednesdays, when we took the drugs.

GARTNER: Nightmare Wednesdays?

PROUSE: Yeah, we took the drugs on Wednesdays, and that's when you'd have the worst dreams.

GARTNER: In 1992, Somalia was a smoldering cauldron of starvation, violence and anarchy. Our troops had never seen anything like it before. Keeping a diary is what kept 23 year-old Rob Prouse sane.

PROUSE: I wandered dazed in the shadows of town, like in a half-dream. Most of the time, the pistol in my hand hung limply by my side instead of chasing movements in the shadows. Hallucinations haunted me like some surreal drug trip and my mind reeled at the horror that surrounds me.

UNIDENTIFIED: Darrell, watch your back...

GARTNER: He was not alone. One military report reveals that peacekeepers aboard the hospital supply ship the HMCS Preserver, which went to Somalia from Halifax in November of '92, were also having hallucinations, with one patient developing feelings of unease and paranoia. Another heard voices and talked to himself. They were all given an alternative drug because the ship's doctor suspected a Mefloquine reaction. What the Department of National Defense knew about Mefloquine back in '92 was what was in the medical literature, that the drug could possibly cause headaches, dizziness, stomach upset, insomnia, or confusion. The manufacturer, Hoffmann-La Roche, wanted to market the drug in Canada, but before Health Canada could grant them a license, they had to conduct safety studies and test for side effects. That's where the peacekeepers came in. Somalia was to be the lab, the Airborne, the experiment. A protocol was drawn up. The soldiers were required to be briefed on any possible side effects, they had to sign a consent form, and any reactions were to be documented and reported immediately. It never happened. Rob Prouse doesn't recall any of his buddies telling the brass about their weird thoughts. He says the macho men of the Airborne weren't about to confess to funny feelings. They prided themselves on being hard drinkers and ferocious fighters.

PROUSE: Everyone is itching to get a kill, even if it is an innocent. I really believe the only thing preventing a killing is our strict orders and the belief they will be charged if they do. Still, they look for excuses to open fire, and as the situation continues to degenerate, they will find ways to get around orders and the law to take out their frustrations on the people, whether deserved or not. Unless people's attitudes change, shit is going to start to happen.

GARTNER: It did. When we come back, murder, madness, and Mefloquine. Did he act on any of those violent impulses when he was in Somalia?

UNIDENTIFIED: Yes. That's all I can say.

VOICE-OVER ANNOUNCER: And now, we return to the fifth estate.

GARTNER: The soldiers of the Canadian Airborne were among our bravest and our best, part of a United Nations peacekeeping operation that was going to bring some stability to Somalia, a country devastated by anarchy and famine. But Operation Deliverance did not deliver.

UNIDENTIFIED: What's this operation called?

UNIDENTIFIED: This operation here?

GARTNER: Violent and bizarre episodes marred the mission and destroyed a regiment. Now, some are asking if Mefloquine contributed to making a bad situation worse. Just months into the tour, two Somalis were shot by soldiers on patrol at the compound. Rob Prouse says it was a descent into madness. His diary reflects that.

PROUSE: I walk around drunk with a loaded pistol to my head. The cold steel pressure against my temple feels good. I hold a pistol to a child's head in a macabre game, eenie, meanie, miny, moe. His friends laugh at the joke of it, but scatter when I point it at them. It is my mind, not the Somalis, who will destroy me here.

GARTNER: Prouse prevailed. Master Corporal Clayton Matchee did not. He was the one most directly involved in the torture and murder of 16 year-old Shidane Arone. Trophy pictures document the torture. Clayton Matchee was unfit to stand trial because of the brain damage he suffered when he tried to hang himself in his cell. Eventually, Private Kyle Brown was found guilty and sentenced to five years in military prison. It did not take long for the horror of the incident to give way to accusations of poor leadership and cover-up.

UNIDENTIFIED: Was the Minister herself the victim of a cover-up?

KIM CAMPBELL (Former Minister of Defense): There was no cover-up and no effort to withhold information.

GARTNER: While then-Defense Minister Kim Campbell played catch-up, Dr. Barry Armstrong - he's the army surgeon who had suspected the drug was causing the hallucinations and paranoia he witnessed in Somalia - went public with his concerns.

BARRY ARMSTRONG (Military doctor): I said I was worried about murder.

GARTNER: He said I believe that the UN's failures in Somalia are rather exceptional. I believe that a simple reason may exist: Canadian and American troops may have been impaired by the use of Mefloquine.

JOHN CUMMINS (Alliance MP): There was no cautions given. The drug was dispensed as if it was aspirin.

GARTNER: Alliance MP John Cummins has been asking the Canadian military questions about Mefloquine for the past eight years. You don't think the numbers are right, that only one in 10,000 people suffer some ill effects from Mefloquine?

CUMMINS: Well, that's what the Department of National Defense would have you believe, that it was one in 10,000, but the fact of the matter is that in the neighbourhood of 40 per cent of the people who were taking it were having some sort of effects of the drug.

GARTNER: Cummins searched through medical journals from around the world, discovering studies that associated delusional behaviour, psychosis and suicide with Mefloquine. He presented his findings to the inquiry established to look into the failures of the Somali mission. Cummins said they did not get the message.

CUMMINS: They didn't want to accept that this drug could have been a problem.

GARTNER: It has been almost a decade since Ron Smith returned home from Somalia with the Canadian Airborne. He has spent a good deal of that time in hospitals and psychiatric wards.

GEOFFREY LARMER (North Bay lawyer): He walked into our office one day and said my psychiatrist thinks that the drug I was ordered to take in Somalia may be responsible for a lot of my problems.

GARTNER: North Bay lawyer Geoffrey Larmer believes there are others out there experiencing the same bouts of rage, depression, and despair as his client.

LARMER: How are things?

RON SMITH (Former Canadian Airborne): Terrible. I've got to go back in the hospital.

GARTNER: That is why he has launched a class action suit against the manufacturer and the federal government. He has tried to kill himself in the past?

LARMER: He has tried to kill himself, yes.

GARTNER: Did he act on any of these violent impulses while he was in Somalia?

LARMER: Yes. That's all I can say.

GARTNER: So this is not on tape. There are no photographs.

LARMER: There were no photographs.

GARTNER: But he confessed to you?

LARMER: He has described a number of instances involving himself and others.

GARTNER: Somalis?

LARMER: Involving Somalis, yes.

SMITH: Did you play enough? Did you play enough?

GARTNER: Whatever is tormenting Ron Smith, he keeps the details to himself. But his lawyer is determined to prove why the military should never again give Mefloquine to a soldier with a loaded gun. The pharmaceutical company Hoffman-La Roche knew about some of the more severe reactions to Mefloquine within the first few years of its use. Their own monitoring of those side effects included reports of attempted suicides, depression, mania or panic hallucinations, even psychotic episodes, but they did not include them as warnings on the label. But just last month, the manufacturer sent letters to over 100,000 doctors and pharmacists in the United States mentioning rare cases of suicide. That letter has not been sent to Canadian physicians. At the Montreal General Hospital, tropical disease expert Dick MacLean says he will continue to prescribe Mefloquine to his civilian patients, but he believe the military and Mefloquine do not mix.

MACLEAN: They're under a lot of stress. They're under a lot of stress not to admit to stress or psychological or nightmares. I mean, it's the nature of being in the military, and I have a lot of sympathy, and I would wonder whether the military wouldn't be better off not using Mefloquine.

GARTNER: And if the military was asking you for advice?

MACLEAN: It's time to switch over to Malarone.

GARTNER: The UN also recommended that alternative drugs like Malarone be dispensed to troops going into Afghanistan last year. The Australian, British, and the German military have opted for other anti-malarial drugs, but Canada and the United States continue to call Mefloquine the drug of choice. No one from the Department of National Defense would agree to be interviewed for this program to explain why Mefloquine is their drug of choice. No one from Health Canada would come on to defend it. And no one would explain how Mefloquine got government endorsement without adequate information about negative side effects. Scott Smith would now be 31 years old had he not committed suicide when on tour in Rwanda. His mother, Val Smith, believes Mefloquine killed him, and she thinks the military knows it, too.

SMITH: All of the officers that were calling me to offer condolences have been saying it's the medication.

GARTNER: There are many who do not want the memory of the Canadian Airborne or Scott Smith to be forgotten. John Cummins is one of them. He says that he wants an investigation into the nightmare drug.

CUMMINS: Somebody else is holding the revolver, somebody higher up in the Department of National Defense who required him to take the Mefloquine and who provided him with the alcohol. They are the person that held the revolver, not Scott Smith.

GARTNER: In sharp contrast to the silence from Canadian authorities and their apparent reluctance to take action, the response from the United States was decisive. Immediately after the killings at Fort Bragg, the military sent in a team of investigators, including epidemiologists. They are, among other things, looking into the role Mefloquine may have played in the violence there. And a U.S. congressional committee has announced that it may launch an inquiry as well. What should you do if you are traveling to a malaria-risk area of the world? Well, Mefloquine is highly effective, but it's not the only option. Others include Malarone, Doxycycline, and Chloroquine. But if you have any doubts, then obviously, the place to start is with your doctor or your pharmacist. To learn more about this story and about the fifth estate, you can go to our website. It's just a click away at cbc.ca/fifth.

START-IO-STORY

@SLUG=249EFB-3

@PROGRAM=FIFTH ESTATE

@NETWORK=CBC-TV

@DATE=021016

@TIME=21:00:00 ET

@END=22:00:00 ET

@GUEST=

@TITLE=COMING UP

@HOST=HANA GARTNER

@TEXT=HANA GARTNER(the fifth estate): But right now, stick around, we're going to be right back with more of the fifth estate.

START-IO-STORY

@SLUG=249EFB-4

@PROGRAM=FIFTH ESTATE

@NETWORK=CBC-TV

@DATE=021016

@TIME=21:00:00 ET

@END=22:00:00 ET

@GUEST=

@TITLE=ADS

@HOST=HANA GARTNER

@TEXT=

START-IO-STORY

@SLUG=249EFB-5

@PROGRAM=FIFTH ESTATE

@NETWORK=CBC-TV

@DATE=021016

@TIME=21:00:00 ET

@END=22:00:00 ET

@GUEST=UNIDENTIFIED

@TITLE=PREVIEWS

@HOST=HANA GARTNER

@TEXT=HANA GARTNER(the fifth estate): Our crews and journalists are on assignment across Canada and the around the world. We've got lots of great stories coming in the weeks ahead. Among them, the strange tale of the ship, the bridge, and the mystery of what happened on the night they met. It was a voyage like any other, like thousands of trips big freighters make through the St. Lawrence Seaway every year.

UNIDENTIFIED: Everything was normal, just a beautiful evening.

GARTNER: The Windock, full of Prairie wheat, was steaming along the Welland Canal, about to make a routine passage under the lift bridge, Bridge 11, which was raised up and open to let the big ship pass.

UNIDENTIFIED: I lined it up on the centre of the bridge. There was no problem at all, everything normal.

GARTNER: Then suddenly, the trip was anything but routine, with the Windock right underneath.

UNIDENTIFIED: Jesus Christ, he said, the bridge is coming down. And he said run.

GARTNER: Seen on home video shot from the shore, the collision was spectacular, the crew's escape miraculous.

UNIDENTIFIED: And I just sort of looked around, I said, my God, I alive!

GARTNER: And then the Windock caught fire.

UNIDENTIFIED: Holy shit! God, jump off the boat, guys!

UNIDENTIFIED: Oh, look at all the people being...

UNIDENTIFIED: I knew this would happen!

UNIDENTIFIED: Jim, where's the boys?

GARTNER: The details of this incident, the how and the why, have been kept very quiet. But now, the fifth estate has pieced together the details of what happened the night the Windock met Bridge #11. And coming soon, Linden MacIntyre tells how even the most perfect life can become a nightmare in the blink of an eye.

LINDEN MACINTYRE (the fifth estate): It was a moment of inattention and it took two lives. One right there on a busy Cape Breton highway and another much later, far away and all alone.

UNIDENTIFIED: Because we didn't know one another, we didn't know another. Strangers, just a freak accident.

MACINTYRE: Four seconds, two cars, and everything changes.

UNIDENTIFIED: Yes, it does.

MACINTYRE: After the accident, everything certainly changed for Donna Lawrence. Once respected and successful, she was now a tortured soul.

UNIDENTIFIED: She didn't want to go out nowhere because she knew people were talking about her, and they were always saying, you know, there's people that were in the accident. And a lot of people didn't even know who she was, but yet they knew of the woman that was in the accident. That's basically how they addressed it, oh, there's the woman in the accident.

MACINTYRE: It drove her to make a desperate plan.

UNIDENTIFIED: It could be the demon of alcohol, it could be the demon of drugs, it could be the demon of the guilt that she felt. You know, this is something none of else will ever know.

MACINTYRE: In the blink of an eye, soon on the fifth estate.

GARTNER: And next week on the fifth estate, Anna Maria Tremonti will have the story of the invisible killer. The White House is actively making plans to battle what may be the world's most sinister and destructive terrorist threat, and it's not anthrax, hijacked planes, or car bombs.

UNIDENTIFIED: If you have 12 people with smallpox dedicated to spreading it themselves and then dying in a community, then they become the weapon.

GARTNER: The American government takes the threat of a smallpox terror attack so seriously, it ran a major emergency response exercise, complete with simulated news conference.

UNIDENTIFIED: Smallpox symptoms are being seen in 15 States, also in Canada, in Mexico, and England. The U.S. smallpox vaccine supply continues to shrink as officials try to stretch limited stocks to cover the entire nation.

GARTNER: Twenty years ago, this horrific disease was virtually wiped from the Earth, confined to two high-security labs, one in the U.S., one in the U.S.S.R. Then, secretly, the Soviets began turning it into a weapon.

UNIDENTIFIED: The development of a smallpox weapon would result, in a military scenario, in the complete devastation of the (inaudible)...States.

GARTNER: When the Soviet Union broke down, so did security, and the smallpox virus almost certainly spread to countries and forces with terror on their agenda.

UNIDENTIFIED: There is a veterinary vaccine company in Baghdad called the al-Qinda company, which has a specialist unit for production of influenza virus and the Newcastle disease virus in eggs, but it could very well be used to produce smallpox as well.

GARTNER: You can see Anna Maria's story next week on the fifth estate, but you can see Anna Maria right now, because you just came back from Russia, where you struck gold.

ANNA MARIA TREMONTI (the fifth estate): We did. We talked to some former Soviet generals who have never admitted that they were working on a weaponization program. I half-expected them to say they were making foot powder in there, but they admitted to weaponizing. And you'll see that next week.

GARTNER: Fantastic. It's a scary story, but this is going to be your last scary story for the fifth estate. Moving on.

TREMONTI: That's right, I'm leaving the fifth estate and moving on, but it's been a great run and a fantastic place to work.

GARTNER: And where are you going?

TREMONTI: I'm moving to CBC Radio to host a show called The Current, from 8:30 to 10:00 every morning.

GARTNER: A current affairs program?

TREMONTI: A current affairs program where we'll look at issues of the day and of the week and we'll look at issues that we think should be on the agenda.

GARTNER: We'll be listening, and next week, we'll be watching. Right now, I'm Hana Gartner, and on behalf of everyone who helps bring you the fifth estate, thanks for being there. I'll see you soon.

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