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Chair

Mr. Neil Ellis

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● (1535)

[*English*]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good afternoon, everybody. We're going to call the meeting to order.

Pursuant to Standing Order 108(2), which is the motion adopted on September 29, the committee resumes its study on mental health and suicide prevention among veterans.

We welcome our witnesses today: Mr. Claude Lalancette, Mr. Dave Bona, Mr. Brandon Kett, and Mr. John Dowe. Thank you for coming.

As you may know, the witnesses are given an opportunity to have a 10-minute presentation and make some opening statements. Then we will proceed, following that, with some questions and answers. We'll go through a rotation for that to happen.

We'll start with Mr. Lalancette. You have 10 minutes, sir.

Mr. Claude Lalancette (Veteran, As an Individual): First, I would like to read a statement from Dr. Nevin. He's sending his apologies. He'd like to correct a statement that he made on Tuesday, and I think it's very important that I put this out, since he asked me.

The Chair: Certainly.

Mr. Claude Lalancette: Could I have five minutes just to read this email?

The Chair: Does the committee feel comfortable with that?

Mr. Colin Fraser (West Nova, Lib.): As long as it's submitted.

The Chair: Right. You could submit it. We'll give you five minutes to do that.

Mr. Claude Lalancette: We'll submit it also. It will be submitted by Dr. Nevin.

He's asking me to apologize to this committee. He unintentionally misinformed the committee on Tuesday. He advised the committee that there was no recent update on the Canadian mefloquine product monograph. Dr. Nevin has advised me that he's pleased to have learned this morning that there is an update, it's from August 4, 2016 and there's knowledge on this. The changes are that:

> mefloquine can cause serious mental problems in some people. The serious side effects may occur suddenly, and they may last months to years after stopping mefloquine. Symptoms of serious mental problems may include anxiety, unreasonable feeling that people are trying to harm you

I'm sorry, but it's hitting home. It continues with:

> paranoia, depression, seeing and hearing things, hallucinations, thoughts of suicide or harming yourself or someone else, feeling restless, feeling confused, and unusual behaviours.

This is something that Dr. Nevin wants to say: "If this is true, then the statement that Mr. Hehr is saying that it is not long-term and is not harmful is completely untrue."

There you go.

● (1540)

The Chair: You said you were going to present that to us or give us a written copy of that.

Mr. Claude Lalancette: Dr. Nevin will be writing in to you.

The Chair: Thank you very much. I appreciate that. Mr. Lalancette, we'll give you 10 minutes at this time. Thank you.

Mr. Claude Lalancette: I want to apologize. I have concentration issues. I've been working hard on this. I've been trying to put it into 10 minutes. Due to my lack of concentration, I may be delayed, so please bear with me.

Hello and good day to everyone. My name is Claude Lalancette. I am a Canadian veteran paratrooper. I proudly served my country for over 10 years. I'm a member of the Royal 22nd Regiment and proudly served with the Canadian Airborne Regiment.

On December 26, 1992, I was ordered by my government to deploy to Somalia for ops deliverance. Mefloquine was issued as an anti-malarial drug. This is where I can retrace the root of my mental health issues; I say issues because they are still unresolved.

Now that I look back on theatre, nightmares invaded the nights that we could sleep. We all know that in theatre it's 24/7. When we're not patrolling, we're on base doing guard duty. Our nights were split and the pattern was different and it was really hard to get a night's rest.

As I recall, we were allowed two beers, and this is where I recall having more horrifying nightmares. To keep my composure, I will restrain the details. Looking back and thinking of mefloquine, things make sense. We were young and so well trained for this mission, but the intensity of our aggression and psychosis led to the closure of Canada's elite, the Canadian Airborne Regiment.

To this day, I feel the shame of the closure, all the blame and shame landed on Canada's elite. Most of all, I feel shame because I put blame for the closure of the regiment on two individuals who are innocent: Clayton Matchee and Kyle Brown are victims.

As I glimpse more into my past, I see my military career collapse. I went from 1 Commando to the pathfinder platoon. When they disbanded the regiment, I was posted to Para Company in Valcartier. There, my career hit rock bottom. I was cast out by the Royal 22nd Regiment, due to my implication in the March 4 incident of the Somalia Inquiry. I was excluded from participating in a UN mission in Haiti. My career was threatened, and I was told if I talked too much many careers would be at stake, especially mine. The threat was not needed, due to my strong loyalty to my brothers.

I was finally released in 2001. After the military, I tried to study, tried to put my feet back on the ground, and had a really hard time. I studied computer science, and every day was a struggle, due to my lack of concentration, but I needed to persist for my family.

I started having issues with depression and so on, and in 2007, I was diagnosed with PTSD. At first, I didn't know what was happening to me. I was depressed, irritable, aggressive, hypervigilant. I had a sleep disorder and was suicidal. I went to the doctor about my issues because I was losing it. My nightmares were haunting me. My aggression was making me a very dangerous man. I knew something was wrong, and I had to do something about it. The clock in my head was ticking.

My first contact with mental health professionals led me to contact Veterans Affairs. It was too much for the civilian committee, so they directed me to more specialized care, which is VAC. When I contacted VAC, they also told me it was urgent I go to Ste. Anne's Hospital.

● (1545)

I showed up the next day. There, I saw a social worker and a nurse, and I sat down to speak to a Dr. Belanger, a psychiatrist. The doctor vaguely explained my situation and asked me to be admitted immediately. I was so shocked and anxious that it created panic. I refused and left the hospital.

It was while I was stewing everything in my head while stuck in traffic on my way home that I had my first psychosis. I was in traffic trying to digest everything when a semi began following me too closely. The overwhelming urge to react was too strong. My temper shot through the roof. I pounced out of my car and headed to the truck. Without hesitating, I opened the door of the truck and literally pulled the driver out of the vehicle, even though he was wearing his seat belt. Once the man was out of the truck, I proceeded to strike him, and then I came to.

It was surreal. I couldn't believe what I was doing. I was in the middle of a highway, with about 1,000 cars behind me that were watching me attack this poor man. I dropped everything, ran back to my car, and fled. Once I was home, I called the hospital to make arrangements to be admitted the next day. I knew I needed help, and I had to go get it.

Since this incident, I have had two other road rage psychoses. I have prohibited myself from driving due to these incidents. Since I gave myself to VAC for treatment, I have under gone three intern therapies at the Ste-Anne-de-Bellevue hospital. There, I was heavily sedated with antipsychotics and antidepressants.

After my first admission to the hospital, I went 18 months without seeing my doctor. She renewed my prescriptions via fax, without sitting with me. I underwent five years of therapy with the hospital. I was taking so much medication that it had affected my health. Diabetes settled in, as well as digestive problems, and my weight was a whopping 127.7 kilograms. Even though my medication was maxed out, I contemplated, three times, with a rope around my neck, committing suicide. Only the thought of my children kept me alive. But today, where are my boys?

During this time, my mental health was not getting better. They would boost my meds to a point of stabilization, but I wouldn't stay stable. I would fight my meds. Sleep disorder became more of a problem. Even though I was heavily medicated, I just couldn't get there. To top it off, I was self-medicating with cannabis to help fight my amplifying symptoms. I couldn't understand why I wasn't getting better.

At least, I had relief with cannabis. It controlled my symptoms very well, and it gave me the peace I needed. I was very aggressive at home, where my family walked on eggshells. My hypervigilance created a bunker affect. I had severe social issues; I was very dangerous. All the medication intake took away my manhood. I couldn't understand why I wasn't getting better.

Living like this destroyed my life. I had a 20-year marriage, but not anymore. I had loving family, but not anymore. I had a loving home, but not anymore. I had a life, but not anymore.

● (1550)

My family are my victims. PTSD has settled into their lives. I live in poverty due to attacks from the Canada Revenue Agency. I also have mismanagement issues by making bad decisions due to my symptoms.

Due to my mental state, I have been making bad decisions, which digs me deeper into debt. I was not running around town on cocaine and running amok. I was a husband, okay? I was a father of two, trying to better my situation. I was given a lump sum and a year later, after buying my home, I was attacked by the Canada Revenue Agency. I'm going to skip this part. This, I think, we should be...

An hon. member: Can you submit it for us?

Mr. Claude Lalancette: Yes, it will be submitted, the full length. I did submit it. Just to save time, I will move on.

I escaped the country in 2012 because I was dying in the hands of my government. I left to heal myself. I was dying. I lost my family, my home, my health, my honour, living off the system of VAC that shamed me. I felt as if I was a burden and I completely disconnected. I moved to the south where I could heal. The sunlight healed my depression. The food was natural, with no GMOs, it healed my diabetes. The way of life that slowed down, slowed my aggression and my depression and so on.

This was disrupted due to the attacks of the Canada Revenue Agency through my SISIP lump sum. I owed taxes and so on. It's all in here. I came back in March, ordered by VAC to verify my file, and also to get my TPI because I tried to do it while I was down south and it was a shambles, so I had to come back and restart everything. I'm still waiting, and it has been two years. Jesus...

As a matter of fact, ever since I called and asked about mefloquine, which I had never heard about before. It's only five months ago that I found out on the Internet.... The VAC office in Mississauga has been denying me my benefits. They took away my clinical care manager who was getting me back on my feet. He got me my health card. He got me the apartment I was in, because I was homeless since March. I just got into my apartment in January. He was in the process of handling my financial issues, and he kind of disappeared. The Mississauga office was very aggressive in telling me that we had to disengage, and now I'm on the verge of losing it all again.

I think this is very important. I had an issue when I had an overload... When I found this out...24/7, I was five days without sleeping, just intaking information through social media. I had an overload and I had, not a psychosis but a crisis. I called VAC and the help they gave me was a 1-800 number, a crisis number.

● (1555)

I called that number. I explained my situation. That young lady had a tremble in her voice. She couldn't help me. She didn't know what to do. Actually, that lady needed a 1-800 number for a crisis.

I called the VAC again. The VAC said, “Sir, call the emergency”.

I called for assistance. I just asked for an ambulance to come. Two police officers came and made a scene. The ambulance took me to the emergency, where, after talking about my symptoms, they locked me up. They took away my meds. I was put on suicide watch for 14 hours, with my medication denied to me.

There's a stigma around my medication. I have a complaint against the human rights commission in Quebec, because I was falsely arrested with all my permits and everything else paid by VAC. I was arrested. So, there is a stigma for my medication.

They took away my meds. After 14 hours, they didn't want to give me my meds, so I asked to leave, and they put me on the street. I spent the next 10 days at home, stewing in my own hell.

I had to get back on my feet. I had an objective. I've been working hard to heal, and I'm heading toward that now.

I have run into issues everywhere I go. My family doctor and psychologist are clueless. It's not their fault. I can't blame them. The medical system accepted this stuff. Nobody knows about it. If I go to the pharmacy...I went to Shoppers Drug Mart recently. I got a printout of what mefloquine is, and you have 1% incidence down the line. It's not a 1% incident. I was there.

I'm pleading with each member of Parliament to look into this because it is not only a veterans issue, it's a national health issue.

I am speaking for myself at this committee, as a veteran paratrooper, but I am one of many drops filling this bucket of agony.

Many service members have taken this anti-malarial drug during deployment. This is not counting the civilian impact, Peace Corps, UN workers, aide workers, students, professionals, and travellers. These are some of the people affected by this anti-malarial drug, mefloquine.

I am asking the Canadian government to have a moral and legal obligation toward its citizens, to the sons and daughters defending this country, to all veterans who have served with honour. An immediate outreach must be initiated and the community must be made aware. Canada is far, far, far behind with this situation on the international stage.

Suicide is on the rise, and this is the answer. Canada can redeem itself with an exemplary outreach for its citizens, and show the international stage that Canada can take lead.

We need help. Isn't this worth looking into? This is a national health issue.

Thank you for your time.

Airborne.

The Chair: Thank you, Claude.

Mr. Dowe.

● (1600)

Mr. John Dowe (Advocate, International Mefloquine Veterans’ Alliance): Thank you to the Standing Committee on Veterans Affairs for inviting me here to speak today. I personally salute the Honourable Minister Kent Hehr and the standing committee for getting this series of meetings under way. I am very grateful.

My name is John Dowe, and I am an eyewitness to the psychosis, rage, and hallucinations presented by Master Corporal Clayton Matchee in the bunker that fateful night in Somalia. I am free to describe, in full, this experience during questions to individuals and after my oral testimony.

I am also one of the founding members of the International Mefloquine Veterans' Alliance. I was instrumental to the creation of this group and curated the Canadian component. I also run the social media accounts here.

In collaboration with key advocates at home and abroad, we network via this main contact point. Our website, current social media campaigns, and our testimony to parliamentary committees, ensure mefloquine veterans get the information they are lacking today, as no outreach exists. Efforts include informing our health and military leaders of both the prodromal acute effects and the myriad permanent effects produced by this suicide drug, as current labels are dangerously out of date. Scratch that: we just found out about one in August, so we'll see on that one.

As a consequence, in the absence of national action to identify and alarm soldiers and consumers of the latest knowledge about mefloquine, we are left to remember psychosis, murder, violence, and suicide. Accordingly, we'll highlight the ethical and moral shame in those who willingly delay or deny future positive discourse to amend our current malaria policy. Dialogue and visible support shown by our international allies in both the parliaments and the courts abroad spotlight any forward disregard that Canada may have here.

My journey to get here today began in the fall of 2014, after a shocking phone call with Kyle Brown, and a baton pass, of sorts, by Hervey Blois. After speaking with him on the phone, he had determined that handing me over the file that he had created over these couple of years was probably in the best interests of the cause and the issues that we face today. I took the baton and I ran with it, and here we are.

A group member from Somalia who also worked with Dr. Armstrong, Hervey Blois was a physician's assistant and was there on the night that Shidane Arone had been pronounced dead. Now, Kris Sims, a former Atlantic bureau chief for Sun News Network, but, soon after, Erin O'Toole's director of communications, produced my long camera interview about this in early 2015. More on this in questions to witnesses later.

Here's the state of play globally on mefloquine policy. The U.S. military sits at a 1% dispensation rate. The Food and Drug Administration has had its black box warning as of 2013, and the drug has steadily fallen out of favour with the civilian consumer.

In the United Kingdom, the defence select committee has provided support, and the Ministry of Defence has begun to visibly act. They have all but ended the preference of use. We have just recently seen Lord Dannatt, former chief of general staff, offer his unreserved apology and support to treat the mefloquine veterans of their ailments with an abundance of care and an abundance of concern.

The Australian Senate has heard and considered this issue, and continuous efforts are under way at the Australian Defence Force and the Returned Services League to implement outreach and impose action. Very importantly, their peak veterans organization, ADSO, the Australian defence services organization, which is an umbrella group for their Returned Services League and other groups that provide services to veterans, has wholeheartedly endorsed our recommendations and our call for action. Lieutenant General Caligari, former CO of 2RAR, in Australia, has stated his country's duty of care on this. He reminded Australia of the involuntary nature military members face in the storm of these trials and demanded that the covenant between soldier and country be given to these mefloquine victims.

● (1605)

In Ireland, Roche has pulled out of the market.

Ms. Wagantall, I put a note here for you on Apotex. I noticed your question in Parliament about the generics of Apotex and such and I can expand on that after this statement to just add a little more filler on that component of this.

But the Irish ministers at present are struggling for the truth, and MP Clare Daly is indeed fighting in that Irish Parliament to get proper compliance there.

Here in Canada our military dispenses this suicide drug at five times the rate of the United States, and our public health labels for consumers are incomplete and out of date. Again, we'll follow up on that as per Dr. Nevin's announcement.

For our veterans, in support here in Canada I've heard from Brad White and Craig Hood of the Royal Canadian Legion. They have endorsed and supported further investigation on the impact that Canadians are facing from this drug today.

My request is for Canada to agree and adopt a gradual de-prescription to mirror our U.S. counterparts' and get ourselves down to that 1% rate.

Concerning expectations and outcomes, in order for best practice in a malaria policy, and to reflect the intent of this committee to improve upon the mental health and suicide issues we face today, the International Mefloquine Veterans' Alliance expects that this committee will advise Health Canada, the Department of National Defence, and Veterans Affairs to combine efforts and begin a public health update and outreach to all users dispensed this drug in the military, and a public update for consumers to refer to their general practitioners because updated information for general practitioners and for consumers is key here so that they can increase their threshold knowledge of this drug and its various side effect profiles.

We understand that a directive from Health Canada, namely CATMAT, the committee to advise on tropical medicine and travel, will be required for Health Canada to remove the bar keeping the door closed for a change in policy here. Our civilian advocates are here today as well, Bev Skwernuik and Jessica Konecny. They will be handling the civilian component with that and pushing forward as we move along to Health Canada to ensure that we have more information that properly reflects our international guidelines.

Bev and Jessica, whom I have just mentioned, have worked tirelessly to canvas and review the various political information from pharmacies and travel clinics at present and they both know first-hand, as users affected by this drug, of the confusion resulting from the lack of current information and the warnings not being uniformly disseminated. Even from franchises such as Rexall and Shoppers, you're going to get disparate information from pharmacy to pharmacy as there is no uniform status here of the information provided to the consumers, and it's from province to province.

This lack of consumer protection prevents true informed consent and Health Canada must demand CATMAT review and amend their tired and dangerous directives on mefloquine.

In closing, true causal factors on various tours, which led to horrific events, require a desperate review. That in itself, the fact that we have not had this new review based on the new information, is antithetical to our Canadian social values, notwithstanding the disgrace of denying many civilians, service members, and veterans from receiving the proper diagnosis of an acquired brain injury, or ABI, through mefloquine intoxication.

These true causal factors that I mentioned, which led to these horrific events—and I've just elucidated those to you—when it comes to providing the suicide drug according to product guidelines, this sordid history of mefloquine in military applications on compliance is like bad plumbing, it just gets worse at every turn.

For actual disclosure, citizens like Marj and the whole Matchee family, forced to endure the opprobrium of an entire nation, deserve today's truth.

Kyle Brown, who is still wandering through life in a desert of misunderstanding and despair, deserves truth. Hervey Blois, the medic who fought his chronic health issues and kept the early work of MP John Cummins on the front burner today, deserves some honesty. Colonel Kenward, the last commander of the Canadian Airborne Regiment, still in the fray for trying to correct this travesty of military history, deserves no less than the truth. Brent Ashton, nephew of General Barry Ashton, who saved lives during his heroic actions at an ambush in Mogadishu, confided to me repeatedly about his mefloquine troubles and his continued struggles to maintain a reasonable life today.

● (1610)

This is true for Christian McEachern, who careened his vehicle into the headquarters building in Alberta in frustration over poor PTSD treatment. He also declared, “My problems began after taking mefloquine in Uganda.”

There's Val Santiesteban, mother of Scott Smith, who was denied the truth of her son's suicide in Rwanda.

How about Sonia Scalzo, wife of another psychotic soldier? She was denied due process six times by our DND ombudsman and that's a matter of public record. The only truth she gets these days is that there's still fresh blood in all her cuts.

There's more, but you get the drift.

In my connections made over the last couple of years, I have also accumulated horrific anecdotes from active service members, such as engineer John Buckle. His user experience on tour and his frustration in highlighting the drug's impact on his health to current Canadian Forces medical staff is the standard all soldiers face today with the mefloquine toxidrome.

There are many more, but I can't name them all now. I'm running out of time and I'll probably forget a few, but the dam is broken.

These brave men and women continue to suffer in confusion and silence, misdiagnosed and mistreated, and denied the services they need, for which they pay premiums and have coverage. PTSD plus pills plus mefloquine equals death.

In closing, we now understand how so many civilians, such as Bev Skwernuik and Jessica Konecny, were affected by the absence and destruction of the reports from the unethical commercial drug trial in Africa. During operations, that sham trial and the knee-jerk rush to kibosh the airborne for life in the ensuing debacle helped the subterfuge to fast-track this drug licence and expose unwitting consumers to uninformed consent en masse. Our citizens deserve better.

Also, the ongoing denial of veterans from receiving more appropriate treatment contributes directly to the prevalence of poor mental health rates and suicide attempts and completions demonstrated in our military and veteran populations today. Canada can do better.

When we go through the questions later on, I can go through my eyewitness account in the bunker on that evening with Clayton Matchee.

Thank you very much for your time.

The Chair: Thank you.

Go ahead, Mr. Bona.

Mr. Dave Bona (Veteran, As an Individual): Good afternoon, members of the committee.

My name is David Bona. I'm a veteran who served my country for 14 years. I served in the North Saskatchewan Regiment, the Royal Canadian Regiment, and the Canadian Airborne Regiment. I've been operationally deployed to Cyprus, Saudi Arabia for the first Gulf War, Somalia, and Rwanda.

I've been diagnosed with both PTSD from our operational deployments and an acquired brain injury from mefloquine that I was given while in Somalia and Rwanda. My career ended due to the poor coping mechanisms I developed to deal with the debilitating effects of both the PTSD and the acquired brain injury from mefloquine.

I was court-martialled and released from the forces with a 5(f) release. That's not the nice release, by the way.

I went into the army a private and I left the army a private after 14 years.

I would like to read a letter written by my wife Teresa.

Dave and I have been together for 14 years. I've watched him work so hard and struggle so hard to find some semblance of peace in his mind, to attempt to moderate his mood swings, the anger, the rage. It took me a few years to be able to see them coming, to know when to expect them, then a few more years to truly understand that they weren't caused by me, that I couldn't prevent any of them no matter what I did or didn't do.

As well, following the incidents of his rage and anger, of losing it, would be the depression and the guilt, and this is just as awful. The helpless of "Why can't I get...? Is this all I have to look forward to for the rest of my life? Is this all?" Then, inevitably, the final question, the one that some would say breaks my heart and makes me angry: "Why are you with me?"

The emotional toll on me, on our 11-year-old twins, and our older and now adult children, watch them grow up hypervigilant to Dave's mood swings, the day's long fallout after. Within this all were also times of complete insanity, almost as though a different person had been plucked down into our lives.

Furious with his circumstance, Dave would accuse me of impossible things, create an alternative reality with details that were exaggerated or didn't exist to begin with. When I look into his eyes during these situations, and they still occur, it's as though the Dave I know and love has ceased to exist. His colour is off. His eyes are darker and look so mean, without humanity. It is truly very frightening to experience.

But the real question is, why wasn't he getting better? He was eating healthy, exercising. He had regular bi-monthly and sometimes weekly psychology sessions with one of the best psychologists in her field for treating PTSD. He spent a month in Ontario at Bellwood for in-house treatment of PTSD. He followed all the protocols for treatment of PTSD—17 years of treatment, 17 years of working so hard every day.

Then came a stroke of brilliance—a breakthrough. Three years ago, Dave's psychologist changed his treatment plan to include the protocol of someone with a traumatic brain injury, a new therapy, one that retrains the brain around injured areas utilizing a type of electronically monitored neurofeedback. Results didn't happen overnight, and there were times that things seemed to get worse, but it finally settled in. The time span between rages lengthened, his ability to settle down eventually quickened from a week, to a few days, and eventually a few hours.

I'm not a specialist, it is out of my scope to differentiate PTSD and damage done to Dave's brain from mefloquine toxicity, but in my heart, and from close personal observation, as well as testament from his family members as to his personality before he took mefloquine, I believe that all of his moments of insanity are because of the mefloquine. I also believe that the high level of PTSD that he still suffers from is also because of the toxic effects of mefloquine. But I am as hopeful as I am angry. It is overdue for this to be recognized for what it is, not just lumped in the catch-all of what the diagnosis for PTSD has become. These past three years for us are more manageable. It's not perfect but we have hope where we didn't before, all because of a different treatment protocol for Dave. The shame that is placed on these soldiers and veterans for the past 25 years is lifting for some of them, because it's not just PTSD that they are burdened with. Their brains are damaged from the drug that was issued to them.

● (1615)

I'm just going to quickly cover a few excerpts from an experience letter that I posted on the International Mefloquine Veterans' Alliance website. I'm just going to cover one page, to illustrate where the problems started:

The first day I took mefloquine for Somalia, in 1992, I almost immediately felt sick. I had my first seizure that night. My vision would go black and I would see stars, I would feel disoriented and dizzy after. This would happen initially only on mefloquine days, eventually they would occur randomly the rest of the time—lying down, standing in line at super market, sitting at the supper table.

The frequency of these seizures was inconsistent, one or two per week, or one or four per month.

[After the first seizure] I went in the next morning to [the unit medical station to discuss this with the medics], but overheard a discussion going on about those not taking mefloquine will not be deployed. So, I turned around and walked out. I have continued to have these mini seizures since. The last one was about three years ago.

Not sleeping was a constant companion. I thought it was the heat, but in retrospect, it probably was the mefloquine.

The ringing in my ears started after a few weeks of taking mefloquine. The ringing would randomly start and stop. Sometimes happening concurrently with the seizures or while driving, laying down or standing in a line at supermarket. I could feel myself changing. My brain becoming more muddled and anger starting to creep in. Throughout the tour of Somalia, the paranoia and anxiety was building. It sucked running convoys out of Mogadishu, I started to stash beer in the grizzly to help with sleeping.

The dreams, interesting nights....

The dreams I suffered from were quite horrific. They involved the violent death by my hand of my loved ones and my section members. They were just like they were happening. I would wake up. I stopped sleeping. The day I took the pill, from then on, early in the tour, I didn't sleep, and that continued all the way through to Rwanda.

I'm going to skip ahead. I'll be submitting my experience story to the committee. What I'd like to illustrate now is the interconnectedness between the PTSD and the mefloquine toxicity.

Rwanda—Trauma, trauma, trauma.

Again, the first day I took the mefloquine pill, I had a seizure, felt sick and did not bother sleeping—I just drank coffee that night. The sleep issues continued and I started to have serious drinking issues. I just seemed to have lost my ability to drink alcohol.... Throughout deployment, there were daily trauma incidents, two, three, four or more some days. Not sure what to say about that. It sucked. To this day I am haunted by blown up little black kids.

...I did not sleep for first two weeks in Rwanda. I used to do sentry all night and then volunteer the next morning to drive the MLVW to Kigali....

● (1620)

After I came back from Kigali I would unload the truck, turn it in and there would be enough time to go back on sentry. This would happen two weeks at a time, I just could not sleep. Every time I closed my eyes, all I would see was the image of dogs walking off carrying dead babies, and friends shot and blown up. The only thing that I could control that with, while I was deployed, was alcohol. Periodically throughout the tour—it seemed to be on about a two-week cycle—I would get a case of the local beer and lock myself in the back room and drink as much of that beer as I could, until I couldn't even walk or stand. I'd eventually pass out and I would finally get a full night's sleep.

Anger, random periods of uncontrollable anger, so angry I could not think straight. Sometimes over the littlest things. I would feel so black, just ready to explode. The depression started to take over—I would bounce between anger and being so depressed that I would sometimes catch myself holding my rifle in my hands, just thinking how easy it would be....

To this day I'm plagued with balance and dizziness issues. I can't even go on the waterslide with my kids. I can't go on roller coasters. I had an opportunity while working for the Ministry of Environment as an initial attack firefighter. I was offered a job as an air attack officer, which was leading in the water bombers for the province. It was an honour that they came to me and offered me this job. I tried for two and a half months to do the job. I was okay as long as the aircraft flew flat and level. As soon as we did a wing-over above the fire to take pictures and record the fire, I would start vomiting. This continued on for two and a half months, to the point where the pilots used to joke on the duration of the mission about how many puke bags I used to fill.

Finally, at the end of that, when no other medication other than.... The next step on the medication for the vomiting was the medication they use for patients on chemotherapy, which was quite harsh on the system, and I finally had to quit. I was 20 pounds lighter.

That will be it.

Thanks. I'm sorry about that.

● (1625)

The Chair: Next is Brandon Kett.

Mr. Brandon Kett (Veteran, As an Individual): Hello, my name is Brandon Kett. It is an honour to speak to you today in this committee and to create a sense of validation for those of us who have been struggling and suffering in the darkness. In no way will I be able to articulate my story of the struggles and hardships that my family and I have had to endure over the last 10 years, but in these 10 minutes, I'm going to try to paint a suitable picture.

I'm a 14-year veteran of the Canadian Armed Forces. I was a proud member of the Forces, and I always did my best. I strived to be an example to all the troops I trained over the years as a mentor to them. I never really wanted to go to war, but when my country called, I jumped at the opportunity, in 2006. A member of my deploying squadron was unable to deploy, so I filled that gap. I was thrown into the journey of a lifetime. I was proud to be deploying and representing my country, Canada.

In my mind, I was ready, but you're never truly ready to be deployed to such a hostile environment as Afghanistan. I won't really be going into the details of my overseas experiences today, due to the lack of time, but I'll submit my long-form testimony, afterwards.

That being said, that's not the reason I am speaking before you today. The issue I have come here for is mefloquine. When we were given this pill overseas, the risk of a possible lifelong illness that can come from taking this medication was not explained to us. There were the known aspects of the dreams that people talked about. They joked and called them “loopy pills” or “Wacky Wednesdays”. I can now look back and see the devastating effect that this medication had on my overseas work performance and personal accountability, and the downward spiral I've gone through since returning home.

The depression started to set in for me over there. It started with vivid nightmares, distracting confusion, lack of motivation, and the decline in my work performance. I sucked it up, I soldiered on, and I finished my tour.

When I came home, I met a girl, and with great difficulty we started a relationship and a family. Over the years, it's been a mess. Coming home, I was a shell of the person I once was. I had depression, anxiety, and anger, and I was easily brought to the point of agitation. I remember I'd see my kid's toys in the middle of the floor in my house, and I'd want to boot them across the floor and punch holes in the walls over nothing. I was confused, and I never really figured out what was wrong. The PTSD diagnosis I received was easy for me to accept, because my life and mentality was a roller coaster ride. I even remember saying to my ex how I felt that I was a different person when I came back.

Before long, things started to come apart for me, fast. I was drinking a lot, I became severely depressed, I had anxiety all the time, and it was really bad. I was reckless and not thinking about my future.

I heard a story when I was at base Gagetown of how another soldier had killed himself by hanging from the stairs in the basement, so I took some paracord to the basement one day while my ex had the kids out shopping. I tied a rope to the stairs and around my neck. I never hung myself, but that was enough for me. I broke down, and I knew I needed help. My desire to have a stable family life was disintegrating before my eyes. Like a house that been engulfed by fire, I just had to watch it burn from the side, never having the mental ability to do anything about it. I never had a chance because of that pill.

I ended up having three kids with that girl. The relationship was not working, but to fill the void that I felt inside myself, I kept having them and hoping one day I'd level out, but that day never came.

My struggles were internalized, mostly, and I became very isolated and alone inside my own head. I fell into a gaming addiction, and anything else I could use for escapism. I dealt with it the soldier's way: suck it up and carry on.

I learned about Dr. Nevin and his work by researching my symptoms online that didn't really match up to PTSD. Almost every symptom I had was exactly matching to a T for mefloquine intoxication, and it led to many informative sites that detailed how the medication can cause PTSD-like symptoms. At this point, I was going into medical sick parade in the army daily, and my chain of command was trying to come after me and make an example out of me for fighting back.

● (1630)

My so-called regimental family was gone. I felt betrayed. My chain of command painted me with a black mark, and everyone was told to keep their distance. I was labelled a troublemaker for fighting against the chain of command.

For the benefit of my mental sanity.... I lost my kids. I was in financial distress. I lost my house. I was in a dark, isolated depression that lasted, and I have never recovered. I was begging for help because I was suffering every single day. I was hitting the very worst of my suffering up to that point.

My kids were moved back to Ontario after my marriage failed. I lost my house, all my possessions practically. I was renting a room from someone in a basement, sleeping on a mattress on the floor, because I was in such a sad state of financial hardship, with child support and paying for my own medications. I could not even afford to take a trip to go see my kids. Even if I had been able to, the isolating effect had set in and I was not able to plan and execute that trip.

I started receiving PTSD treatment while serving in the Canadian Armed Forces in Gagetown in 2011. My marriage had reached the point, since 2007, of desperation. I was seeking help for that, but it quickly shifted to me and my PTSD.

I started therapy with a psychologist. I was taking SSRI medications for depression and had regular medical appointments each week. The DND medical system was not set up to treat me. The pharmaceutical cut-and-paste treatment was ineffective for my condition. I stayed in the system a long time. I did not want to end my career in the Forces at such a young age, facing medical release.

I worked and I pushed myself to try to get better, but I never really did. I had a hard time remembering my appointments, or if I had taken my medications, or taking anything away from the medical treatment I was receiving, because I was being treated for PTSD, and it wasn't having an effect on me.

We would sit and talk about the trauma that I witnessed and experienced in Afghanistan, and there was an array of pills, but no improvement was made. I was switched to 13 different types of cognitive-altering medications in a span of six months. This was the thinking of my medical team on how to treat the issue.

I had suicidal ideation. I would often talk of the ideas that my broken mind would show me like a movie in my head each day, on repeat. The isolation I underwent when my children were taken away from me made me disconnect from life. I was feeling failed by my medical team, because I had brought mefloquine and Dr. Nevin's work to them. I have not had proper medical treatment for two years.

I released May 3 of this year, and I was put on a list of 500 awaiting a doctor. My chain of command did not even open my file when I was transferred to know that I was operating with PTSD. They came after me instead of helping.

I was hit with disciplinary actions and charges for being an administrative burden because of my inability to manage my financial life. My post-VAC lump sum award ended up hurting me in the end, which still persists to this day. I cannot stabilize mentally because I have financial hardship. My three little girls were and still are my driving factor. I never quit, or even considered that final option.

Then I fell away from the medical system. I stopped attending my appointments. I was getting into trouble. I was in complete mental breakdown, and sinking deep. Nobody was there to help me.

Then I found cannabis. I had never really smoked it much in my life, a few times here and there, but something was different when I smoked it. I was able to feel again. That was a scary thing, because I had to process and deal with a lot of the negative emotions that came to the surface.

Things got a little more manageable for me with the use of cannabis. I was feeling more alive, not coming to anger as quickly, and having better results than with any of the other things I had tried before. It was still really hard, but it was a crutch to help me along my way, which I was forced to pay for out of my out pocket in 2013...my release in May of this year...because DND would not accept it as a treatment medication.

I was open with medical staff. They just wanted to categorize my use and equate it to that of an alcoholic. I just waited out my time, like a prison sentence, and kept my head down. Almost two years of waiting and watching my kids grow up on Skype, living that hellish existence in purgatory.

I attempted to be posted to the JPSU, thinking I would be able to get help there. I've been always looking to the next thing or place where I could finally be stable. I'm self-destructive, and I can't keep it straight.

I've never really given up, and I work every day to manage my life. I was finally allowed to use my voc rehab and get back in my kids' lives in the last six months.

● (1635)

I knew inside I was not going to be able to go to school, but I believed things would be easier when I got back into their life in Ontario. It was not as easy as it sounded. The two years away from my children was enough to ruin our already fragile connection. The guilt of the way I am in relationships haunts me. Over the last years and a bit, I've been tackling an uphill battle to regain some of what I lost.

I'm going to skip ahead, because we're out of time.

In closing, I hope the committee hears the voices of the people speaking here this week and uses the right due diligence to remedy this tragedy of lives, relationships, and families in ruin. Sometimes I think if I had been able to solve this back in the 1990s, I'd not be sitting here in front of you today.

I hope to redeem my faith in Canada and have a positive ending to add to this story, with a world-class outreach program with treatment, research, and help to those suffering. Canada needs to stop issuing this poison to its soldiers and to the public. We need to stay up-to-date with the science that comes out and the newest best information. The story has many gaps and has many more details in the DND system, negligence of my chain of command, and many other facets and obstacles I had to endure. I hope this is just the start of a dialogue and I'll be able to submit my long version in great detail in the future. Help us, because we are suffering.

Thanks for taking the time to listen to my story. I hope steps to give aid are made with a sense of urgency.

Thank you.

The Chair: Thank you.

Now we'll begin our first round of questioning, which is six minutes. I ask members to direct your questions to each witness by name, so we can be clear as to who you are questioning.

We'll start with Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): You guys, thank you. I cannot imagine what you're going through. What I'm learning as a member of Parliament, more than anything, is that it seems to be the victims who have to go beyond what they've already experienced to get change. I do appreciate so much, we all do, that you're here and that you have the courage and the ability to do what you did today in sharing with us.

I'm hearing a recurring theme that is really quite amazing to me, out of that, and that this isn't just about you. You have a deep concern beyond yourselves in wanting to see this taken care of.

First, Claude, could you talk to me very briefly—I get six minutes—a little bit more about what you want to see come out of this effort?

Mr. Claude Lalancette: I think the International Mefloquine Veterans' Alliance says it, that we're so far behind. Canada's so far behind in this. I think with a little bit of honour and a little bit of suck it up, we can come out with an exemplary, world-class outreach program. With that outreach program, I think we should suck it up to what happened and reach out to the victims that this pill has been created for. The first two that I would see being reached out to would be Kyle Brown and the Matchee family, who really desperately need it.

I don't know anything about this thing, I'm just a grunt who's been.... I don't know what I've been doing since I started this thing, but I don't think it's my.... I would love to be part of it, but I don't think it's my responsibility to look for this outreach, but I would love it to be an exemplary one, and it needs to be urgent. It's not social media that should be doing this. I was bouncing off the walls when I learned about it, so I see the outreach being—

● (1640)

Mrs. Cathay Wagantall: That's key.

Mr. Claude Lalancette: Yes.

Mrs. Cathay Wagantall: That's key. Thank you, that's very important. I'm hearing that all the way across.

Dave, it really struck me when you said that you took the pill, the results were frightening, and you knew it wasn't good. You went to try to talk to people about that, and you overheard things and realized that you would not be deployed if you didn't take that medication, so you turned around and walked out. What would that have meant if you had refused to take the medication? What does that mean to you as soldiers, to not be deployed?

Mr. Dave Bona: What it meant for me as a soldier?

Mrs. Cathay Wagantall: Right. You said you wouldn't have been deployed?

Mr. Dave Bona: It would be like a hockey player who's trained to the level of an NHL player sitting in the stands while his teammates are playing. It's completely unthinkable to sit at home while you're deployable.

Mrs. Cathay Wagantall: Okay. Thank you.

You mentioned your doctor suddenly deciding and somehow having this realization that she should treat you for a brain injury and not PTSD.

Mr. Dave Bona: Dr. Susan Brock, who loves her soldiers, was getting all these young kids from Afghanistan with TBIs that she could not treat. On her own dime, she researched the hell out of this to help these young kids. She tripped across LORETA neurofeedback that has been developed in the States. This treatment was developed originally by the NFL to treat some of their football players with concussion disorder. The spinoff from that is the concussion seemed to be an injury, such as TBI. She has had some startling results with some of these young kids who couldn't even talk being able to talk again. She just slipped me in on the protocol, because I was not responding to conventional PTSD treatment, and I did not fit the criteria for TBI.

Mrs. Cathay Wagantall: Brandon, you're on the young end of this thing. When I first started hearing about this, my thoughts were Somalia, but clearly this is an issue that is larger than I want to hear.

Are you aware of other friends and comrades that you soldiered with who are also represented by you here today?

Mr. Brandon Kett: Yes. The part I skipped was my talking about how the people that I took mefloquine with are now in positions of leadership within DND and are able to pull that trigger, or not, with controlled measures of violence if they're deployed, and that scares me.

The Chair: Thank you.

Mr. Fraser.

Mr. Colin Fraser: Thank you very much, Mr. Chair.

I thank you guys for being here today and for sharing your story. I can assure you that all of us listened very carefully to the powerful testimony that you gave. Certainly, we want to take all of this and make recommendations to make this better.

Brandon, you mentioned, and we heard a little from Claude and Dave on the world-class outreach and treatment. What do you see as a way to do this outreach to make sure that we're including as many as we can in this process? Can you describe for me the treatment you see going forward on how we deal with this?

● (1645)

Mr. Brandon Kett: A better tracking system needs to be developed so we can track veterans' suicides and people affected by different illnesses. I'm not sure how they're going to do that now that everyone's been released, or find where they've gone, if they've starburst, and so there's going to have to be a way to pull that in, and that's out of my league.

Can you repeat the second part of your question?

Mr. Colin Fraser: It's the treatment they're able to offer.

Mr. Brandon Kett: A lot of the treatment that's worked for me has been holistic, naturopathic type of stuff. It's not really recognized by the federal government as a validated treatment for illnesses. There's going to have to be some sort of a give when it comes to alternative treatments, I think.

Mr. Colin Fraser: John, the organization you're with is an international group, I understand, dealing with mefloquine. I understand that's a relatively new organization. Do you see a role for them in helping the outreach and treatment of these issues for our Canadians?

Mr. John Dowe: Absolutely, I do. I think over the process of the last couple of years, concurrently in several countries, we've established a great level of trust and we've accumulated a lot of information and a lot of anecdotal evidence, as well, for people to make that a great point of contact to initially come to, not only for Canada, but for a couple of the other countries as well.

We've found a lot of success with the website—and also Twitter and even on my Facebook—with people feeling more comfortable about sharing their user experiences, gleaning information, and being proactive about adjusting their mental health treatments to more accurately reflect what they may have, which is an acquired brain injury.

Mr. Colin Fraser: Okay. Do you see a role for your organization working with VAC to try to help in the outreach department?

Mr. John Dowe: If asked, I would, absolutely. It would be my honour to help consult with that, of course.

Mr. Colin Fraser: Okay.

Claude, you mentioned some of the financial difficulties that you had faced and some of it of your own mismanagement, but, obviously, because of some of the mental health issues. Can you give any thought as to how there could be better counselling, other services offered that might have helped out, that weren't there?

Mr. Claude Lalancette: I think giving a lump sum to someone who has issues like we do is so easily spent. We have problems with addiction. We have problems with self-destruction. We have problems with suicide. We have problems with murder with this pill. It just creates a situation. A lump sum just creates a situation for things to get out of hand.

I figure a pension would be more...than a lump sum.

Mr. Colin Fraser: Do you think other services offered, though, on how to budget, how to spend money, would assist?

Mr. Claude Lalancette: Well, yes, maybe to assist the veteran, because I'm telling you, with my concentration, my administration, I needed Warner Stahl. Warner Stahl was my clinical care manager who was taken away from me. He was putting my things straight, because I was in disarray.

I think a clinical care manager or someone to assist the veteran with his spending, his ideas, and make him think straight...because some people just get out of hand, especially with a lump sum. It's very easily spent.

Mr. Colin Fraser: I understand. That's well said.

Dave, you said it wasn't until your psychologist started treating you for a traumatic brain injury, that you started to see results. Is that how you framed that?

What is it that prompted the psychologist to determine that what you had suffered was a traumatic brain injury ? How did that come about?

Mr. Dave Bona: That was just a shot in the dark. She had several clients in the same boat as me, with hundreds of thousands of dollars in treatment for PTSD that was having no effect.

We were running out of options and literally, this was just a shot in the dark. Well, we've tried everything else, let's just try this.

● (1650)

Mr. Colin Fraser: Just briefly, what kind of treatment did you go into after that and how long did it take until you started to see some results?

Mr. Dave Bona: It's called the LORETA neurofeedback, and how it works is you wear a cap and it has all the sensors on it and it monitors the electrical activity in your brain. You either listen to music or you watch a screen where the screen grows large or small, or the music volume goes up and down.

It creates pathways, because when your brain gets damaged from PTSD and this “mef tox”, the normal pathways in the brain are damaged and they don't communicate. LORETA neurofeedback teaches the brain to communicate around the damaged area and creates new pathways.

Mr. Colin Fraser: Okay, thank you.

The Chair: Ms. Jolibois.

Ms. Georgina Jolibois (Desnethé—Missinippi—Churchill River, NDP): I'd like to thank you for all your stories, Claude, Dave, Brandon, and John. We really appreciate the stories.

What I'm about to ask is going to be painful. I'm going to direct it at John. Corporal Matchee and Kyle Brown, what are their stories?

Mr. John Dowe: Regarding Master Corporal Clayton Matchee, as far as my eyewitness goes to the events of that night, yes, I was not on duty but was on my way by the bunker. Shidane Arone was the prisoner in the bunker. I guess he had been captured. I hadn't noticed him on the way through the compound. I was on my way to use the satellite telephone to call home.

On the return from making that satellite transmission home—we were allotted a five- to ten-minute phone call once a week —I re-entered the compound. Adjacent to the entrance to the compound is the bunker where they would keep the prisoners prior to processing and sending them down the next day or two to the jail that we had helped set up. On my return to the compound, Master Corporal Matchee had seen me, because the bunker is quite close to the front gate, and he had called me over. He said, “Hey, we have a prisoner”, and he called me into the bunker.

When I went inside the bunker, he was there with Kyle Brown, who was off to the side. Master Corporal Matchee was holding a wooden baton in his hand.

As I stepped inside the bunker, just to paint the scene for you, I was a trooper at this time and I was not on duty. I was the lowest rank, a trooper, which equates to private, and he was the master corporal. This whole bunker situation with prisoners was not my task and never was. My duties belonged with foot patrolling downtown, but he called me over. He knew I was not in his section, so it was not an area of my responsibility, yet I went over. He was a master corporal. I looked inside the bunker. I stepped inside the bunker, and with the wooden baton he lifted up Shidane Arone's head and I saw a bruised and bloody face. The lips were swollen; the nose looked somewhat busted.

When I initially looked at it, I asked myself if this was from the point of capture and if it happened at the time he was captured. I was not entirely sure. This was at about 11:05 that night. I didn't expect that the prisoner was in any sort of dire condition. I was a boxer for five years previously in the amateur circuit in Alberta and British Columbia. I had seen a lot of wounds and experienced a lot of wounds in the ring. He didn't look as though he was in any imminent harm. I looked and saw that, and my mind was thinking he just wanted to show me or tell me that we had a prisoner, I guessed. I didn't really know why I was there. Then he looked down, Master Corporal Clayton Matchee, who had just finished showing me the prisoner, and all of a sudden he started whacking Shidane Arone across the thigh with the baton, and he started swearing and saying “Fucking spiders”—I apologize for my language—and he started beating the baton on the legs and moving backward and then turned around to the rear of the bunker, continually smacking that baton against the sides of the wall of the bunker. There were no camel spiders there.

We were inundated with camel spiders, which are huge, gross, ugly. It's not even a spider. It's in the arachnid family, but it's quite the pest. It's quite formidable. We were inundated with these things. What I experienced was Clayton Matchee in a state of hallucination, in a state of psychosis, in a state of severe aggression. Because he had turned around and was preoccupied with these camel spiders—and this all happened in a matter of seconds—I saw my opportunity to leave. I saw what he was doing. It made no sense. I looked over at Kyle Brown, who looked at me, and we didn't know what was going on. Kyle Brown was a trooper as well at that time, the lowest rank like myself. I had only just turned 22 years old. I thought that was my opportunity to get the hell out of there, so I backtracked, got out of the bunker, and started walking the hell away to get back to my cot. I just wanted to go back to bed. It was about 11:08 at night.

As I walked away, I was about 25 paces or less, and Kyle Brown came whipping up behind me and said, "John, John, John." I stopped and looked at him. He said, "I don't know what's going on here. This isn't in my nature. I don't understand what's happening." I said, "Neither do I. He's a master corporal. You're a trooper, as am I. There are orders. I don't understand what's going on either. I'm going back to my cot." He just stood there for a moment. I went back to my cot. I turned and walked away and after a couple of steps I noticed that he headed back towards the bunker with his head down.

When I got back to my cot, I immediately put on the same album I always put on to try to get to sleep and decompress from the day's activities, which for me usually meant foot patrolling downtown or some shotgun diplomacy down at the Bailey bridge. I would put on the same album.

● (1655)

It was the new release by the Barenaked Ladies. It's actually their first album. There was a lot of acoustic music, very soft, quieting, and it helped me to decompress and to try to fall asleep. It's a 58-minute album. After 58 minutes, listening to the entirety of that album in my cot in my bed space away from the bunker, I took off the headphones. I couldn't sleep. I was still somewhat in shock over what had happened. I didn't expect this. It was very strange.

I wasn't a smoker, but I did smoke. I wouldn't ever buy them because that would be admitting that I liked to smoke. So I would bum off people. I knew Brady MacDonald was at the compound or at the communications headquarters tent doing his shift. I knew he was on shift so I thought I'd go over and see if he'd give me a cigarette. Brady MacDonald was always a soft touch. He was very nice to me and he handed me one. It was an Export A. "Green Death", they call those green packs. They're horrible cigarettes anyway.

I had the cigarette and just before I finished the cigarette, I looked over to the open end of the modular tentage, and I saw a group of guys coming out and standing around that bunker that I'd been to an hour or so before. They were trying to revive Shidane Arone, who was now completely prone on the ground, unresponsive. They threw water on top of him, trying to revive him. They could not. I walked over, and I saw what was happening. Someone said, "Get the medic!" I just went, "Oh, my God." I turned around, and I don't remember too much after that. I remember I might have talked to one or two people and gone back to my cot.

The next day, there we were and things started rolling along quite quickly. The police interviewed me to find out where I was during the time of the events, and they in due course decided I would be testifying for the prosecution of Kyle Brown. So I did the testifying for the prosecution.

That was my situation in the bunker the couple of minutes I was there, and that's what I experienced.

I knew Clayton Matchee prior to the tour, so I have the ability to understand exactly what state Clayton Matchee was in at that moment, and what was going on. His beating camel spiders that weren't there is absolutely hallucinogenic and so was the psychosis of the rage he was in. He didn't even notice us leaving the bunker. He didn't even stop us, where before he was all concerned about calling me over.

I could go on, but that's enough, I guess, for you.

The Chair: Thank you.

Mr. Dave Bona: John, could you illustrate the order received by Master Corporal Matchee on how to deal with that prisoner?

Mr. John Dowe: Yes, we were ordered to rough up the prisoners. In the case of Shidane Arone, he had been caught about 15 times before. He was a repeat offender. It wasn't the first time he had tried to gain access to the compound. Of course, at that time, as far as what the environment was like, there were increasing hostilities downtown. Things were moving along and there were a lot more hostilities. Things were much more tense at that time. Shidane was a repeat offender, and we were told in our orders group, as we were sat down by our section commanders, to rough up the prisoners and send a message, to throw them back over the wire and make them understand we meant business. Does that give licence to Master Corporal Matchee? Of course not.

The Chair: Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you.

I can't even begin to imagine what any of you must be feeling with all the things you're describing.

John, could you describe what kind of symptoms you had from dealing with this event?

● (1700)

Mr. John Dowe: You mean the kind of symptoms I had psychologically?

Mr. Doug Eyolfson: Yes.

Mr. John Dowe: I didn't have closure. The funny thing, as I mentioned in my initial oral submission today, is that after the events of Somalia and the opprobrium we had faced nationally because of the events, a lot of us didn't really speak. It wasn't a topic of conversation we wanted to get into.

I was misdiagnosed in 2000 and released from the military with some sort of funky arthritic disease called ankylosing spondylitis. I never had it, and I proved the misdiagnosis in 2015 and corrected that. However, in 2000 I was released for this hereditary disease I didn't have and I asked myself what I would like to do. I always liked teaching and had done some instructional work at the infantry school prior to my release. So I went to East Asia. I taught English for a few years over there and then settled in Toronto in 2005, not around any military members. I was out of the picture and didn't even understand what was going on. I never kept in contact with people. I fully transitioned into the civilian world. The same goes for mefloquine. So I didn't know.

However, I didn't have closure from the events in the bunker. Now, the very smart woman I had married, Anna Zacios, has a degree in psychology from York University. She could see that I had certain things I needed to find closure with, and one of them was most certainly the experience I'd had with Kyle Brown in the bunker. So in late 2008 or 2009, I took her advice. I went and saw a counsellor. I was then diagnosed with post-traumatic stress disorder. I went to counselling to deal with the memory loss and all of those other things, including the survivor guilt I felt from the experience.

Mr. Doug Eyolfson: From what I understand of the timeline, everyone in the unit was being prescribed mefloquine; this was a universal practice in the unit at the time?

Mr. John Dowe: We were part of a commercial drug trial at the time, so everybody was to take that drug. There were no exceptions.

I believe air crew were exempt. Yes, they were. Some people who had some genetic factors were given doxycycline, or if they had presented with certain symptoms they would have been given the doxycycline. Unfortunately for most of the troops on the ground in Somalia, that wasn't an option.

Mr. Doug Eyolfson: All right.

In terms of the symptoms, the trouble with closure you were having, was it believed that some of your own symptoms were due to mefloquine as well?

Mr. John Dowe: Not at the time.

My discovery of mefloquine came about only after the phone call with Kyle Brown in the fall of 2014—so just two short years ago. I had no idea about mefloquine. But I got into the weeds on it and found out that today, there are three types of people: someone who has issues, but doesn't know if it's PTSD; someone who doesn't have issues, but took mefloquine and is concerned about his permanent long-term health; or someone who does have PTSD commingled with or has the comorbidity effect of having mefloquine intoxication, with exacerbation through PTSD.

We have these commingled things, and this is why we're asking for research to disentangle what is post-traumatic stress disorder, what is mefloquine intoxication, and give people the answers, because there's confusion on this everywhere.

Mr. Doug Eyolfson: Thank you.

Claude, again, I'm so sorry for the experience you've had. We know you do need help.

Right now, are there any services that you're accessing through Veterans Affairs?

Mr. Claude Lalancette: I've completely disengaged from Veterans Affairs. Just recently, for some, reason, they've sprung up to action and are offering me benefits. But the community is more aware of what's out there, and VAC is not aware whatsoever.

Before coming here I had to build my energy, had to build my state of mind, to get this organized. It was overwhelming.

What I learned during this journey of the last two weeks is that in my community there's mental health outreach that VAC is not aware of. And this is very promising, because it's done with compassion; it's done with respect; and it's done with care. Care, compassion, respect: something VAC doesn't have.

When I got locked up at the Grand River Hospital from talking about my symptoms, it was done so abruptly and rudely. I broke down. I kicked that door, and there were two officers just waiting for that door to swing open. If that door had swung open, I'm telling you, I wouldn't be sitting here today.

We need to educate. That's why I brought those doctors on Tuesday. And now, today, you have testimonies of thousands of people—Canadian citizens, veterans, and service members who are screaming.

I have seen the fire being lit right now in the community, and we demand answers and immediate outreach.

Thank you.

● (1705)

Mr. Doug Eyolfson: Thank you.

The Chair: Mr. Rioux.

[*Translation*]

Mr. Jean Rioux (Saint-Jean, Lib.): Thank you.

I've been in politics for a long time, and I have to admit that your testimony today really moved me.

I especially want to tell you that you are put together. You have presented your case, and I think you have chosen the right place to do it. We are here to represent you. I feel challenged as an MP today. This is perhaps one of the most important roles I will have to play.

I will continue along the same lines as my colleague who asked whether you still had any connection with Veterans Affairs Canada.

As an aside, I'm new to this committee.

Regardless of what you should have, are you currently still eligible for services?

Mr. Claude Lalancette: Sir, when I came here for my second hunger strike, I planted my feet on Parliament Hill at the right time. I met the right people. People from the 31 Canadian Brigade Group guided me. They opened my file. They saw why things were slow. There are things that just don't sit well with me. Some things were suspended and others were cancelled.

In addition, I wanted to appeal because I felt this decision had violated that my rights. However, I received a letter from a lawyer who had made the decision not to appeal.

Mr. Jean Rioux: So there are some things that you're eligible for, but you aren't receiving them.

Mr. Claude Lalancette: That's right.

Mr. Jean Rioux: Okay.

You spoke at length about research. You talked about you and veterans, but this affects all Canadians. As I understand it, the drug is still freely available, unfortunately.

Who do you think should do this research?

Mr. Claude Lalancette: I think Health Canada should open its doors and set aside funds for major research on this. However, I don't know if there are any funds for this.

As a veteran, I don't know what I could do. I could certainly open my Veterans Affairs Canada file and make it public. You could study it from start to finish and see that the pills had a dramatic effect on my life.

I don't think that doing this kind of research is my responsibility, but I could volunteer to open my files and show that the antidepressants and antipsychotics really wreaked havoc on my life. They made my symptoms worse. They caused the self-destruction in my life. It is unbelievable. It's all in my medical files. This whole development is documented at Veterans Affairs Canada.

Mr. Jean Rioux: This is a new problem.

Outside of the group, is—

Mr. Claude Lalancette: Sir, the problem isn't new, but the treatment is so archaic that I almost died. These days, my brothers, my friends who are in the position I was in four years ago, when I was huge and dying, are themselves dying, sir.

● (1710)

Mr. Jean Rioux: I think we misunderstood one another.

As I understand it, you found that it was the cause of your problem about two years ago.

Mr. Claude Lalancette: No, it's been five months.

Mr. Jean Rioux: That's what I meant when I said that it was recent. It's a new situation.

Mr. Claude Lalancette: That's right.

Mr. Jean Rioux: I don't deny that this affects you.

You identified the cause. You even belong to an international group. You spoke about it and made comparisons. Have you collected testimonies of civilians?

Mr. Claude Lalancette: Yes, sir.

There are two ladies are sitting at the back of the room right now who are ready to testify before the Standing Committee on Health. These young women have gone through hell.

The difference between their hell and ours is that they had the choice of taking the drug or stopping it. As for us, a member of the medical team—an ambulance attendant, I think—ordered us to take this drug. We spoke about symptoms, but that did nothing. However, these young women had the choice. That's the only difference.

These are horrible stories. In the past five months, when I began to raise awareness, I heard some horror stories.

Mr. Jean Rioux: Thank you very much for making us aware of this problem. Everything has a beginning, and I think you will be seen as someone who initiated a new and important process.

Mr. Claude Lalancette: I hope so.

Mr. Jean Rioux: I congratulate you on your courage and thank you for the energy you are devoting to this.

[*English*]

The Chair: Mr. Brassard.

Mr. John Brassard (Barrie—Innisfil, CPC): The first thing I would like to say, gentlemen, is thank you for your service to our country. Your testimony today has had a profound impact on me.

Robert, please.

The Chair: Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

I echo that statement.

We talked a bit about acquired brain injury. On Tuesday, we were fortunate to have Dr. Nevin here.

He talked to us a bit about toxicity and the approach to it. Instead of looking at this, what appears to be happening is people have looked at it, and are saying it's a mental illness.

I don't necessarily buy that. I don't believe it is. The more I hear about it, the more I research it, the more I believe it is a toxicity issue.

Would you care to comment on that, Mr. Dowe?

Mr. John Dowe: I'm champing at the bit. Here is where we're dealing with a great amount of misunderstanding about what we're facing here today. Mefloquine intoxication is not a mental illness. Mefloquine intoxication is an acquired brain injury. It is also idiosyncratic in nature, meaning that it doesn't affect everyone the same way, at the same time, or in the same amount.

Mr. Brassard, I certainly feel for you as you feel for our testimony. I was listening a couple of days ago to testimony, and you had mentioned that you had a bit of background in lead and mercury poisoning, and whatnot. Was that you? Who was that? That was someone else? Okay.

This is where we get into that same sort of area. Like lead or mercury poisoning, mefloquine will build up in portions of the brain, and it will affect people intraneuronally to a severe range in some individuals, as it breaks the blood-brain barrier and disrupts the feedway patterns. It also creates lesions deep in the brain within the limbic region, as well. That's where you get this acquired brain injury, being any brain injury acquired postnatally. It's a chemical injury on the brain. It's not a mental illness.

The problem is, with mefloquine intoxication, when you start to throw SSRIs at that, you're going to exacerbate the symptoms, because you're dealing with the brain that is already not at 100%. That's where we're having the problems. Soldiers are being diagnosed with post-traumatic stress disorder because their symptoms mimic post-traumatic stress. When they reach into the DSM-IV or DSM-5, they look at the symptoms, and they're just treating the symptoms that present and what the patients themselves report, and that's going to mean SSRIs, talk therapy, and whatnot.

Meanwhile, we know that is going to compromise that soldier even further. He's not going to meet his PTSD markers for treatment. He's going to be looked at as either malingering, somatoform, or whatnot. People are not going to have faith in him that he's doing what he's trying to do to get better. He's going to become even more depressed because he can't seem to reach a level of functionality that he's being promised through the talk therapy and other therapies, so he falls further and further down into the crack. Then we end up with suicide, because as we know with associated and opportunistic disorders, if you don't treat the root cause, then it's those opportunistic disorders further along down the line that will be the end of you, if that answers that.

● (1715)

Mr. John Brassard: Thank you, Mr. Chair.

One of the things we've heard about—and I know that Claude spoke about this, about community—is that when a soldier is within DND, and when they're within VAC, we're able to statistically keep track of them. Then once they leave, we're not able to statistically keep track of them.

Mr. Dowe, I know you've been dealing with this for a long time. Anecdotally or otherwise, how many people in your experience are suffering from this issue?

Mr. John Dowe: Well, anecdotally, we'll say 18,000 people. I'm just going with that number. We know it's about 20,000 or somewhere around there. It's somewhat of an arbitrary number, but let's say between 15,000 and 20,000. We estimate that up to 30% of that figure may present with permanent impairment symptoms from the drug, and they have been misdiagnosed and mistreated, so there you are. You're looking at 4,000 or 5,000 people right there. That's a huge figure.

Also, remember there are neurological symptoms, and there are psychiatric symptoms. As far as neurologically, also, there are people who are experiencing tinnitus, vertigo issues, and other encephalopathy symptoms that might be misattributed because we don't have a diagnosis for mefloquine toxicity.

It's a huge number, probably about 5,000.

Mr. John Brassard: Thank you.

I think that's our time?

The Chair: Yes, thank you.

Mr. Fraser, I think you're going to split this?

Mr. Colin Fraser: Sure. Mr. Chair, I'll give my question to Mr. Brassard. I think he had another one, and his time was cut short, so I'll give my question to him.

Mr. John Brassard: No, that's fine, but thank you for that.

Mr. Colin Fraser: All right.

Claude, you described very vividly the road rage psychosis that you had. That happened on a few occasions that you described. When was the last time that this happened? How did you get past that? I know that you were courageous enough to seek treatment after that and go back, but how long was that going on for?

Mr. Claude Lalancette: Actually, it was just before when I escaped and when my life fell apart. My divorce and everything else, the loss of my house to a house fire, the death of my mother...it all happened in one year. I had another psychosis, and I said, "No more." I got rid of my car. I haven't been driving since I came back to Canada. I can't drive. Brandon Kett could testify to that. I'm extremely nervous and aggressive. My temper goes from zero to 1,000 in an instant. I have trouble controlling myself. Thank God I have natural medication, which helps me enormously. I don't know what else to say.

Mr. Colin Fraser: You mentioned that when you sought treatment, it slowed down your depression and anger.

Mr. Claude Lalancette: Well, what I did is I escaped. I used the sun to get rid of the depression. I used my intake of food to get rid of my diabetes and heal my stomach. I lost so much weight; I melted over there, actually.

Mr. Colin Fraser: How much weight did you lose?

Mr. Claude Lalancette: I was 127 kilograms, and right now I'm at 86. I was very overweight from the pills and depression, etc.

I'm sorry, but where am I going now?

● (1720)

Mr. Colin Fraser: The treatment slowed down your depression.

Mr. Claude Lalancette: Yes, I went through it naturally. I used the natural way to slow my issues. But now, here in the city, I tend to lock myself in—

Mr. Colin Fraser: It's harder to do.

Mr. Claude Lalancette: —at home. I bunker. The medication that I'm using has a stigma. I got locked away. I went to provincial court just to settle for a pension with my ex. When asked, I showed my ID, showed the package, and showed what it's packaged for, with the prescription on the side. They still slapped the handcuffs on me.

Mr. Colin Fraser: And with other stressful things going on, it all adds up.

Mr. Claude Lalancette: Oh, yes. It came close. There were two of them. I got excited and turned around, and there were eight more. So I kind of put my hands on the back of my head because I didn't want to create an incident. But they locked me up and they put me downstairs. Because I was aggressive, I was locked up for two hours with handcuffs behind my back.

Mr. Colin Fraser: Okay. Thanks, Claude.

I'm going to turn now to Mr. Eyolfson, and he'll split my time.

The Chair: You have just under three minutes.

Mr. Doug Eyolfson: Okay, thank you.

Claude, you were telling me what you need, and what, hopefully, we can help you find. I'll just continue that line of questioning with Dave.

First of all, are you at this point accessing Veterans Affairs' services?

Mr. Dave Bona: Yes.

Mr. Doug Eyolfson: All right. Do you find that they're sufficient for you? What else could they be doing for you that you need?

Mr. Dave Bona: They're not sufficient. Currently, I'm doing one day a week of learning neurofeedback, alternated with a week of psychotherapy, just to work on anger management issues and stuff like that. However, I would love to be able to attend an in-patient treatment program for an acquired brain injury, so that I can learn everything there is to know about this. Then I could develop the skills myself to actually be able to secure a job again and provide for my family.

Mr. Doug Eyolfson: All right, thank you.

I'll ask the same question to Brandon. I assume you are receiving benefits from Veterans Affairs right now?

Mr. Brandon Kett: Well, actually, I get mine from SISIP, since I'm newly released, but they almost overlap each other. I am engaged with my Veterans Affairs case manager, but our hands are tied at the federal level because of the non-validation of the injury from mefloquine and the lack of any knowledge about it. Basically, they're just pushing me through, not really knowing what to do, either. I have to go in and explain to them the science and everything behind this stuff, and give them the information. It's like me educating them on how to treat me.

Mr. Doug Eyolfson: All right, thank you.

John, are you currently receiving—

Mr. John Dowe: Yes.

Mr. Doug Eyolfson: Would you say that what you're receiving now is sufficient? If not, what would you say would improve it for you?

Mr. John Dowe: What would improve what, exactly?

Mr. Doug Eyolfson: Are the services you're receiving sufficient and if they're not—

Mr. John Dowe: Do you mean financial or administrative?

Mr. Doug Eyolfson: Either. Just whatever help you're receiving. Is the help at any level sufficient—

Mr. John Dowe: Today it is certainly adequate, but it took a hellacious fight to get there. But, absolutely, today I'm certainly pleased.

Mr. Doug Eyolfson: Thank you.

The Chair: Thank you.

Mr. Kitchen, we're at five minutes now.

Mr. Robert Kitchen: Thank you, Mr. Chair.

Thank you, again.

Gentlemen, we train you to be a unit. We train you to believe in each other and protect each other and defend each other, as well as defend us, and for that we're thankful, but, at the same time, we train you to become...and I hate to use the word “brainwash” you in that way. The reality is you are trained to do that and once you release, it's very hard for you to let that go because we don't decommission you once we've done that.

Mr. Lalancette, you talked about how your family was a victim, and I think we've all heard from the rest of you that indirectly you're saying the same thing, that your families are the victims here. Has VAC stepped up to help your families?

● (1725)

Mr. Dave Bona: No, it hasn't.

Mr. Claude Lalancette: No. They offered to help me with my son's studies. I invited him to move in with me on January 25 when I moved into that apartment that my clinical care manager got for me. It took months and they finally approved it and I got $87 to pay the bus ride for my son and that was it.

Also, medically, I think both my son and my ex desperately need mental health assistance; they need guidance; they need to understand what happened. My son right now has completely disengaged from me to the point where he removed my last name from his name. He hates me. He doesn't understand what happened. I didn't understand what happened.

My son who moved in with me is fed up seeing me bounce off the walls. He can't even concentrate at school. He's returning to Quebec right now to live with his mother. I'll be alone at the end of the month. It's a living nightmare, and my family suffered immensely.

Mr. Robert Kitchen: Mr. Bona, can you add anything?

Mr. Dave Bona: Yes. Veterans Affairs work off a policy where if my spouse were to access any care from a psychologist, all her visits to the psychologist would be subtracted from mine. We have to devote the focus of the care to me to keep me stabilized so I can be a productive part of the family.

Mr. Robert Kitchen: Thank you.

Mr. Kett, I'm going to ask you quickly, because I want to get back to Mr. Bona for a quick question, if I can.

Mr. Brandon Kett: My children are the biggest victims in this. My connection to them has been severed by the move, when they were taken away from me. I've been alienated from them, and it's really starting to show. We need help.

Mr. Robert Kitchen: Thank you.

Mr. Dowe, I'll ask you afterwards.

Mr. Bona, you're from Saskatchewan. I'm from Saskatchewan. This whole row is from Saskatchewan. You mentioned your wife accessing mental services. In Saskatchewan, we have a huge difficulty. We've talked about this in committee before, about getting mental health services for our veterans in remote areas. How do you deal with that? When your wife does need those services, does she go to Edmonton or does she go to Winnipeg?

Mr. Dave Bona: She does not access services because—

Mr. Robert Kitchen: She can't, okay.

Mr. Dave Bona: —the focus is to keep me stable. I can't miss sessions because—

Mr. Robert Kitchen: It'll cut into that cost.

Mr. Dave Bona: Yes.

Mr. Robert Kitchen: Thank you.

You mentioned you're getting treatment, you mentioned a doctor, and you said she was very passionate about—

Mr. Dave Bona: Yes.

Mr. Robert Kitchen: Where is she located?

Mr. Dave Bona: Sad to say, she moved to B.C. this year. It took me six months of bouncing through different psychologists to find another one who was of similar quality to Susan Brock, and I found one in Dr. D'Arcy Helmer in Saskatoon, an excellent psychologist.

Mr. Robert Kitchen: Thank you.

The Chair: We'll end with Ms. Jolibois. You have three minutes.

Ms. Georgina Jolibois: Thank you very much, and thank you for your stories.

John, when you were talking earlier, you said that Kyle Brown and Master Corporal Matchee were victims.

What do you mean?

Mr. John Dowe: I said that because Master Corporal Matchee experienced psychosis, hallucinations, and uncontrollable rage, which, being impaired by a drug and enabled by an unlawful order, put him over the edge. When he came to and realized what he was facing, what was happening with him, it was too much, and he tried to commit to suicide.

Kyle Brown faced the opprobrium of an entire nation. He was the scapegoat for the entire tour.

I've been in contact, intermittently, as best I can, with Kyle over the last year and a half. Kyle is in the same position that a great many other soldiers and veterans will be in when they reach a state of discovery and an understanding that they may have an acquired brain injury. This may be the answer to all the problems, or most of the problems that they have been attributing to post-traumatic stress or whatnot and the reasons why they're resistant to treatments on conventional therapies.

Kyle is having difficulty trying to come to grips with all of this. He wants to be happy. He understands that there's a lot out there today that will speak a lot greater to what he had to suffer that night and what he continues to suffer to this day.

Absolutely, Clayton Matchee's family have indeed, I believe, suffered the most because he's not entirely lucid to understand what's going on with him anymore. It's Marj, his wife, and it's the Matchee family, the mum and the dad, and the community, all of them, who have had to wear this.

● (1730)

Ms. Georgina Jolibois: Dave, can you describe your relationship with Master Matchee?

Mr. Dave Bona: I was with 3 Commando. I wasn't present in the compound. I was in a different compound. I became aware of the—well, obviously. My involvement with the Matchee family started with the courts martial that went on in Saskatchewan after we came back. I would go to the courts martial just to lend support to the family.

Ms. Georgina Jolibois: May I ask one more quick question?

What kind of support are they getting, both Kyle and Master Matchee?

Mr. John Dowe: We've tried to get Veterans Emergency Transition Services, VETS Canada, to intervene on Kyle's behalf whenever we have located him. I've been in contact with his family on and off. At this time, Kyle is quite resistant to help. We fear that if we can't get through to him again soon and get him stable, this might be one of the last years of his life. We have had agencies try to engage him, but he's being resistant at this time.

Mr. Claude Lalancette: This is why the outreach is so important. It has to be done with care, compassion, and respect. This is a very fragile matter.

Mr. John Dowe: Can I just add something?

A lot of people presently taking these SSRIs will throw them out, and they will stop taking these drugs suddenly. There won't be a gradual de-prescribing from their doctor to monitor their symptoms and their level of functionality. It puts them at great risk and puts the families at great risk because these people want to attribute everything to mefloquine, let's say, and it wasn't. They're not sure. They have lost faith. The medications go and chaos ensues. We need to be very cognizant of that.

As a matter of fact, when I did my long camera interview, I did it in January of 2015, not prior to Christmas. With a lot of guys sitting home at Christmas, we didn't want them stewing in their basements over this big information. We were concerned about that. We thought we'd wait till the new year when they'd be busier and be back at work. Then, at least, they'd have some sort of structure and not be on holidays going into a deep, dark place.

The Chair: Thank you.

Mr. Dave Bona: I've got one more point I'd like to bring up.

I attempted to track my platoon down from Somalia, 9 Platoon 3 Commando. I was able to account for 10 soldiers. Of those 28 soldiers deployed, two have committed suicide, six have attempted suicide, and there's only one soldier who is actually doing well, and that's the one guy I know who did not take the drug.

I've been unable to track down the rest of the members of the platoon.

The Chair: I want to thank all you gentlemen, Claude, Dave, Brandon, and John, for taking the time to come here today with your testimony, and for the time that you served our country.

With that, if there is anything that you want to add, you could prepare a brief and send it to the clerk. The clerk will get it out to the committee, and it will be on record. If you could do that for us, all the committee members would appreciate that.

The meeting is adjourned.