



Court File No.

1-1320-19

FEDERAL COURT

BETWEEN:

ALLAN ALEXANDER, MARK AUCOIN, DEAN BERGSTROM, ROBERT GARY BURNS, MICHAEL KENNETH ESTEY, MARIE-CLAUDE LEMIEUX, JOSEPH DANIEL ROBERT LIZOTTE, BRAD LOCKE, PATRICK MACDONALD, MELVYN NEVILLE, ALLEN SZABON, RANDY TITUS, GRAHAM MASON, VERNON MACKAY, STEVE WRATHALL, KEVIN DAWE, TERRENCE HURLEY, JOHN ALEXANDER WILT, PETER THORP-LEVITT, PETER BARNES, DAVE BURTCH, JOHN JOSEPH HARDY, JEFFEREY HARRISON, ANDREW BLACKIE, BLAISE BOURGEOIS, MICHAEL THIER, MURRAY CLARKE, JAMES HOWARD MACKAY, SHELDON ERNEST ROBERTS, MICHAEL BENNETT, FREDERICK ROBERT PERRY, STEPHEN SIMMONS, THOMAS KEARNEY, MICHAEL HACKETT, WAYNE FRANK, ALAIN PELLEGRONS, DONALD WAYNE COLE, MARK DIOTTE, RICHARD ROY CAMERON, STEVEN LIVELY, JAMES KEITH SHEPPARD, JOSEPH LOREN BOLT, YVES JOSEPH LEGERE, DARLENE ARSENEAULT, JASON HOEG, DONALD FOX, MICHAEL BECH, PIERRE GENTES, THOMAS YURKIW, MARIE GODFREY, RUBY SMITH, PETER CHIASSON, MARK ROYAL, MARK STRICKLAND and MICHAEL THIBODEAU

PLAINTIFFS

and

HER MAJESTY THE QUEEN IN RIGHT OF CANADA

DEFENDANT

STATEMENT OF CLAIM

TO THE DEFENDANT

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the Plaintiffs. The claim made against you is set out in the following pages.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or a solicitor acting for you are required to prepare a statement of defence in Form 171B prescribed by the Federal Courts Rules serve it on the plaintiffs' solicitor or, where the plaintiffs do not have a solicitor, serve it on the plaintiffs, and

file it, with proof of service, at a local office of this Court, WITHIN 30 DAYS after this statement of claim is served on you, if you are served within Canada.

If you are served in the United States of America, the period for serving and filing your statement of defence is forty days. If you are served outside Canada and the United States of America, the period for serving and filing your statement of defence is sixty days.

Copies of the Federal Court Rules information concerning the local offices of the Court and other necessary information may be obtained on request to the Administrator of this Court at Ottawa (telephone 613-992-4238) or at any local office.

IF YOU FAIL TO DEFEND THIS PROCEEDING, judgment may be given against you in your absence and without further notice to you.

DATE: AUG 14 2013
ISSUED BY: CHERRI ALIY
REGISTRY OFFICER
(Registry Officer)
AGENT DU GREFFE

Address of local office: 180 Queen Street West
Suite 200
Toronto, ON M5V 3L6

TO: **HER MAJESTY THE QUEEN IN RIGHT OF CANADA**
Ontario Regional Office
Department of Justice Canada
120 Adelaide Street West
Suite #400
Toronto, Ontario M5H 1T1

RELIEF SOUGHT

1. The Plaintiffs each claim:
 - a. a Declaration that the Defendant, Her Majesty the Queen in Right of Canada, owed and was in breach of statutory and common law duties to the Plaintiffs;
 - b. a Declaration that the Defendant is liable to the Plaintiffs for the damages caused by its breach of statutory and common law duties;
 - c. general and aggravated damages arising from the Defendant's breach of statutory and common law duties in the amount of \$380,000.00;
 - d. a Declaration that the Defendant has breached the Plaintiffs' s. 7 rights under the *Canadian Charter of Rights and Freedoms* ("*Charter*");
 - e. damages for violation of the Plaintiffs' *Charter* rights pursuant to s. 24(1) of the *Charter* in the amount of \$5,000,000.00;
 - f. special damages in an amount to be determined, including future and anticipated medical and out of pocket expenses;
 - g. punitive and/or exemplary damages in the amount of \$5,000,000.00;
 - h. prejudgment and post-judgment interest;
 - i. the costs of this action, including HST and other taxes as applicable, on a substantial indemnity basis; and
 - j. such further and other relief as this Honourable Court may deem just.

OVERVIEW

2. From 1992 to 2017, the Canadian Armed Forces and the Department of National Defence ordered thousands of members of the Canadian Armed Forces ("CAF Members") to take the anti-malarial drug Mefloquine before and while being deployed to malaria-endemic regions.
3. Mefloquine is a potent psychotropic anti-malarial drug that can cause severe and potentially permanent neurological and psychological health harms. The drug manufacturer warns that Mefloquine can cause prolonged and sometimes permanent severe

mental problems including anxiety, paranoia, depression, hallucinations, suicidal thoughts, and mood disorders, and severe nervous system problems including dizziness, vertigo, issues with balance, tinnitus, seizures and insomnia.

4. The consequences of the Government of Canada's decision to force its military personnel to take Mefloquine has been disastrous. The Government of Canada sent CAF Members to active combat zones while suffering from Mefloquine-induced psychosis, rages, paranoia, and hallucinations that at times made it impossible to separate reality from fantasy. CAF Members' Mefloquine-induced mental health issues were compounded by other combat-related mental health issues including post-traumatic stress disorder.
5. The Government of Canada continued to force CAF Members to take Mefloquine on pain of court martial even after CAF Members reported severe adverse reactions in spite of the drug manufacturer's warning that anyone experiencing adverse reactions must immediately cease taking the drug.
6. Hundreds of CAF Members have returned home with long term, and in many cases, permanent disabilities caused by Mefloquine that have ruined marriages, families, job prospects and lives. CAF Members describe suffering debilitating mood issues, aggression, bouts of explosive anger, violent behavior, night terrors, panic attacks, anxiety, paranoia, hallucinations, suicidal thoughts, psychotic behavior, memory loss, depression, convulsions and more. Tragically, Mefloquine toxicity has been a major factor in the suicide crisis currently plaguing military veterans and their families.
7. The above harms were entirely avoidable. The Government of Canada always had alternative anti-malarial drugs available to it that posed none of the severe neurological or psychological health risks of Mefloquine.
8. This lawsuit is one of several brought by hundreds of current and former CAF Members against the Government of Canada for harms caused by being forced to take Mefloquine.

THE PARTIES

The Defendant

9. The Defendant is Her Majesty the Queen in Right of Canada (the “Government” or “Canada”). The Department of National Defence (“DND”) and the Canadian Armed Forces (“CAF”) are the departments in the Government of Canada that are responsible for implementing government decisions concerning the operation and management of the Canadian military.

The Plaintiffs

10. The Plaintiffs are all members or former members of the Canadian Armed Forces who were ordered to take the anti-malarial drug Mefloquine, and who have suffered serious harms as a result.

Nature of relationship between Canada and the Plaintiffs

11. CAF Members are in a uniquely dependent and vulnerable relationship with the CAF and DND. CAF and DND have an extraordinarily high level of control over the lives of CAF Members. When CAF Members enroll in the military, they are subject to its hierarchical and authoritarian culture and command structure until such time as they are discharged. CAF Members are by law required to obey all lawful commands and orders of a superior officer on pain of court martial. Section 126 of the *National Defence Act* specifically requires CAF Members to obey all orders to submit to inoculation, vaccination and other medical treatments against infectious diseases; failure to follow such orders is punishable by up to two years imprisonment.

BACKGROUND

Mefloquine

12. Mefloquine, sometimes sold under the brand name Lariam, is a potent psychotropic anti-malarial drug that can cause severe and potentially permanent neurological and psychological health harms.
13. The manufacturer of Mefloquine has long recognized the health risks posed by Mefloquine, including the potential for long-lasting adverse neurological and psychological events that

can last for years after stopping the medication. The manufacturer of the drug currently provides the following Health Canada-mandated warning regarding the potential for serious negative side effects on its product information sheet:

- **MEFLOQUINE can cause serious mental problems in some people.** These serious side effects may occur suddenly and may last for months to years after stopping MEFLOQUINE. Symptoms of serious mental problems may include:
 - anxiety
 - unreasonable feeling that people are trying to harm you, do not like you, etc. (Paranoia)
 - depression
 - seeing or hearing things that are not there (hallucinations)
 - thought of suicide or harming yourself
 - feeling restless
 - feeling confused
 - unusual behavior
 - MEFLOQUINE can cause serious nervous system problems in some people. Symptoms of serious nervous system problems may include:
 - dizziness
 - a feeling that you or things around you are moving or spinning (vertigo)
 - loss of balance
 - ringing sound in your ears (tinnitus)
 - convulsions (seizures) in people who already have seizures (epilepsy)
 - unable to sleep (insomnia)
 - These serious mental and nervous system side effects may occur at any time while you are taking MEFLOQUINE, may last for months or years after stopping MEFLOQUINE, and in some cases may become permanent in some people.
14. The drug manufacturer also clearly states that Mefloquine must not be used by anyone who have currently, or in the past, suffered from any mental health illness that affects mood, thinking and behavior such as depression, anxiety, psychosis, or schizophrenia.
15. The drug manufacturer also clearly states that individuals who suffer any of the following symptoms after taking Mefloquine must stop taking the drug and get immediate medical help:
- a. mental problems, including anxiety, depression, paranoia, hallucinations, feeling restless, confused or disoriented, unusual behavior or changes to mood;
 - b. nervous system changes, including dizziness, spinning, ringing in the ears, loss of balance, seizures or convulsions; or
 - c. issues with nerves, including prickling or tingling sensations, numbness and loss of an ability to feel pain or changes in temperature, a burning or sharp pain, loss of balance

or co-ordination, feeling pain from a very light touch, and muscle weakness or paralysis.

16. The drug manufacturer also warns that Mefloquine can negatively interact with alcohol and consuming alcohol while on Mefloquine, which increases the risk of experiencing mental problems.
17. Because of the risk of the above serious adverse effects, Mefloquine should only be prescribed after a qualified health care professional conducts an individual risk assessment.

The use of Mefloquine in the Canadian Armed Forces

18. Mefloquine was developed in a US military research facility in the 1970s. By the early 1990s, Mefloquine was the anti-malarial drug of choice for the Canadian military.
19. The drug was first issued to CAF Members during the 1992-1993 mission to Somalia. At the time, Mefloquine was not licenced in Canada, and the drug was given to CAF Members as part of a botched clinical trial in which CAF failed to implement or follow proper protocols for clinical trials, and failed to obtain informed consent from CAF Members.
20. Throughout the 1990s and continuing until 2003, over 90% of CAF Members who were deployed in regions where there was a risk of contracting malaria were ordered to take Mefloquine. Between 2004 and 2009, the rate of prescription of Mefloquine to CAF Members serving in malarial regions was approximately 50%. By 2016, that number dropped to less than 2%. In June 2017, DND announced that Mefloquine would no longer be prescribed unless either a CAF Member requests it, or as a last resort if it is not possible to prescribe other anti-malarial drugs because of contraindications.
21. From its initial use in 1992, the CAF ordered CAF Members to take Mefloquine in a number of deployments around the world including to Somalia, Cambodia, Mozambique, Papua New Guinea, Central African Republic, Western Sahara, Rwanda, Angola, Ethiopia, Eritrea, Sierra Leone, Democratic Republic of Congo, East Timor and Afghanistan. In total, CAF ordered approximately 18,000 CAF Members to take Mefloquine.

CAF Members ordered to take Mefloquine without screening and despite reports of side effects

22. Despite the fact that the Government knew that individuals at risk or with a history of psychological disorders should not take Mefloquine, CAF did not conduct any individualized screening of CAF Members before requiring them to take Mefloquine. As a result, many of the CAF Members who the Defendant ordered to take Mefloquine had a history of anxiety, depression or post-traumatic stress disorder (“PTSD”).
23. Despite the fact that the Government knew that CAF Members should immediately stop taking Mefloquine if they suffered any of a number of neurological, psychiatric or neuropathic symptoms, the Government did not have in place any mechanism for reporting of or screening for such symptoms. On the contrary, even in instances where CAF Members reported symptoms, these reports were ignored, and the CAF Members in question were ordered to continue taking Mefloquine. In a particularly high profile instance, Lieutenant-General Romeo Dallaire (Ret’d) reported to DND headquarters that he was suffering from side effects from Mefloquine including issues with memory and thought process. In spite of this report, Lieutenant-General Dallaire was ordered to continue to take the drug, and told if he did not he would be court martialled.
24. Throughout, CAF and DND failed to keep records of reports of adverse reactions or side effects resulting from Mefloquine made by CAF Members.

CAF Members suffer serious side effects and problems

25. CAF Members who were forced by the Government to take Mefloquine have reported serious neurological and psychiatric side effects caused by Mefloquine including debilitating mood issues, aggression, bouts of explosive anger, violent behavior, night terrors, panic attacks, anxiety, paranoia, hallucinations, suicidal thoughts, psychotic behavior, memory loss, depression, convulsions, dizziness, vertigo, tinnitus, loss of balance and more.
26. The neurological and psychiatric side effects caused by Mefloquine have had catastrophic impacts on the lives of hundreds of CAF Members and their families. The neurological and psychiatric damage done by Mefloquine has lead to suicide, ruined marriages, lost jobs, homes and families, permanent disability, and ruined lives.

Continued denial of problem by the Government

27. Throughout the relevant period, and up to present time, the Government has and continues to, on both an individual and systemic level, wilfully deny and conceal the risks posed by Mefloquine to CAF Members. This willful concealment includes, but is not limited to the following:
- a. DND and CAF has consistently denied any risk posed by Mefloquine to CAF Members.
 - b. The Government prematurely shut down the Commission of Inquiry into the Deployment of Canadian Forces to Somalia prior to it being able to consider Mefloquine.
 - c. In 1999, representatives of the Government testified at the House of Commons Standing Committee on Public Accounts. A representative from Health Canada stated that it “was confident that when used properly, Lariam is a drug that is safe and effective.” A representative from the Department of National Defence testified that Mefloquine has an “established record of safety and efficacy” and “was and is a safe and very effective anti-malarial drug,” and “neither the health nor the safety of Canadian Forces personnel were compromised.”
 - d. In 2016, the Surgeon General Brigadier, General Hugh MacKay, told the House of Commons Veterans Affairs Committee that he did not think there was sound science behind the assertion that the drug has long-term side effects.
 - e. In 2017, DND and CAF released a “Surgeon General Report on Mefloquine” written by the Surgeon General’s Task Force on Mefloquine. This report continued to deny and wilfully conceal the risks posed by Mefloquine, stating “[w]e did not identify any evidence (that met our inclusion criteria) addressing potential long term adverse effects of Mefloquine or other MCP agents on health.”
 - f. In 2017, Health Canada stated that there was limited evidence supporting that long-lasting and permanent neurological and psychiatric adverse events are caused by the use of Mefloquine.
 - g. In June 2017, a subset of the Standing Committee on Veterans Affairs issued a supplementary report Mental Health of Canadian Veterans in which it recommended

that “the Government of Canada, in cooperation with all federal, provincial and international institutions concerned, initiate an independent research program to study the long term neurotoxicity of Mefloquine. The research program should be in place no later than 12 months from the day the report is tabled in the House of Commons.” This recommendation was not adopted by the Government.

CLAIMS OF THE PLAINTIFFS

Allan Alexander

28. Allan Alexander (“Alexander”) is a former member of the Canadian Armed Forces (“CAF”). He joined the CAF in 1961 and served until 1997. Alexander was deployed to Iran/Iraq from 1988 – 1989 and Rwanda from 1994 – 1995.
29. Alexander resides in Barrie, Ontario.
30. Alexander was ordered to take Mefloquine for his deployments to Iran/Iraq and Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. Alexander suffered and continues to suffer from symptoms of Mefloquine toxicity, including sleep issues, anger issues, intolerance level issues, mood changes, and rage issues.

Mark Aucoin

31. Captain Mark Aucoin (“Capt Aucoin”) is a former member of the CAF. He joined the CAF in 1982 and served until 2009. Capt Aucoin was deployed to Sierra Leone from 2002 – 2003.
32. Capt Aucoin resides in Kingston, Ontario.
33. Capt Aucoin was ordered to take Mefloquine for his deployment to Sierra Leone. He began experiencing serious adverse effects shortly after taking Mefloquine. Capt Aucoin suffered and continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, mood changes, and anxiety and panic attacks.

Dean Bergstrom

34. Master Corporal Dean Bergstrom (“MCpl Bergstrom”) is a former member of the CAF. He joined the CAF in 1977 and retired in 1998. MCpl Bergstrom was deployed to Rwanda from 1994 – 1995.
35. MCpl Bergstrom resides in Stoney Creek, Ontario.
36. MCpl Bergstrom was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Bergstrom suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, sleep issues, short-term memory loss, intolerance level issues, mood changes, fear of crowds, difficulty concentrating, and random dizzy spells with slight imbalance.

Robert Gary Burns

37. Master Corporal Robert Gary Burns (“MCpl Burns”) is a former member of the CAF. He joined the CAF in 1987 and served until 2004. MCpl Burns was deployed to Rwanda in 1994.
38. MCpl Burns resides in Port Alberni, British Columbia.
39. MCpl Burns was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Burns suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, mood changes, paranoia, and anxiety and panic attacks.

Michael Kenneth Estey

40. Sergeant Michael Kenneth Estey (“Sgt Estey”) is a former member of the CAF. He joined the CAF in 1983 and served until 2007. Sgt Estey was deployed to Rwanda from 1994 – 1995.
41. Sgt Estey resides in St-Jean-sur-Richelieu, Québec.
42. Sgt Estey was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. Sgt Estey suffered

from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, paranoia, fear of crowds, anxiety and panic attacks, difficulty concentrating and multitasking, restlessness, and nausea. He continues to suffer from anxiety attacks, difficulty concentrating, and restlessness.

Marie-Claude Lemieux

43. Sergeant Marie-Claude Lemieux (“Sgt Lemieux”) is a former member of the CAF. She joined the CAF in 1990 and served until 2016. Sgt Lemieux was deployed to the Central African Republic in 1999.
44. Sgt Lemieux resides in Sainte-Julie, Québec.
45. Sgt Lemieux was ordered to take Mefloquine for her deployment to Central Africa. She began experiencing serious adverse effects shortly after taking Mefloquine. Sgt Lemieux suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, rage issues, paranoia, fear of crowds, anxiety and panic attacks, difficulty concentrating and multitasking, and nausea with headaches.

Joseph Daniel Robert Lizotte

46. Master Corporal Joseph Daniel Robert Lizotte (“MCpl Lizotte”) is a former member of the CAF. He joined the CAF in 1976 and retired in 1998. MCpl Lizotte was deployed to Rwanda in 1995.
47. MCpl Lizotte resides in Pembroke, Ontario.
48. MCpl Lizotte was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Lizotte suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, rage issues, paranoia, fear of crowds, anxiety attacks, difficulty concentrating, and random dizzy spells.

Brad Locke

49. Corporal Brad Locke ("Cpl Locke") is a former member of the CAF. He joined the CAF in 1989 and served until 2010. Cpl Locke was deployed to Ethiopia/Eritrea in 2001.
50. Cpl Locke resides in Pierceland, Saskatchewan.
51. Cpl Locke was ordered to take Mefloquine for his deployment to Ethiopia/Eritrea. He began experiencing serious adverse effects shortly after taking Mefloquine. Cpl Locke continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, fear of crowds, difficulty concentrating and multitasking, random dizzy spells, and nausea with headaches.

Patrick MacDonald

52. Sergeant Patrick MacDonald ("Sgt MacDonald") is a former member of the CAF. He joined the CAF in 1985 and served until 2006 at the end of his contract. Sgt MacDonald was deployed to Eritrea from 2000 – 2001.
53. Sgt MacDonald resides in Halifax, Nova Scotia.
54. Sgt MacDonald was ordered to take Mefloquine for his deployment to Eritrea. He began experiencing serious adverse effects shortly after taking Mefloquine. Sgt MacDonald suffered from symptoms of Mefloquine toxicity, including dreams, nightmares, short-term memory loss, anger issues, intolerance level issues, mood changes, rage issues, paranoia, fear of crowds, anxiety and panic attacks, difficulty concentrating and multitasking, and headaches. He continues to suffer from short-term memory loss and anger issues.

Melvyn Neville

55. Lieutenant-Colonel Melvyn Neville ("LCol Neville") is a former member of the CAF. He joined the CAF in 1979 and retired in 2017. LCol Neville was deployed to Iraq from 1997 – 1998, Sierra Leone from 2003 – 2004 and the Democratic Republic of Congo in 2012.
56. LCol Neville resides in Brandon, Manitoba.

57. LCol Neville was ordered to take Mefloquine for his deployments to Iraq, Sierra Leone and the Democratic Republic of Congo. He began experiencing serious adverse effects shortly after taking Mefloquine. LCol Neville suffered from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, paranoia, fear of crowds, hypervigilance, difficulty concentrating, random dizzy spells, and nausea. He continues to suffer from anger issues, paranoia, fear of crowds, and nausea.

Allen Szabon

58. Master Warrant Officer Allen Szabon (“MWO Szabon”) is a former member of the CAF. He joined the CAF in 1986 and served until 2013. MWO Szabon was deployed to Rwanda in 1994, and Afghanistan in 2004 and 2008.
59. MWO Szabon resides in Calgary, Alberta.
60. MWO Szabon was ordered to take Mefloquine for his deployments to Rwanda and Afghanistan.
61. MWO Szabon began experiencing serious adverse effects shortly after taking Mefloquine. He suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, rage issues, paranoia, fear of crowds, anxiety and panic attacks, and difficulty concentrating and multitasking.

Randy Titus

62. Randy Titus (“Titus”) is a former member of the CAF. He joined the CAF in 1985 and served until 2006. Titus was deployed to Ethiopia/Eritrea from 2000 – 2001.
63. Titus resides in French Lake, New Brunswick.
64. Titus was ordered to take Mefloquine for his deployment to Ethiopia/Eritrea. He began experiencing serious adverse effects shortly after taking Mefloquine. Titus suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, rage issues, hypervigilance, and random dizzy spells.

Graham Mason

65. Second Class Petty Officer Graham Mason ("PO 2 Mason") is a former member of the CAF. He joined the CAF in 1986 and served until 2016. PO 2 Mason was deployed to Rwanda in 1994.
66. PO 2 Mason resides in Yellowknife, Northwest Territories.
67. PO 2 Mason was ordered to take Mefloquine prior to, during, and after his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. PO 2 Mason suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, rage issues, mood changes, paranoia, fear of crowds, anxiety and panic attacks, difficulty concentrating and multitasking, random dizzy spells, and nausea with headaches.

Vernon MacKay

68. Master Corporal Vernon MacKay ("MCpl MacKay") is a former member of the CAF. He joined the CAF in 1986 and served until 2013. MCpl MacKay was deployed to Rwanda in 1994.
69. MCpl MacKay resides in Winnipeg, Manitoba.
70. MCpl MacKay was ordered to take Mefloquine prior to, during, and after his deployment to Rwanda.
71. MCpl MacKay began experiencing serious adverse effects shortly after taking Mefloquine. He suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, anger issues, mood changes, rage issues, paranoia, anxiety attacks, random dizzy spells, and nausea with headaches.

Steve Wrathall

72. Master Warrant Officer Steve Wrathall ("MWO Wrathall") is a former member of the CAF. He joined the CAF in 1983 and served until 2015. MWO Wrathall was deployed to Rwanda in 1994.

73. MWO Wrathall resides in Mattawa, Ontario.
74. MWO Wrathall was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. MWO Wrathall suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, paranoia, fear of crowds, anxiety and panic attacks, random dizzy spells, and nausea with headaches.

Kevin Dawe

75. Master Corporal Kevin Dawe (“MCpl Dawe”) is a former member of the CAF. He served in the reserve forces from 1984 – 1985 and 1989 – 1990. He then joined the CAF in the regular force in 1990 and served until 2010. MCpl Dawe was deployed to Rwanda in 1995.
76. MCpl Dawe resides in Windsor, Newfoundland.
77. MCpl Dawe was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Dawe suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, anger issues, mood changes, rage issues, paranoia, fear of crowds, anxiety attacks, severe random dizzy spells, and nausea.

Terrence Hurley

78. Chief Warrant Officer Terrence Hurley (“CWO Hurley”) is a former member of the CAF. He joined the CAF in 1971 and retired in 2017. CWO Hurley was deployed to Sierra Leone in 2006.
79. CWO Hurley resides in Goulds, Newfoundland.
80. CWO Hurley was ordered to take Mefloquine for his deployment to Sierra Leone. He began experiencing serious adverse effects shortly after taking Mefloquine. CWO Hurley suffered and continues to suffer from symptoms of Mefloquine toxicity, including anger issues, intolerance level issues, mood changes, anxiety attacks, difficulty concentrating, restlessness, and nausea with headaches.

John Alexander Wilt

81. Sergeant John Alexander Wilt ("Sgt Wilt") is a former member of the CAF. He joined the CAF in 1972 and served until 2010. Sgt Wilt was deployed to Rwanda in 1994.
82. Sgt Wilt resides in Fredericton, New Brunswick.
83. Sgt Wilt was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. Sgt Wilt suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, rage issues, paranoia, fear of crowds, hypervigilance, anxiety and panic attacks, difficulty concentrating and multitasking, and random dizzy spells.

Peter Thorp-Levitt

84. Peter Thorp-Levitt ("Thorp-Levitt") is a former member of the CAF. He joined the CAF in 1978 and served until 2010. Thorp-Levitt was deployed to Sierra Leone from 2001 – 2002.
85. Thorp-Levitt resides in Kenmore, Ontario.
86. Thorp-Levitt was ordered to take Mefloquine prior to, during, and after his deployment to Sierra Leone. He began experiencing serious adverse effects shortly after taking Mefloquine. Thorp-Levitt suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, sleep issues, short-term memory loss, anger issues, intolerance level issues, paranoia, fear of crowds, anxiety attacks, hypervigilance, random dizzy spells, and suicidal thoughts.

Peter Barnes

87. Warrant Officer Peter Barnes ("WO Barnes") is a former member of the CAF. He joined the CAF in 1965 and retired in 2003. WO Barnes was deployed to Sierra Leone from 2001 – 2002.
88. WO Barnes resides in Burton, New Brunswick.

89. WO Barnes was ordered to take Mefloquine for his deployment to Sierra Leone. He began experiencing serious adverse effects shortly after taking Mefloquine. WO Barnes suffered and continues to suffer from symptoms of Mefloquine toxicity, including vivid dreams, violent nightmares, sleep issues, anger issues, mood changes, paranoia, fear of crowds, anxiety attacks, and difficulty concentrating.

Dave Burtch

90. Corporal Dave Burtch ("Cpl Burtch") is a former member of the CAF. He joined the CAF in 1990 and served until 1997. Cpl Burtch was deployed to Rwanda in 1994.
91. Cpl Burtch resides in Bomanville, Ontario.
92. Cpl Burtch was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. Cpl Burtch suffered and continues to suffer from symptoms of Mefloquine toxicity, including intolerance level issues, mood changes, rage issues, and anxiety attacks.

John Joseph Hardy

93. Warrant Officer John Joseph Hardy ("WO Hardy") is a former member of the CAF. He joined the CAF in 1987 and served until 2007. WO Hardy was deployed to Rwanda in 1994 and Haiti in 1997.
94. WO Hardy resides in Fredericton, New Brunswick.
95. WO Hardy was ordered to take Mefloquine for his deployment to Rwanda and Haiti. He began experiencing serious adverse effects shortly after taking Mefloquine. WO Hardy suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, rage issues, paranoia, fear of crowds, anxiety and panic attacks, difficulty concentrating and multitasking, random dizzy spells, and nausea with headaches.

Jeffery Harrison

96. Sergeant Jeffery Harrison (“Sgt Harrison”) is a former member of the CAF. He joined the CAF in 1989 and served until 2011. Sgt Harrison was deployed to Rwanda from 1994 – 1995.
97. Sgt Harrison resides in Drayton Valley, Alberta.
98. Sgt Harrison was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. Sgt Harrison suffered and continues to suffer from symptoms of Mefloquine toxicity, including dreams, nightmares, sleep issues, short-term memory loss, anger issues, intolerance level issues, mood changes, rage issues, paranoia, fear of crowds, anxiety and panic attacks, difficulty concentrating and multitasking, random dizzy spells, and nausea with headaches.

Andrew Blackie

99. Andrew Blackie (“Blackie”) is a former member of the CAF. He joined the CAF in 1991 and retired in 2010. Blackie was deployed to East Timor from 1999 – 2000.
100. Blackie resides in Toronto, Ontario.
101. Blackie was ordered to take Mefloquine for his deployment to East Timor. He began experiencing serious adverse effects shortly after taking Mefloquine. Blackie suffered and continues to suffer from symptoms of Mefloquine toxicity, including vivid dreams, nightmares, sleep issues, anger issues, agitation issues, random dizzy spells with slight imbalance, and nausea with headaches.

Blaise Bourgeois

102. Master Warrant Officer Blaise Bourgeois (“MWO Bourgeois”) is a former member of the CAF. He joined the CAF in 1986 and served until 2008. MWO Bourgeois was deployed to Sierra Leone in 2002.
103. MWO Bourgeois resides in Howie Centre, Nova Scotia.
104. MWO Bourgeois was ordered to take Mefloquine for his deployment to Sierra Leone. He began experiencing serious adverse effects shortly after taking Mefloquine. MWO

Bourgeois suffered and continues to suffer from symptoms of Mefloquine toxicity, including sleep issues, short-term memory loss, anger issues, and anxiety attacks.

Michael Their

105. Master Corporal Michael Their (“MCpl Thier”) is a former member of the CAF. He joined the CAF in 1994 and served until 2005. MCpl Thier was deployed to Ethiopia/Eritrea from 2000 – 2001.
106. MCpl Thier resides in Fredericton, New Brunswick.
107. MCpl Thier was ordered to take Mefloquine for his deployment to Ethiopia/Eritrea. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Thier continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, mood changes, rage issues, paranoia, fear of crowds, hypervigilance, anxiety and panic attacks, difficulty concentrating and multitasking, random dizzy spells with slight imbalance, and nausea with headaches.

Murray Clarke

108. Master Corporal Murray Clarke (“MCpl Clarke”) is a former member of the CAF. He joined the CAF in 1982 and served until 2011. MCpl Clarke was deployed to Rwanda from 1994 – 1995.
109. MCpl Clarke resides in Sturgeon County, Alberta.
110. MCpl Clarke was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Clarke suffered and continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, mood changes, and hypervigilance.

James Howard Mackay

111. Lieutenant Commander James Howard MacKay (“LCdr MacKay”) is a former member of the CAF. He joined the CAF in 1976 and served until 2008. LCdr MacKay was deployed to East Timor from 1999 – 2000.
112. LCdr Mackay resides in Almonte, Ontario.

113. LCdr Mackay was ordered to take Mefloquine for his deployment to East Timor. He began experiencing serious adverse effects shortly after taking Mefloquine. LCdr Mackay suffered and continues to suffer from symptoms of Mefloquine toxicity, including anger issues, mood changes, fear of crowds, and difficulty concentrating.

Sheldon Ernest Roberts

114. Warrant Officer Sheldon Ernest Roberts ("WO Roberts") is a former member of the CAF. He joined the CAF in 1987 and served until 2016. WO Roberts was deployed to Ethiopia/Eritrea in 2001 and Afghanistan in 2007.
115. WO Roberts resides in Burton, New Brunswick.
116. WO Roberts was ordered to take Mefloquine for his deployments to Ethiopia/Eritrea and Afghanistan. He began experiencing serious adverse effects shortly after taking Mefloquine. WO Roberts continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, mood changes, rage issues, paranoia, anxiety and panic attacks, fear of crowds, difficulty concentrating and multitasking, random dizzy spells with slight imbalance, nausea, and severe headaches.

Michael Bennett

117. Second Class Petty Officer Michael Bennett ("PO 2 Bennett") is a former member of the CAF. He joined the CAF in 1986 and served until 2004. PO 2 Bennett was deployed to Haiti from 1994 – 1995 and Eritrea in 2000.
118. PO 2 Bennett resides in Lincoln, New Brunswick.
119. PO 2 Bennett was ordered to take Mefloquine for his deployments to Haiti and Eritrea. He began experiencing serious adverse effects shortly after taking Mefloquine. PO 2 Bennett continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, anger issues, mood changes, anxiety and panic attacks, difficulty concentrating, and nausea with headaches.

Frederick Robert Perry

120. Corporal Frederick Robert Perry (“Cpl Perry”) is a former member of the CAF. He joined the CAF in 1982 and served until 2008. Cpl Perry was deployed to Rwanda from 1995 – 1996.
121. Cpl Perry resides in Trenton, Nova Scotia.
122. Cpl Perry was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. Cpl Perry continues to suffer from symptoms of Mefloquine toxicity, including disturbing dreams, sleep issues, anger issues, mood changes, paranoia, fear of crowds, hypervigilance, anxiety and panic attacks, difficulty concentrating, random dizzy spells with slight imbalance, and headaches.

Stephen Simmons

123. Leading Seaman Stephen Simmons (“LS Simmons”) is a former member of CAF. He joined the CAF in 1991 and served until 2015. LS Simmons was deployed to Zaire, now the Democratic Republic of Congo, in 1996.
124. LS Simmons resides in Sherwood Park, Alberta.
125. LS Simmons was ordered to take Mefloquine for his deployment to Zaire, now the Democratic Republic of Congo. He began experiencing serious adverse effects shortly after taking Mefloquine. LS Simmons continues to suffer from symptoms of Mefloquine toxicity, including vivid dreams, sleep issues, short-term memory loss, anger issues, fear of crowds, hypervigilance, difficulty concentrating, random dizzy spells, nausea, and headaches.

Thomas Kearney

126. Warrant Officer Thomas Kearney (“WO Kearney”) is a former member of the CAF. He joined the CAF in 1982 and served until 2009. WO Kearney was deployed to Rwanda in 1994, and Afghanistan from 2002 – 2003 and 2005 – 2006.
127. WO Kearney resides in Pembroke, Ontario.

128. WO Kearney was ordered to take Mefloquine for his deployments to Rwanda and Afghanistan. He began experiencing serious adverse effects shortly after taking Mefloquine. WO Kearney continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, rage issues, hypervigilance, restlessness, random dizzy spells with slight imbalance, and headaches.

Michael Hackett

129. Warrant Officer Michael Hackett ("WO Hackett") is a former member of the CAF. He joined the CAF in 1983 and served until 2007. WO Hackett was deployed to Rwanda in 1994.
130. WO Hackett resides in Carp, Ontario.
131. WO Hackett was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. WO Hackett continues to suffer from symptoms of Mefloquine toxicity, including vivid dreams, vivid nightmares, sleep issues, anger issues, mood changes, anxiety attacks, difficulty concentrating and multitasking, random dizzy spells with slight imbalance, and headaches.

Wayne Frank

132. Captain Wayne Frank ("Capt Frank") is a former member of the CAF. He joined the CAF in 1975 and served until 2010. Capt Frank was deployed to Rwanda from 1994 – 1995.
133. Capt Frank resides in Westmeath, Ontario.
134. Capt Frank was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. Capt Frank continues to suffer from symptoms of Mefloquine toxicity, including vivid dreams, vivid nightmares, sleep issues, short-term memory loss, anger issues, anxiety attacks, and random dizzy spells.

Alain Pellegrons

135. Second Class Petty Officer Alain Pellegrons (“PO 2 Pellegrons”) is a former member of the CAF. He joined the CAF in 1987 and served until 2008. PO 2 Pellegrons was deployed to Rwanda from 1994 – 1995.
136. PO 2 Pellegrons resides in Casselman, Ontario.
137. PO 2 Pellegrons was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. PO 2 Pellegrons suffered and continues to suffer from symptoms of Mefloquine toxicity, including vivid dreams, vivid nightmares, sleep issues, short-term memory loss, anger issues, mood changes, paranoia, fear of crowds, hypervigilance, anxiety and panic attacks, difficulty concentrating and multitasking, and imbalance.

Donald Wayne Cole

138. Leading Seaman Donald Wayne Cole (“LS Cole”) is a former member of the CAF. He joined the CAF in 1980 and served until 1998. LS Cole was deployed to Rwanda from 1994 – 1995.
139. LS Cole resides in Trenton, Ontario.
140. LS Cole was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. LS Cole continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, mood changes, rage issues, paranoia, fear of crowds, hypervigilance, anxiety and panic attacks, random dizzy spells with slight imbalance, nausea, and headaches.

Marc Diotte

141. Warrant Officer Marc Diotte (“WO Diotte”) is a former member of the CAF. He joined the CAF in 1985 and served until 2018. WO Diotte was deployed to Sierra Leone from 2005 – 2006 and Afghanistan in 2010.
142. WO Diotte resides in Fredericton, New Brunswick.

143. WO Diotte was ordered to take Mefloquine for his deployments to Sierra Leone and Afghanistan. He began experiencing serious adverse effects shortly after taking Mefloquine. WO Diotte continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, mood changes, rage issues, paranoia, fear of crowds, hypervigilance, anxiety and panic attacks, difficulty concentrating and multitasking, random dizzy spells with slight imbalance, nausea, and headaches.

Richard Roy Cameron

144. Warrant Officer Richard Roy Cameron ("WO Cameron") is a former member of the CAF. He joined the CAF in 1979 and served until 2003. WO Cameron was deployed to Rwanda from 1994 – 1995.
145. WO Cameron resides in Gananoque, Quebec.
146. WO Cameron was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. WO Cameron suffered and continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, mood changes, rage issues, paranoia, fear of crowds, anxiety attacks, difficulty concentrating and multitasking, and random dizzy spells with slight imbalance.

Steven Lively

147. Sergeant Steven Lively ("Sgt Lively") is a former member of the CAF. He joined the CAF in 1985 and served until 2001. Sgt Lively was deployed to Rwanda, Uganda and the Democratic Republic of Congo in 1996.
148. Sgt Lively resides in Ottawa, Ontario.
149. Sgt Lively was ordered to take Mefloquine for his deployments to Rwanda, Uganda, and the Democratic Republic of Congo. He began experiencing serious adverse effects shortly after taking Mefloquine. Sgt Lively continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, mood changes, paranoia, fear of crowds, hypervigilance, anxiety and panic attacks, difficulty

concentrating and multitasking, random dizzy spells with slight imbalance, and nausea with headaches.

James Keith Sheppard

150. Captain James Keith Sheppard (“Capt Sheppard”) is a former member of the CAF. He joined the CAF in 1978 and served until 2008. Capt Sheppard was deployed to the Democratic Republic of Congo from 2002 – 2003 and Sudan from 2005 – 2006.
151. Capt Sheppard resides in Holyrood, Newfoundland.
152. Capt Sheppard was ordered to take Mefloquine for his deployments to the Democratic Republic of Congo and Sudan. He began experiencing serious adverse effects shortly after taking Mefloquine. Capt Sheppard suffered and continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, difficulty concentrating, restlessness, imbalance, nausea, and headaches.

Joseph Loren Bolt

153. Chief Warrant Officer Joseph Loren Bolt (“CWO Bolt”) is a former member of the CAF. He joined the CAF in 1971 and served until 2006. CWO Bolt was deployed to Rwanda from 1994 – 1995.
154. CWO Bolt resides in Kingston, Ontario.
155. CWO Bolt was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. CWO Bolt continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, mood changes, rage issues, fear of crowds, hypervigilance, anxiety and panic attacks, random dizzy spells with slight imbalance, nausea, and headaches.

Yves Joseph Legere

156. Sergeant Yves Joseph Legere (“Sgt Legere”) is a former member of the CAF. He joined the CAF in 1974 and served until 2004. Sgt Legere was deployed to the Central African Republic in 1999 and Sierra Leone in 2002.
157. Sgt Legere resides in St. Stephen, New Brunswick.

158. Sgt Legere was ordered to take Mefloquine for his deployments to the Central African Republic and Sierra Leone. He began experiencing serious adverse effects shortly after taking Mefloquine. Sgt Legere continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, mood changes, rage issues, paranoia, fear of crowds, hypervigilance, anxiety attacks, difficulty concentrating and multitasking, and random dizzy spells with slight imbalance.

Darlene Arseneault

159. Master Corporal Darlene Arseneault ("MCpl Arseneault") is a former member of the CAF. She joined the CAF in 1979 and served until 2001. MCpl Arseneault was deployed to Cambodia from 1992 – 1993.
160. MCpl Aseneault resides in Kingston, Ontario.
161. MCpl Arseneault was ordered to take Mefloquine for her deployment to Cambodia. She began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Arseneault suffered and continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, mood changes, fear of crowds, difficulty concentrating, random dizzy spells with slight imbalance, nausea, and headaches.

Jason Hoeg

162. Private Jason Hoeg ("Pte Hoeg") is a retired member of the CAF. He joined the CAF in 1994 and served until 1997. Pte Hoeg was deployed to Zaire, now the Democratic Republic of Congo, in 1996.
163. Pte Hoeg resides in Amherst, Nova Scotia.
164. Pte Hoeg was ordered to take Mefloquine for his deployment to Zaire, now the Democratic Republic of Congo. He began experiencing serious adverse effects shortly after taking Mefloquine. Pte Hoeg continues to suffer from symptoms of Mefloquine toxicity, including nightmares, short-term memory loss, anger issues, mood changes, hypervigilance, restlessness, random dizzy spells, and headaches.

Donald Fox

165. Captain Donald Fox (“Capt Fox”) is a former member of the CAF. He joined the CAF in 1995 and served until 2016. Capt Fox was deployed to Eritrea in 2000.
166. Capt Fox resides in Burton, New Brunswick.
167. Capt Fox was ordered to take Mefloquine for his deployment to Eritrea. He began experiencing serious adverse effects shortly after taking Mefloquine. Capt Fox suffered and continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anxiety and panic attacks, and nausea with headaches.

Michael Bech

168. Lieutenant Colonel Michael Bech (“LCol Bech”) is a former member of the CAF. He joined the CAF in 1986 and served until 2012 in the regular forces. He then rejoined the CAF in 2013 and served until 2016 in the reserve forces. LCol Bech was deployed to Western Sahara from 1993 – 1994.
169. LCol Bech resides in Oromocto, New Brunswick.
170. LCol Bech was ordered to take Mefloquine for his deployment to Western Sahara. He began experiencing serious adverse effects shortly after taking Mefloquine. LCol Bech continues to suffer from symptoms of Mefloquine toxicity, including sleep issues, anger issues, anxiety attacks, restlessness, random dizzy spells, and nausea.

Pierre Gentes

171. Master Corporal Pierre Gentes (“MCpl Gentes”) is a former member of the CAF. He joined the CAF in 1988 and served until 2008. MCpl Gentes was deployed to Ethiopia/Eritrea in 2001.
172. MCpl Gentes resides in French Lake, New Brunswick.
173. MCpl Gentes was ordered to take Mefloquine for his deployment to Ethiopia/Eritrea. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Gentes suffered and continues to suffer from symptoms of Mefloquine toxicity, including nightmares, and sleep issues.

Thomas Yurkiw

- 174. Sergeant Thomas Yurkiw (“Sgt Yurkiw”) is a former member of the CAF. He joined the CAF in 1984 and served until 2014. Sgt Yurkiw was deployed to Sierra Leone in 2005.
- 175. Sgt Yurkiw resides in Lombardy, Ontario.
- 176. Sgt Yurkiw was ordered to take Mefloquine for his deployment to Sierra Leone. He began experiencing serious adverse effects shortly after taking Mefloquine. Sgt Yurkiw continues to suffer from symptoms of Mefloquine toxicity, including sleep issues, short-term memory loss, anger issues, mood changes, rage issues, restlessness, random dizzy spells with slight imbalance, and headaches.

Marie Godfrey

- 177. Master Corporal Marie Godfrey (“MCpl Godfrey”) is a former member of the CAF. She joined the CAF in 1980 and served until 1999. MCpl Godfrey was deployed to Rwanda in 1995.
- 178. MCpl Godfrey resides in Emsdale, Ontario.
- 179. MCpl Godfrey was ordered to take Mefloquine for his deployment to Rwanda. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Godfrey suffered and continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, mood changes, hypervigilance, difficulty concentrating, and nausea with headaches.

Ruby Smith

- 180. Ruby Smith (“Smith”) is a former member of the CAF. She joined the CAF in 1987 and served until 2005. Smith was deployed to Eritrea from 2000 – 2001.
- 181. Smith resides in Deer Lake, Newfoundland.
- 182. Smith was ordered to take Mefloquine from for her deployment to Eritrea. She began experiencing serious adverse effects shortly after taking Mefloquine. Smith continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, rage issues, mood changes, paranoia, fear of crowds,

190. Sgt Strickland resides in Winnipeg, Manitoba.
191. Sgt Strickland was ordered to take Mefloquine for his deployments to Rwanda and Haiti. He began experiencing serious adverse effects shortly after taking Mefloquine. Sgt Strickland suffered and continues to suffer from symptoms of Mefloquine toxicity, including vivid dreams, nightmares, sleep issues, paranoia, fear of crowds, hypervigilance, anxiety and panic attacks, difficulty concentrating and multitasking, random dizzy spells with slight imbalance, and nausea with headaches.

Michael Thibodeau

192. Master Corporal Michael Thibodeau ("MCpl Thibodeau") is a former member of the CAF. He joined the CAF in 1985 and served until 2005. MCpl Thibodeau was deployed to Cambodia from 1992 – 1993.
193. MCpl Thibodeau resides in Edmonton, Alberta.
194. MCpl Thibodeau was ordered to take Mefloquine for his deployment to Cambodia. He began experiencing serious adverse effects shortly after taking Mefloquine. MCpl Thibodeau continues to suffer from symptoms of Mefloquine toxicity, including nightmares, sleep issues, short-term memory loss, anger issues, mood changes, hypervigilance, and difficulty concentrating and multitasking.

CAUSES OF ACTION

195. Pursuant to s. 3 of the *Crown Liability and Proceedings Act*, R.S.C., 1985, c. C-50, the Defendant is directly and vicariously liable for any wrongs committed by DND, CAF or any of its employees and agents.

Negligence

196. The Government owed a duty of care to CAF Members. The Government knew or ought to have known that if it carried out its duties negligently, it could reasonably cause the kind of harm that was in fact suffered by the Plaintiffs.
197. The Government was required to:
- a. use reasonable care to ensure the safety and well-being of the Plaintiffs;

- b. obtain the informed consent of the Plaintiffs before requiring them to take Mefloquine; and
- c. use reasonable care in the operation, administration, prescribing, dispensing, managing, supervising, and monitoring of the use of Mefloquine.

198. The Government breached that duty of care by:

- a. ordering the Plaintiffs, on pain of court martial, to take a drug that it knew or ought to have known was not safe and could have serious and long term adverse health effects;
- b. ordering the Plaintiffs to take Mefloquine without conducting a proper medical screening for contraindications;
- c. failing to provide a medication guide or other information to the Plaintiffs regarding the proper use of Mefloquine;
- d. failing to adequately warn the Plaintiffs of the risks associated with taking Mefloquine;
- e. failing to warn the Plaintiffs not to consume alcohol while taking Mefloquine because of the risk of adverse interactions with alcohol, including the greatly increased risk of experiencing mental problems;
- f. failing to tell the Plaintiffs to immediately stop taking Mefloquine if they experienced any of the following symptoms: mental problems, including anxiety, depression, paranoia, hallucinations, feeling restless, confused or disoriented, unusual behavior or changes to mood; nervous system changes, including dizziness, spinning, ringing in the ears, loss of balance, seizures or convulsions; or issues with nerves, including prickling or tingling sensations, numbness and loss of an ability to feel pain or changes in temperature, a burning or sharp pain, loss of balance or co-ordination, feeling pain from a very light touch, or muscle weakness or paralysis;
- g. ordering the Plaintiffs to continue taking Mefloquine after the above symptoms were reported;
- h. failing to monitor or record adverse reactions and complications experienced by the Plaintiffs and other CAF Members as a result of taking Mefloquine;

- i. failing to properly investigate the side effects, adverse reactions and complications experienced by the Plaintiffs and other CAF Members as a result of taking Mefloquine;
 - j. failing to consider and account for the risk of interaction of Mefloquine with other psychological conditions and injuries commonly experienced by CAF Members including anxiety, depression, post-traumatic stress disorder and traumatic brain injury;
 - k. failing to provide and/or consider suitable alternative anti-malarial drugs to Mefloquine;
 - l. requiring that the Plaintiffs take an anti-malarial drug that was unsuitable for use in a military or combat setting;
 - m. failing to provide necessary medical treatment to the Plaintiffs in a timely manner;
 - n. failing to refer the Plaintiffs to appropriate medical specialists in a timely manner, or at all;
 - o. failing to administer Mefloquine to the Plaintiffs in a safe and competent manner;
 - p. putting its own interests ahead of the interest of the Plaintiffs by ignoring and remaining wilfully blind to the risks of Mefloquine to individual CAF Members; and
 - q. such further and other particulars as may become apparent and counsel may advise.
199. As a result of the Government's breach of its duty of care, the Plaintiffs suffered damages as set out below.

Negligent Misrepresentation

200. The Plaintiffs were highly dependent on information provided by the Government regarding the risks posed by Mefloquine. The Government knew that the Plaintiffs would rely on information provided by DND and CAF to the Plaintiffs in order to make decisions regarding risks to their health and safety.
201. DND and CAF repeatedly represented to the Plaintiffs and CAF Members as a whole that Mefloquine was safe. These representations specifically downplayed or denied the risks associated with Mefloquine and were inaccurate, incomplete, false, deceptive and/or misleading.

202. Canada knew or ought to have known that the representations made by CAF and DND regarding the safety of Mefloquine were inaccurate, incomplete, false, deceptive and/or misleading.
203. The Plaintiffs state that Canada owed a duty of care to the Plaintiffs and is liable in deceit and/or negligent misrepresentation for the Representations that were inaccurate, incomplete, false, deceptive and/or misleading and as a result of which the Plaintiffs' suffered damages as set out below.

Breach of Fiduciary Duty

204. The Government owed the Plaintiffs a fiduciary duty. The relationship between the Plaintiffs and the Defendant is one of complete trust, reliance and dependency. While in the Canadian Armed Forces, the Government had extraordinary and unilateral powers over the lives of CAF Members. Because of the hierarchical and authoritarian command structure of the CAF, the binding nature of enrolment in the CAF, the oaths and declarations required by CAF Members, and the strict requirement to follow all orders of superiors, the Plaintiffs were in a position of complete vulnerability and dependence on the CAF and DND. In particular, the Plaintiffs were at the Government's mercy regarding what drugs they were ordered to take prior to and during deployment. Prior to and while deployed, the Government was solely responsible for the protection of the health, safety and well-being of the Plaintiffs.
205. The Government breached its fiduciary duties to the Plaintiffs. The particulars of the breach include:
- a. putting its own interests ahead of the interest of the Plaintiffs by ignoring and remaining wilfully blind to the risks of Mefloquine to individual CAF Members;
 - b. ordering the Plaintiffs to take Mefloquine;
 - c. ordering the Plaintiffs to take Mefloquine without conducting a proper medical screening for contraindications;
 - d. ordering the Plaintiffs to continue taking Mefloquine after adverse symptoms were reported; and

- e. failing to safeguard the physical and psychological health of the CAF Members.

Charter claim (breach of s. 7)

- 206. The Government's action in forcing the Plaintiffs to take a drug that seriously impaired the Plaintiff's mental and physical health and caused severe psychological harm is an infringement of the Plaintiff's right to security of the person as enshrined in s. 7 of the *Canadian Charter of Rights and Freedoms*. This infringement is not justified in accordance with the principles of fundamental justice.
- 207. The breaches of the Plaintiffs' *Charter* rights are not demonstrably justified in a free and democratic society.
- 208. The Plaintiffs are entitled to a declaration that their *Charter* rights were infringed.
- 209. The Plaintiffs are also entitled to a monetary remedy pursuant to section 24(1) of the *Charter* in order to:
 - a. compensate the Plaintiffs for pain and suffering;
 - b. vindicate the Plaintiffs' fundamental human rights; and
 - c. deter systematic violations of a similar nature by the Government in future.

Battery

- 210. The Plaintiffs assert that the forced ingestion of Mefloquine without their informed consent, in the circumstances pleaded above, amounts to battery.

Wilful Concealment

- 211. The Government has and continues to willfully conceal the fact that the injuries suffered by the Plaintiffs were caused by the fact that the Government ordered the Plaintiffs to take Mefloquine.

Mental and psychological state

- 212. The Plaintiffs have suffered severe and debilitating mental and psychological conditions as described above as a result of taking Mefloquine and otherwise. As a result of these

severe and debilitating mental and psychological conditions, the Plaintiffs were previously incapable of commencing a claim against the Defendant.

Misdiagnosis

213. The Plaintiffs have been misdiagnosed by doctors, including doctors employed by the Government, as suffering only PTSD or Traumatic Brain Injuries, when in fact, the Plaintiffs were suffering from neurological and psychological injuries caused by Mefloquine.

DAMAGES

214. The Plaintiffs have suffered at the hands of the Government, and are entitled to damages, including pecuniary and non-pecuniary general damages, special damages and aggravated, exemplary and punitive damages.
215. Both before and after the Government ordered CAF Members to take Mefloquine, the Government knew or ought to have known that Mefloquine can cause, contribute to, or materially increase the risk of neurological and psychological harm.
216. As a result of being forced to take Mefloquine, the Plaintiffs have suffered and continue to suffer prolonged psychological symptoms including anxiety, paranoia, depression, hallucinations, thoughts of suicide or self-harm, aggression, bouts of explosive anger, violent behavior, night terrors, panic attacks, memory loss, and a lack of emotional regulation.
217. As a result of being forced to take Mefloquine, the Plaintiffs have suffered and continue to suffer prolonged neurological symptoms including dizziness, vertigo, loss of balance, tinnitus, convulsions and insomnia.
218. As a result of being forced to take Mefloquine, the Plaintiffs have suffered and continue to suffer prolonged neuropathological symptoms including prickling or tingling sensations, numbness and loss of an ability to feel pain or changes in temperature, a burning or sharp pain, loss of balance or co-ordination, feeling pain from a very light touch, and muscle weakness or paralysis.

219. As a result of the actions, errors and omissions of the Government as set out above, the Plaintiffs suffered damages including:
- a. Creation or exacerbation of neurological disorders and illnesses, including damage to the brain stem and nervous system;
 - b. Creation or exacerbation of psychological disorders and illnesses;
 - c. Creation or exacerbation of neuropathological disorders and illnesses;
 - d. Emotional and psychological harm and distress;
 - e. Impairment of mental and emotional health;
 - f. Impairment of ability to participate in or transition to a normal family life, including alienation from family, spouses and children;
 - g. Impairment of ability to perform household chores and to perform certain daily tasks;
 - h. Impairment of ability to participate in recreational, school, social, and athletic activities;
 - i. Impairment of the capacity to function in the work place and a corresponding loss of income, a loss of competitive advantage in the employment field and a diminution of income earning capacity;
 - j. Pain and suffering, a loss of enjoyment of life and a loss of amenities; and
 - k. Such further and other harms and injuries as shall be discovered and/or particularized.
220. As a further result of the injuries suffered, the Plaintiffs have incurred, and will continue to incur expenses, including expenses for: hospitalization, medication, therapy, rehabilitation, medical treatment, and other forms of care and out-of-pocket expenses, the full particulars of which are not within the Plaintiffs' knowledge at this time.

Punitive, Aggravated and Exemplary Damages

221. The Government forced the Plaintiffs, on pain of court martial and imprisonment, to take a drug that has caused great neurological and psychological damage. The Canadian Government treated the issue surrounding Mefloquine with wanton and callous disregard for the Plaintiffs' interests, health, safety and well-being. Canada has responded to the

growing crisis regarding Mefloquine toxicity within the military veteran community by concealing, denying and downplaying the problem, even as those suffering from Mefloquine toxicity continue to die by suicide.

222. Canada's wrongful conduct is of such a reprehensible nature as to warrant an award of aggravated, exemplary and/or punitive damages in order to deter Canada from taking such wrongful acts in the future.

Provincial Health Insurers

223. As a consequence of the misconduct set out above, OHIP and the comparable provincial and territorial health insurers have incurred various expenses with respect to the medical treatment of the Plaintiffs. As such, OHIP and other provincial and territorial health insurers have suffered, and will continue to suffer, damages including the ongoing medical support for the Plaintiffs, and they are entitled to be compensated by virtue of their subrogated and direct rights of action in respect of all past and future insured services. This action is maintained on behalf of OHIP and all other provincial and territorial health insurers.

APPLICABLE LEGISLATION

224. The Plaintiffs plead and rely upon the following:

Federal Courts Act, R.S.C., 1985, c. F-7;

Federal Courts Rules, (SOR/98-106);

Crown Liability and Proceedings Act, R.S.C., 1985, c. C-50, ss. 3, 21, 22, and 23;

Canadian Charter of Rights and Freedoms, ss. 7 and 24; and

National Defence Act, R.S.C., 1985, c. N-5.

225. The Plaintiffs propose that this action be tried at Toronto, Ontario.

August 14, 2019



Paul Miller / John Kingman Phillips

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