

**Submission to the Canadian House of Commons
Standing Committee on Veterans Affairs**

Ms. Marj Matchee

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My name is Marj Matchee. I am the wife of Master Corporal Clayton Matchee, the soldier most disgraced by the “Somalia Affair”.

I would like to share my thoughts on how my husband changed after he started taking the antimalarial drug mefloquine. Clayton and other members of the Canadian Airborne Regiment were ordered to take mefloquine to protect them from malaria on their deployment to Somalia.

I believe Clayton and I were ordered into a nightmare because of this drug.

Clayton left Canada for Somalia on December 13, 1992. But my nightmare began weeks before Clayton was deployed. Very suddenly, I noticed that Clayton began to have some pretty significant personality changes. I noticed he was always jittery and restless and that he couldn't relax or sit still. He began to hang out with his buddies more. He starting drinking more. At the time, I blamed these changes on his impending deployment to Somalia. I thought the stress of it was making him this way.

Two weeks before his deployment, Clayton stopped coming home. He just vanished. I searched for him for three days. People said they had seen him around. But there was still no call home. Nothing. I couldn't understand why he was treating me and his young daughter Jessie this way.

I finally found a telephone number to the barracks. When he came to the phone, all he would say was, “I just can't be at home, it's just easier this way”. It made no sense to me at all. I was hurt and confused. I pleaded with him to spend time with his daughter. “If not for me, at least don't hurt her”, I begged. All I got was silence on the line, and then he hung up.

Clayton's little girl was his pride and joy, and he was her hero. He had always been a very loving father. These dramatic changes in his personality and his behaviour were just too hard for either of us to understand.

In the remaining days before Clayton left for Somalia, everything started to spiral out of control for me. Two days before he left, Clayton finally showed up at home. He told me, “I am sorry I stayed away from you and Jessie but I had to”.

“We have to take this drug for malaria”, he said. “I tried to get used to it, but I don't think I am ever going get used to this shit. You see things when you sleep. You see it in the daytime too. You can't shut your eyes to it”.

Clayton told me, “It makes you pretty messed up. It fucks with your head. I can't explain it but I am sorry”.

“Can't you take something else?”, I asked him.

Clayton said, “We were told this malaria is chloroquine-resistant so it's the only thing we can take to not die from malaria”.

“It don’t matter anyway”, he said. “It’s what we are ordered to take. It’s orders from headquarters”.

In the months that followed Clayton’s deployment to Somalia I would get the occasional five-minute satellite call from him. During one call, I asked him how he was feeling. Clayton told me, “Like shit. It’s so hot here. We’re not supposed to drink with this crazy malaria drug — but the only cold thing here is beer”.

Clayton would also complain to me of his insomnia, and his visions.

“What do you mean visions?”, I asked him.

“It’s like dreams”, he said. “It’s like walking around being wide awake and having dreams”.

Unexpectedly, in early March 1993, I got another call from Clayton. He was home for a surprise break in Canada.

But Clayton would not come home. He had called me from a hotel miles away. I asked him why he didn’t just come home, and he said he was not sure he could.

I couldn’t understand. What was wrong with him?

It was midnight, and I had to have my friend come babysit, but I drove straight to the hotel to get him.

When I got there, he just seemed so different. He seemed wound-up and hyperactive. I couldn’t convince him to come home. I tried to have him tell me what was bothering him, but he wouldn’t give me any straight answers. I asked my friend to stay at home with our daughter Jessie, and I stayed at that hotel that night with him. All night, Clayton could not sleep. He would look at me funny, and say things like, “I shouldn’t have come back”.

The next two days he stayed away, and partied with his friends.

By the third night, Clayton had finally come home to me and his daughter. I thought briefly that my nightmare might be over, but that night, I woke up to him on top of me, choking me. His grip on my neck was so tight, I couldn’t make a sound. I felt as though he was trying to kill me. Moments before I was certain I was going to pass out, he at looked me in the eyes, and with a look of panic, suddenly let go.

“I am in Canada! Oh my God what am I doing?”, he screamed. He apologized profusely. I was shocked and shaken. Clayton had never done anything like this. In all the while I had known him, Clayton had never put a hand on me in anger.

The next morning, he was gone again. For two days, he stayed away. On his sixth day of leave, he showed up at home, late in the evening. He was sober, but there was no conversation between us. It was his last 24 hours before he was to return to Somalia. I just didn’t know how to reach him anymore, or if I even wanted to try. I was so hurt and went to sleep while he stayed awake, and played with his girl Jessie.

I woke that night to the sheets soaked in sweat. I glanced over, and there was Clayton, staring intently at the foot of the bed. I will never forget it. His face was pale, and covered with sweat. He was clearly in a panic.

“Clayton!”, I said.

“Ssshhh! Pray, Marj! Pray!”, he said.

So I prayed. But I couldn’t understand.

“Don’t stop!”, he kept saying.

For a very long time, I prayed next to him. The whole while, he kept staring intently at the foot of the bed, as if his life depended on it.

Finally, when he could talk, he explained that he had been having a nightmare. In his nightmare, a creature was pulling him by the feet. A creature with a mouthful of skinny long fangs. Unless he prayed it away, he was sure it would get him.

“It was evil”, he told me. “I prayed it back”.

As we talked some more, Clayton opened up about what he had been experiencing since he started taking mefloquine.

“We call them Meflomaes”, he said.

He told me how this drug they take was affecting everyone. “It has changed us all”, he said.

He told me that his unit took theirs every Tuesday, so him and the guys nicknamed it “Psycho Tuesday”. The other units took their mefloquine on different days, so called those days “Wacky Wednesday”, “Freaky Friday”, and so on.

I have since realized that Clayton wasn’t just describing nightmares. He was describing actually seeing things when he was awake. He was seeing things that weren’t there, and he was seeing things differently than what was there.

“Fucked up shit coming at you. People changing into shit”, he told me.

He told me, “It’s getting hard to trust anyone, and we’re supposed to have each others’ backs”.

Soon, Clayton was back in Somalia. Within two weeks, I got a phone call from him.

“Babe we got into some shit here”, he said. “We had a guy break into camp. We were told to make an example out of him. We roughed him up really good. A couple hours later they come got me. Told me my prisoner died. I will let you know what happens”.

The phoned died. His time was up. Those were the last lucid words I would ever hear from him. The next day the padre came. He was standing in front of me, unbuttoning his collar and speaking words I could not absorb. Clayton had been charged with the murder and the torture of a Somali teen. Clayton had been found hanging in his cell. He was not likely to survive.

In the night, a phone call came. It was a doctor from a hospital in Mogadishu. I don't know how he got my home number, but he told me he felt I was owed the truth about Clayton's condition. This doctor told me he was not likely to make it and if he did he would be a vegetable. I would never forget those words.

The rest of this story is well known to all of Canada. Forever the man I knew was gone. The hypoxia Clayton suffered from whatever happened in that cell caused him permanent brain damage. I knew he would never get to tell the country what mefloquine did to him, and that I would be the only one left to tell his story.

But in the following months, whenever I tried to tell any media outlet what mefloquine had done to Clayton and the rest of the Somalia mission, no one would believe me. Every time I spoke, Dr. Keystone or some other supposed expert would come on after me to reassure the public how good and safe this drug was.

But regardless of what Dr. Keystone says, I know my husband suffered horrific hallucinations that were caused by mefloquine. Hallucinations are a symptom of psychosis, so I believe my husband suffered a drug-induced psychosis. I believe this drug-induced psychosis threatened my life when I awoke to him choking me, and contributed to what my husband experienced a short while later in Somalia, and the events we now know as the "Somalia Affair".

Health Canada says that an adverse drug reaction that threatens life, causes death, or that results in permanent disability, must be considered serious. If you believe, as I do, that my husband was suffering a drug-induced psychosis, then you must also believe that my husband suffered a serious adverse reaction to mefloquine.

Clayton is one of about 1,000 soldiers of the Canadian Airborne Regiment who was given the drug during the Somalia mission. If you count only his serious adverse reaction, this would mean that the true rate of serious adverse reactions is over 10 times higher than what Dr. Keystone and other experts have repeatedly claimed. Instead of the rate of 1 in 11,000 that a witness to your committee recently cited, I believe based on my husband's experience, that the true rate of serious adverse reactions is at least 1 in 1,000, or even much higher than this.

I hope that the Standing Committee will recognize that my husband is just one of many members of the Canadian Airborne Regiment whose lives have been destroyed because of mefloquine, and that many other veterans, like him, continue to suffer from the drug's serious lasting effects. We must do more to reach out to these veterans, to acknowledge the harms that mefloquine has caused them, and commit to funding research to study and ultimately try to reverse these effects.

In the years that followed the Somalia Affair, no one would listen to me. But now, nearly a quarter century later, I am relieved that my concerns are finally being heard. I sincerely hope that with this new interest, this nightmare may be finally coming to an end. It may be too late to help Clayton, but it is not yet too late to help other veterans.

I thank the Standing Committee for considering my brief and would welcome the opportunity to answer any additional questions.