

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

VETERANS AFFAIRS

Thursday, February 8, 2001

Committee Room 1

Canadian Peacekeeping Veterans Association

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VETERANS AFFAIRS COMMITTEE

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Mary Ann McGrath
Wayne Gaudet

[Wayne Gaudet was replaced by Russell MacKinnon.]

In Attendance:

Darlene Henry
Legislative Committee Clerk

WITNESS

Susan Riordon
Atlantic Director, Canadian Peacekeeping Veterans Association



HALIFAX, THURSDAY, FEBRUARY 8, 2001

STANDING COMMITTEE ON VETERANS AFFAIRS

9:00 A.M.

CHAIR
William Langille

THE CHAIR: I guess we are ready to begin. I would like to welcome everybody here on behalf of the Standing Committee on Veterans Affairs. A special welcome to the guests in the gallery. Today we have Sue Riordon. Mrs. Riordon is the Atlantic Director of the Canadian Peacekeeping Veterans Association. She has a presentation today and I believe a story to tell. I will ask that you do your presentation, Mrs. Riordon.

SUSAN RIORDON: Thank you, sir. Canadian Peacekeeping Veterans Association is a very long term to use so we will shorten it to CPVA and keep life easy. I am Susan Riordon. I reside in Yarmouth. I am the widow of a Gulf War veteran and that will be the last time you hear me say Gulf War, it does not exist in this country. I am a veterans' advocate, I am not a veteran. I never served in the Canadian military other than as a wife. In fact, as a member of good standing in CPVA, I actually pay higher membership dues to assist other veterans because I am a non-military member.

Nova Scotia, for many years, has been considered a have-not province. As a Nova Scotian, I don't really appreciate hearing that. It kind of makes me feel bad. I live in a have-not province. We just don't have it, what it takes. We don't make the noise. We do without. Our unemployment is high. Medical is kind of shaky right now, so I hear on TV.

Well, we have a problem we have to address. We may be a have-not province but we have a lot of Persian Gulf veterans that want to come home and home is Nova Scotia. So we have to take care of them medically. We have to put them and incorporate them in MSI. They arrive here with misdiagnosis from the Canadian Armed Forces, federally paid for. Nova Scotia, provincially, corrects those errors but we also have doctors within Nova Scotia who fire Persian Gulf veterans as patients, not only verbally but on paper.

We have doctors within this province who are scared. That was very evident when they removed Captain Terry Riordon from our home on April 29, 1999 in an orange garbage bag and a burlap shroud. There was no nice white sheet. They were scared and terrified because Terry's body was positive for weapons-grade depleted uranium and it was incumbent upon me to inform the coroner, the paramedics, and his doctor already knew this information. It was independent scientific testing, not what the Canadian Forces and Veterans Affairs is offering.

So we are bringing these people back home where they belong, where they feel safe and we are even a worse have-not province because we don't have the courage to stand up for our own veterans, men and women that we have raised in this province or that the military sent here and they fell in love with us and our province and want to come home. We can't take care of them medically. Doctors don't care. We don't have the resources. Veterans Affairs Halifax, there are wonderful people there. There are people there that please retire them and that is my personal opinion, not a CPVA opinion.

I received a letter after Terry's death from one department within Veterans Affairs. Being the first woman through the entire Veterans Affairs system on my own, it is a minefield but this letter said, sorry to hear of your husband's death. Please be advised not to contact this office any further. We can no longer assist you. That office did not want to assist me in the first place. I was called, through the back door, the Yarmouth pit bull which is fine. I can now use that to assist other veterans.

There are veterans in this province that for three years Veterans Affairs Halifax paid monies to send them to military doctors. Nova Scotia is paying money to send Nova Scotians outside of the province to military doctors. They are leading an ill veteran to believe they have to go. They have awarded zero amount pension which means no money, which means we are further disgracing him by putting him within the Nova Scotia welfare system. This person and his partner left behind children, travelled outside of the province 16 times that I know of. The 17th time, when this person became a CPVA veteran and I became their advocate, I advised them not to go back. This person now has a pension, now has a partial diagnosis, but for three years Nova Scotia paid good money that would have paid his pension.

Most veterans are receiving 0 per cent to 5 per cent pension, \$91.06 a month. I can't feed myself on that, let alone a family. Any pension under 48 per cent means no survivor benefits. The onus is upon the veteran to prove it. Then we have a whole kettle of fish. They are home safe in Nova Scotia, where they want to be and they are in Halifax district office so everything should be all right. I am home. I am going to be okay. Everything is not all right. I am on welfare. My children are hungry. How far will a box of Kraft Dinner go? Well, we all support them by paying welfare, social assistance, Meals on Wheels, everything that Veterans Affairs should be doing. They do not know how to get through the program.

Veterans Affairs is implementing Post Traumatic Stress Disorder (PTSD) and War-Related Stress for our Persian Gulf veterans, a little copy, nice to curl up with, with a blanket, a hot cup of chocolate. Has possibilities, if they actually employ veterans to work with veterans and psychiatric counsellors. It would apply to any of us. It is a look-good, feel-good committee that produced paper. This doesn't do anything for our veterans, especially our Nova Scotia veterans. We can't even get them into the chronic pain clinic if they live too far outside of Halifax-Dartmouth, and many do.

We have a lot of people here who love this province. At one time they loved and honoured their country so much that they joined the military. Well, they became ill and they were expendable. The military has a battle plan for every action. They have to work in collateral damage. Who will become ill? Who will become injured? Who will die? How many do we replace? What they have not considered and do not consider is how many wives, husbands - there are D/Hs, dependent husbands, within the Canadian Forces - and children, they are accepting this collateral damage. Every one of us here is accepting ourselves as collateral damage. I am collateral damage. No one asked me to sign on the dotted line but I took orders. I was D/W 785 and that is all I was.

There is nothing in the system for Nova Scotians other than your provincial budget which we can spend quite well taking care of our veterans. I do not understand enough about government to ask you why you are accepting federal problems at a provincial level and not asking the federal government to pay the bill that they owe to the people they owe it to. The Persian Gulf is a conflict. It is not a war in Canada, under international or domestic law. The House of Commons in Parliament assembled was petitioned. The answer is no war, does not exist.

Captain Terry Riordon served for 23 years. He was very proud to serve. He went through Royal Roads Military College. At age 33 he graduated with a double major and B average. When Terry died in Depends, morphine and baby food, he did not even have a Grade 9 ability. He assisted in the team that wrote the Computer Security Standards for our entire Canadian Armed Forces. He could not find the switch to turn on the computer. This is a veteran that you are going to ask, in Nova Scotia, to keep a diary, eat regular meals, eat nutritious meals. They don't know if they have brushed their teeth or not. They do not know their children's names. These men and women we sent to the Persian Gulf Conflict are ill, dying and dead and this province is paying the bill. Why? I would like to stand up and say I am not from a have-not province.

Terry wanted to return to Yarmouth, Nova Scotia. He was ill. He took the penalty on his military pension of 23 years because he had an indefinite period of service. He was misdiagnosed within the military as having epilepsy. He was also diagnosed within the Canadian Armed Forces as having Gulf War Syndrome. Well, we have no war so wherever Gulf War Syndrome came from, I don't know, but then again, according to a doctor, a

neuropathologist, Terry's official cause of death was Gulf War Syndrome. It doesn't exist but it can be your cause of death. How many causes of death are out there in this province? How many are we going to pay for?

This isn't only about the care of our veterans, or lack of care. This is the total disregard of their partners. We are raising Gulf children, not children so much born after the Persian Gulf Conflict, but children who were 10, who were 2 when daddy left and this man came back. I talked to a 10 year old boy - and he was not my child - and this 10 year old said to me, lady, will you tell me where my daddy is? I don't know who this man is, and I couldn't tell him because I have two children of my own and when their father left in 1990, their father and my husband never returned. He died April 29, 1999; he disappeared when he went to the Persian Gulf Conflict.

My children and I were left alone in Dartmouth with no support. The only contact we had through the Canadian Armed Forces was Maritime Command calling me to find out where Captain Riordon might be. Then we have the national Official Secrets Act. Wonderful rug to sweep things under. Terry was under the national Official Secrets Act until January 1, 2000. Died before that. I was not under the national Official Secrets Act.

The day of his death, his body was harvested after I had seen the lividity, the rigor mortis, the blue lip, the escaping gases from his body. As a security officer's wife, I knew my home was a crime scene. A man 45 years old dies, it is a crime scene. I was cleared of any wrongful death very quickly but this is what happens in this province and that has to happen. I understand that but the fear in everyone's face touching his body, and that was the only time I saw any peace in his face from 1990, nine years, no peace. It took death to bring any peace to him. Will it do that to people, men and women in Nova Scotia?

What about our wives, our dependent husbands, who have no support groups, who at 4:00 o'clock in the morning have no 1-800 number to call for suicide help. What about our Gulf children who now have post-traumatic stress disorder themselves, which at that young of an age, I am informed, can turn into schizophrenia in mid to late 20's. Then again, we are relying upon the Nova Scotia medical system. You are going to foot the bill. I am going to foot the bill. Every one of us will. This is a federal problem. We are considered a have-not province. There is no hope for these people. There is no place for them to go to.

A few weeks ago I received a phone call at my residence, which I protect where I live and I also protect my phone number. I am not a very good public speaker. I believe in what I am doing and I believe there is a wrong to be corrected here. That phone call was from a young lady who I ensured was fine, or as fine as she could be. I was at the hospital before the ambulance was because a veteran did not have a number to call for help before they took an overdose of pills and thankfully it was an unsuccessful suicide attempt. I was the one they could call. There was no one else to call. I was in that hospital for over five hours. I dealt with

the doctors. There is no support in place for these people. I brought the wife home, took care of her, contacted Veterans Affairs, dealt with them.

There is something wrong. I pay \$20 a year to do this and I gladly would pay that and more. Why can this province not stand up and say, enough? We are raising dysfunctional children. We have ill people. I don't care if you want to tell them it is all in their heads. Tell them it is in their heads but maybe it is medical. Don't make them feel ashamed any longer for being ill. They don't want welfare. They don't want Meals on Wheels. They don't want a hand-out. They really don't even want a Veterans Affairs pension if they can get through the system. They want their lives back. That we cannot give them.

As a province, we can support them and we can stand up and perhaps, as I asked the Minister of National Defence, Canada is not a leader, in my opinion, it is a follower. What has happened and why can't Canada be a leader? Why do we follow the United States of America? So I am asking this committee, will you, one of the rare provincial Committees on Veterans Affairs, make this a have province for our veterans, their partners and our children?

The other thing I would like to ask your assistance on, and I would like investigation into, is documentation I have received anonymously from the United States. Anonymous information arrives very often in my hands. Very seldom is it wrong. I am not saying this is 100 per cent correct. There was a theory put forward by Dr. Rosalie Bertell on CBC Television within the past year that weapons-grade depleted uranium may be transmitted via seminal fluid. We are in a Navy city. There is a lot of sexual activity. We are all human beings, we are all sexually functional, except for our Persian Gulf vets, and this paper kind of stresses sex might be a good relief but not when you have burning semen and nothing works. It is kind of insulting to them. But put that aside and 10 years ago most of them were sexually functional.

This paper suggests that cancer has a long latency period and we may only now be beginning to see the problems that most Veterans Affairs within the United States - again relying upon American information - most Persian Gulf veterans - they actually have a Gulf War - do not see Veterans Affairs doctors so they do not have full statistics. Five out of 22 veterans in this study had detectable levels of weapons-grade depleted uranium in their semen. That is 22.7 per cent out of less than 50 per cent, if you want to do some math.

Now that is a high amount and they also talk about having weapons-grade depleted uranium in your body. They mention nausea, vomiting, weakness, diarrhea, short-term memory problems, severe health problems including kidney and liver damage; depressed immune system; cancers of the lung, bone, other organs; leukemia; tissue decay; anaemia; damage to neurological systems; decreased neurocognitive performance; reproductive problems. All that - and I am asking your assistance in confirming that this document is true - has gone from theory to fact that weapons-grade depleted uranium is sexually transmitted via semen. Those are pretty much all the categories that we call Gulf illness today.

I am not saying, and I have never said, that weapons-grade depleted uranium killed Captain Terry Riordon. It is the building block of the answer. The Canadian Armed Forces had no hand in it. Veterans Affairs Canada had no hand in it. Independent scientific research people did, credible people who I checked out also verified, through my British contacts and American contacts - people who I am still in contact with today, who are still working on Captain Riordon's body, 22 months after his death - that found higher than significant levels of weapons-grade depleted uranium in his vertebrae. Now higher than significant is mid-100's. He had quite a lot more. They also found a few stray cancer cells. Not enough to say that he had cancer but he would have developed cancer. We have Persian Gulf veterans with cancer. We have Persian Gulf veterans with leukemia.

We are only now seeing the effects of what we allowed the federal government to play with. We are talking big business. We sold weapons-grade depleted uranium. It has been banned. A United Nations subcommittee said no, you are not using that. That is a weapon of mass destruction and ethnic cleansing. The World Health Organization has said the same thing. The United States and Canada say nothing. Canada says, let the United States spend the money.

I am asking you, is the United States right? Do all these many people, almost 15,000 that actually go to Veterans Affairs doctors have reported tumours: 11,000 had benign tumours which may lead to malignancy later, they don't know; 3,000 have malignant tumours. Remember, less than 50 per cent go to these doctors so they do not have full statistical data. Five out of 22 had detectable levels of DU in their semen, an obvious genotoxic hazard with serious implications. It also says that there is no threshold level of radiation below which an exposed person is safe from radiation damage, no matter what the source. The Canadian Armed Forces can say what they wish. Their testing is not using the right mass spectrometry.

I was asked last February, when the information on Captain Riordon came out through independent scientific investigation, what I thought of all this hocus-pocus about weapons-grade depleted uranium and was I on a witch hunt and did I want to scare our veterans. No, I am coming to you with an American study and asking you is this, in fact, true? Is this in our civilian population, not just our veterans and our military population? I am asking for your help in proving that this has gone from theory to fact before they are any more terrorized or demoralized than what they are now. As a province, we have the ability. As a country, we should rightfully be there. That is not happening.

As a province, we can do it. We have been doing it. We need just to do a better job. We need to inform the schools that our Gulf children may have spent all night listening to daddy's night terrors and those night terrors are just that, pure terror. So our children are tired when they go to school. They are scared. They need counselling. They are not paying attention, their grades are not good. They have post-traumatic stress disorder. We are placing dysfunctional children in the system. Our children did not ask for this. I didn't marry into the

Army. I might as well have. Will Nova Scotia stop the collateral damage? Will they look at Veterans Affairs?

[9:30 a.m.]

Will they ask how a veteran, just over a year ago November, walked through Veterans Affairs on Young Street, got off the elevator and told an untrained, unprotected receptionist, I have taken a bottle of pills. I want to die. Call 911. It wasn't a true suicide attempt this time, again thankfully, but it was a clear cry for help. The receptionist was not trained. She also was not protected. These men are trained to kill. They can take this pencil and no matter how frail and weak they are, give them the proper adrenalin rush and fear, and they can kill with this pencil. We need to protect our people in Veterans Affairs as well.

They need to do their job too because that gentleman who walked in with this cry of help should have been treated better than what he was. Thankfully he was sent to me and through the Terry Riordon Memorial Fund and CPVA, we were able to send this veteran from Nova Scotia to Ontario. So now he is an Ontario burden, not a Nova Scotia one. Very convenient. He could have been handled here but it was easier to ship him off.

How much are we going to ship away? How much money do we want to spend and why are we not spending it properly? Why are we not employing our veterans within Veterans Affairs? Veterans do not trust the military, authority figures or the Canadian Armed Forces. Will I go home and hear on my answering machine another veteran in Dartmouth was stopped by the police because of their staggered walk; because of the staggered walk, therefore they must be drunk. When Terry was alive, our neighbours of two weeks at that time, brought over an AA pamphlet, very kindly seeking to assist us. Captain Riordon was not an alcoholic. He was a Persian Gulf veteran and he was ill and he was dying and he prayed for that death. If you had lived his life, you would have prayed for it as well.

Can we and will we stand by our veterans? Will we train Veterans Affairs to stop hiding their unique medical rate scale letters? A doctor can't, if a doctor will see a Persian Gulf veteran or their wives or husbands, they don't have Chapter 21, which post-traumatic stress disorder comes under. Chapter 21 is psychiatric disorders, somatization disorder is sort of thrown in their too. But that is okay. As a veteran's advocate, I like to see somatization disorder used because there is a good rate scale for it and I have it, compliments of a former Minister of Veterans Affairs, the Honourable Fred Mifflin, who actually got tired of hearing me ask for it and said, in desperation, send it to her, she will go away.

We got a lot of pensions out of that. We got a lot of people off welfare in Nova Scotia and we got a lot of people much higher than \$91.06 a month because they can't work, they can't remember their names, where they live, if they have taken their medications. They cannot function, they cannot write, they cannot remember, they cannot face a board. They don't know.

I was once asked, because I went through the entire Veterans Affairs system on my own for Captain Riordon, about a headache in 1982. He would never have been able to answer them. He would brush his teeth 16 times in a row, not remembering the first time. I could answer it because he had so few headaches that yes, I know why he had one in 1982. His daughter needed seven stitches in her head and Mr. Security Officer, unfortunately passed out from the sight of his daughter's blood and received a concussion and was retained in a military hospital but he would not have remembered that. It wasn't so much the circumstances of the concussion causing the headache, it was the fact this was not a man that was ill at any time until he disappeared in December 1990.

I needed help then. I need help now, all widows do. We lose all right to work. We are 24 hours a day, 7 days a week caregivers. We run the house, we care for the veterans, we take care of prescriptions, we hide drugs. We get placebos. We do it all. Captain Riordon in excess of 250 pounds, I could stand and lift and bathe him. I got him from his bed to his wheelchair. I changed his Depends. It is not a life you want your children to see. It is not a life he wanted to live. It is not one I wanted to live.

We never applied for welfare. We came very close. When we did get through Canada Pension Plan disability, the Canadian Armed Forces demanded \$8,886 repayment and added penalty to his pension of 23 years of proud service, which brought it down to less than \$1,000 a month. As a widow, I receive 60 per cent of that.

When I last spoke with someone within the Minister of National Defence's office I was told, you are not on welfare yet. Should I come to this committee and ask you to show me where the welfare office is? Because due to caring for my husband all of those years, making no contributions to Canada Pension, not being able to contribute to RRSPs - if I had the money to do so, I don't even have that possibility - I can only do light work three to four hours a day. Who is going to employ me? No one. Do I know what is wrong with my vertebrae, other than it is deteriorating and I will live with chronic pain the rest of my life? I have no idea why. But caregivers get injuries and I am not the first. I am the first to bring it to you, I am the first to bring it to the federal level and I was the first through Veterans Affairs. Unfortunately, someone has to be the first one and I am selfish enough to say I wish it wasn't me, but it is me.

In five years what are you going to do with me? Are you going to place me on welfare with the other veterans? As Larry Murray said in his letter to me in April of last year, there is nothing in legislation - even if a case can be made by a wife or a caregiver that their injury may be related to military service itself - to provide any care whatsoever. You depend on your province. In other words, I am now your burden, as well. How much burden can we take? How much will we take? Will you help with that letter and see if it is real, if there is semen with weapons-grade depleted uranium? Will I see in my lifetime a Gulf veteran not on the street, not on welfare, not attempting suicide? There is no 1-800 number in place, there is nowhere

for them to go, there is no one for them to trust or talk to. Will Nova Scotia be the first to take care of their veterans?

We have a beautiful new \$10 bill, our peacekeepers love it, our Persian Gulf veterans refuse it. It was done and designed by a female military sergeant in Gagetown, she did a wonderful job. They would rather have the old money and say hey, don't spend it, don't spend all of that money on designing a new bill, put that money in pensions, that is where it belongs. Don't depict us on a piece of paper money that we are never going to have in our pockets, that is not an honour. They are being refused in grocery stores, corner stores and banks by veterans. Yes, it is an honour to our peacekeepers and the sergeant in Gagetown did a very good job, but she is a serving member. She does not understand our Persian Gulf Conflict veterans. They are insulted and they know their chances of ever seeing that bill to use as they wish are rare. Thank you for your help and your time. I would like to one day appear before you and say thank you for taking care of our veterans.

THE CHAIR: Thank you, Mrs. Riordon. Prior to questions I am going to ask that the committee members identify themselves.

[The committee members introduced themselves.]

THE CHAIR: At this time I am going to ask that the round of questions begin with Mr. MacKinnon.

RUSSELL MACKINNON: Mr. Chairman, first of all I would like to thank and congratulate Mrs. Riordon for her presentation today, it certainly puts a human face on the military component of Canadian society. I guess at the outset I have to declare somewhat of a personal attachment of sorts, because our family went through a rather difficult time several years ago when a nephew of mine was killed during training exercises. The military indicated he had fallen on a hand grenade and that was the cause of his death. Well, two years later we found out that, in fact, he was shot in the back of the head and it was because of military neglect that that young man - who served overseas peacekeeping on a number of tours, Sarajevo and so on and so forth - lost his life.

What you said today is typical of what seems to be a growing pattern in the military and that is there is considerable dishonour within that organization. I say that not lightly because I am a very proud Canadian. Our family has a long history of military service. My namesake was killed in the Second World War as a rear gunner and I can go on and on and every family can do that, I am sure. But it is very distressing for people like yourself, I know, not only for what your husband suffered and went through but because of you and all family members that have to suffer for the rest of your lives, you have to carry that.

The military seems to - for whatever reason - want to just push all of this under the carpet. I am not sure if it is because of money or because certain levels of authority within the

military make decisions without proper accountability and don't want to own up for their mistakes. Clearly, we have a major issue here with this uranium issue that is affecting a lot of Gulf War veterans, in particular here in Nova Scotia.

Mrs. Riordon, you asked the question, what can we do? We are a provincial entity and what can we do on a federal matter? Certainly, your presence here today speaks volumes. Second of all I am sure, Mr. Chairman, it would be appropriate for this committee to make a recommendation to our federal government, to take some responsibility and shift the burden of proof to assist people like Mrs. Riordon, instead of putting them through the meat grinder day in and day out. The burden of proof should not be on you, Mrs. Riordon, as I understand it, it should be on the military. It is very distressing that you have to go outside the country to get medical evidence to prove what should have been proven within our own jurisdiction. Our government has ultimately let you down, in my view. Again, I state that I have a personal attachment so I had to qualify, so if people suggest I have lost my objectivity, so be it, it puts a human face on it.

SUSAN RIORDON: Perhaps you have found your objectivity. You have my sympathy because I am well aware of that case and that happens too many times.

RUSSELL MACKINNON: The first question I would have is with regard to the number of individuals, such as your husband, who were infected with this uranium. How many in Nova Scotia would you surmise or could you conjecture are suffering from this particular . . .

SUSAN RIORDON: Weapons-grade depleted uranium?

RUSSELL MACKINNON: Yes.

SUSAN RIORDON: That went through the Uranium Medical Project. There are 15 positive, there are 10 positive in Nova Scotia alone. The Uranium Medical Project are waiting on 70 results; over half of them are people from Nova Scotia.

RUSSELL MACKINNON: Is the federal government accepting any responsibility at this juncture for these individuals?

SUSAN RIORDON: No, the one comment that was made over the summer, I believe it was by Colonel Ken Scott talking about weapons-grade depleted uranium, he instead chose to talk about whole uranium. There was a comment made too that a potato had more uranium than people in the Gulf did. So does the Canadian Armed Forces want to deal with it? No, they are not testing properly. Our Nova Scotia veterans from the Persian Gulf Conflict and of course, Kosovo, where one-tenth of the amount was used as well, are awaiting their results. Some are positive in this province, as my husband was, but the Canadian Armed Forces, it's only lip-service.

Homemakers Magazine did an interview with Colonel Tim Cooke, September 2000, and Timmy made a comment saying, we did it because of political pressure. So, do they take it seriously? No, I can't find who holds them accountable.

RUSSELL MACKINNON: You have indicated your suffering as well. What would you estimate your medical costs are annually?

SUSAN RIORDON: I would be terrified to add it up. I can tell you one thing, I wouldn't use my Visa card today.

RUSSELL MACKINNON: And this is a provincial responsibility at this juncture because the federal government is not . . .

SUSAN RIORDON: According to the deputy minister, there is no federal legislation, I am just collateral damage, the same as many others in this province.

RUSSELL MACKINNON: What about in Nova Scotia in terms of Nova Scotia's ability to provide treatment for all the different illnesses you have identified because of the Gulf War Syndrome?

SUSAN RIORDON: Then I am feeding off the welfare system, Meals On Wheels and I am going through another bureaucracy again.

RUSSELL MACKINNON: I guess I wanted to shift the focus just slightly over to the medical side. Is there sufficient expertise within the province to deal with issues such as you have identified?

SUSAN RIORDON: For myself, personally, I will live on medication for the rest of my life and continue to deteriorate. I cannot travel without medical assistance, I cannot travel without an escort because of my vertebrae. I can function very well in a learned manner; eventually I will not function well and I will be going to that welfare office. Is it right that this province pay?

RUSSELL MACKINNON: One final observation, Mr. Chairman. Mrs. Riordon, you made the point rather explicitly, or in a roundabout way made the point very clear to me in any event, and that is the fact that the day your husband signed up for military service, that is the day he lost all of his personal rights and that is a fact. Once you sign to join the military, regardless of whether it be air, land or sea, you are the property of the Canadian Government and you have no rights.

I recall very clearly when my nephew came home, the military guarded his body from the time they brought him to Cape Breton until the minute they started burying him in the

ground. We were not allowed access to that body, because he was military property. We could have answered a lot of questions very quickly had . . .

SUSAN RIORDON: The national Official Secrets Act.

RUSSELL MACKINNON: So I guess by extension, individuals like yourselves who haven't joined are treated as military property. I am not sure if that is an issue that perhaps could be raised by this committee, at least flag it with our federal counterparts. It is an issue of concern, I think, that would help to alleviate a lot of unnecessary agony.

SUSAN RIORDON: Well, we both ran into the national Official Secrets Act and you can't get through the national Official Secrets Act and while you are under that the military owns you, lock, stock and barrel. That is why Terry was harvested out of this province and country before the military even knew he was dead. You ran into national secrets because they placed a guard there.

RUSSELL MACKINNON: Twenty-four hours a day.

SUSAN RIORDON: Twenty-four hours a day and you had no right to violate national secrets. What do we do with this little, feel-good paper on post-traumatic stress disorder that says, tell us everything that happened to you in the military. Some of our veterans, it is not just 5 years or 10 years they have signed national secrets, it is a lifetime. So whatever happened, there is no documentation and they are under national secrets for their entire life. They can't talk about it because on our books a violation of the national Official Secrets Act is an act of treason, punishable by death. How do we care for those veterans?

THE CHAIR: The honourable member for Cape Breton East.

DAVID WILSON: Mrs. Riordon, I would like to be able to sit here and say I understand what you have gone through but it sounds to me like you have been to hell and back and I would have no understanding of that myself, personally. I sympathize with what you are saying but for me to say I understand the pain that you have gone through, would be untrue. I can see it in your face and I guess I am detecting a great deal of frustration and anger, perhaps, that you have channelled now - and I am only taking a guess here, straighten me out if I am wrong - into a cause to try, as you said, to right the things that are wrong that happened. Am I correct in saying that?

SUSAN RIORDON: I am frustrated but I am scared. I have asked in the federal House of Commons, what killed Captain Terry Riordon, will it take my life as well? No one will answer me. I live on medication; no one cares in the federal government. I have raised dysfunctional children, no one cares. I am scared.

DAVID WILSON: A couple of times you referred in your presentation to making this a have province. What exactly were you referring to in the context of your presentation here today?

SUSAN RIORDON: This committee deals with Veterans Affairs, have Veterans Affairs change their system to include veterans helping veterans. Put some quality in their lives. Let them work for an hour today. They will deal with another veteran, they will recognize a veteran getting off an elevator who says, I have taken a bottle of pills, call 911. They will recognize, just by the body language of that veteran, that there is trouble walking in there. In that incident that I referred to before, the director - who is Barry Gallant - turned around and walked away and left his staff to deal with it. He was sworn at and apparently he has a receding hairline which was brought up with a number of four letter words, he took offence and he left his staff. He is the director. It does not send a good message. Protect the people in Veterans Affairs. Help our veterans help each other. Set up a place for the wives to get help, for our children. We can have a wonderful system.

[10:00 a.m.]

DAVID WILSON: What you are saying then is there should be special programs set up through this province for veterans?

SUSAN RIORDON: Real programs.

DAVID WILSON: Because there are programs that are available in this province, I am sure you are aware of them: suicide prevention; Help Lines; and so on and so forth. Should we be doing more?

SUSAN RIORDON: The ones that are set up are not set up for this type of reality. They have no concept, perhaps, of military life. They have no concept of Gulf illness. There is no connection, there is no understanding. If I get a call that says oh my God, he put the toaster in the oven, instead of the bread in the toaster, that is fine, I have been there, done that. They are comfortable telling me but they aren't comfortable calling a 1-800 number. We need one that is supervised by a psychologist, or a psychiatrist and we can employ veterans on that line as well. Veterans will deal with veterans or those they trust. What is in place for the civilian population does not necessarily assist an ex-military member or their collateral damage, their families.

DAVID WILSON: I am sure that you have had said to you - and please, this is not me saying this - do you believe there was some sort of a conspiracy here involving the Canadian military? I can see that you have had that said to you many times before.

SUSAN RIORDON: I found it on the Internet, actually.

DAVID WILSON: How do you answer that? How do you reply to that?

SUSAN RIORDON: I found it on the Internet and I was asked once in the House of Commons if I was implying there was a conspiracy here, such as the X-Files, which actually I watch and enjoy, so I guess the truth really is out there. The only conspiracy - if you want to use it in a very broad manner - is there seems to be some type of conspiracy in place that I cannot find out who our military is accountable to. That is the only conspiracy that I know of, who is responsible for our military, who holds them accountable and I have never been able to get an answer to that.

DAVID WILSON: And that is the issue, right? That is . . .

SUSAN RIORDON: Yes, who is accountable? Who will have the courage to stand up and say I made a mistake, we had a toy, we used it, we made an error, for \$3.00 we could have saved your life. A simple truth would have caused less heartache to you but sorry, we are human, we made a mistake and we are sorry. I haven't found anyone of that calibre or if they even exist.

DAVID WILSON: I only have a couple of minutes left so I will give them to you by asking you one more question. This legislative committee is, as you know, I don't want to use the word powerless but in some aspects regarding Veterans Affairs, that is a federal matter, you know that very well. What do you expect from this committee? If you had a check list what would you check off that we would do on this committee?

SUSAN RIORDON: Start making sure that someone reads these documents before our veterans get them because this is going to send three-quarters of our Persian Gulf veterans into a mood swing that their partners and children will have to live with, not Veterans Affairs. Start being more active. Start seeing where that money is going. See what they are using.

We have veterans living in the streets, in sub-standard housing, I have used the Nova Scotia Housing Program in Middleton, they are wonderful. Have Veterans Affairs start using them now, all counsellors start using them. Make sure that each applicant of Veterans Affairs gets not only the internal Pension Act so they can read what Subsection 28(a) means - because it means nothing to me without the internal Act. Get the correct Chapter 21, if they are applying for post-traumatic stress disorder or other psychiatric disorders or somatization or somatic form. Get this to them, tell them they have a counsellor.

I fought Veterans Affairs for five years and someone whispered on the phone to me, try Gordon Thompson. It turned out to be Gordon Thomas who was a counsellor that I didn't even know we had a right to or was there. You have the power to do that, don't you? Make sure they supply the proper information.

DAVID WILSON: Thank you, Mrs. Riordon.

THE CHAIR: The honourable member for Sackville-Cobequid.

JOHN HOLM: Mrs. Riordon, I thank you very much for what was an extremely powerful presentation but also for all of your actions and activities over the last number of years because without it, so much of this would not have come forward. I guess the underlying message I am hearing is that you would like to see the veterans of the Gulf War Conflict and their families treated with some dignity and respect and for people to get together to ensure that that happens.

SUSAN RIORDON: That would be wonderful.

JOHN HOLM: As I am starting, I don't even know what to say right now, quite honestly, Mr. Chairman. I have some concerns about what kind of powers this committee has, as a previous questioner raised. Certainly, one of the powers that we do have and that you have is sitting behind us as well and that is with the media, that we are again having an opportunity to bring forward to the general public a disclosure, to make people understand and realize what is going on.

It is a totally different kind of situation but I think colleagues from Cape Breton will know that coal miners, if they become ill with certain illnesses and have worked in the mines for a period of 20 years, if they should develop cancer, because they know that that was a hazard, that automatic assumption kicks in and they are automatically treated as being eligible for workers' compensation. Now this is an entirely different thing and it is not workers' compensation but it strikes me as reasonable and fair, where the link has been made between the depleted uranium and the veterans becoming ill and that has been found in their systems, it seems to me to be reasonably fair to suggest that automatic assumption should kick in. The onus should not have to be on the veterans or their families to prove their illnesses are a result of the conflict but rather the reverse. These are families who have made tremendous sacrifices on behalf of this country and they should not be put through that again.

I don't know, Mr. Chairman, that this topic should necessarily end today and maybe this committee might want to consider inviting or asking - we can't order - Veterans Affairs representatives, senior officials appear before this committee so that we might try to ask them some questions, as well.

You talked about 15 people who tested positively from Nova Scotia. I would assume from the way you phrased that that not all 15 are currently living in Nova Scotia?

SUSAN RIORDON: Nine of them are.

JOHN HOLM: Do we have indication as to the number - not that it really should matter because it shouldn't matter if you are from Nova Scotia or from wherever in this country -

veterans of this conflict have been tested and found to be positive in terms of having the depleted uranium in their systems?

SUSAN RIORDON: Canadians are being tested on a charity level because they are not getting the proper testing through the Canadian Armed Forces or Veterans Affairs.

JOHN HOLM: They just want to test the urine, I believe.

SUSAN RIORDON: The urine will only tell you what has gone through the system. You need a bone sample and that is really difficult to get. Actually, Captain Riordon provided a lot of proof with a dead body which was needed and he supplied that. That was his wish.

These veterans are delivering urine to me in cases obtained from out of province because they cannot get the right sample cases. The price is now the equivalent of \$300 U.S. Veterans Affairs will tell you that just over 200 veterans of the Persian Gulf Conflict are in receipt of a pension. What they will not tell you is some of that is that 5 per cent, back to that \$91.06. They could have gone to 10 cents. But these veterans are coming up with the money from their own pockets - parents, friends, grandparents of these veterans are sending \$20, \$100 to assist in paying for another veteran's testing.

The British Association of Gulf War Veterans and Families - they do have a Gulf War in Britain. In fact, the March of Tears is the 23rd of this month in Blackmoor. The British veterans are helping to pay our Canadian veterans' costs.

JOHN HOLM: That's one hell of an indictment, Mr. Chairman.

SUSAN RIORDON: So we are relying on charity which means our testing comes in last because we are the charity case.

JOHN HOLM: Well, it is one hell of an indictment to think that those women and men who served our country and put their lives at risk, and are paying consequences, should have to depend upon volunteers or charity, rather than the government stepping forward and doing what I would consider would be right and ensure the proper testing is done for all. If they have nothing to cover up, then one would think that the government would automatically wish to step in to ensure that that testing was actually being done.

You talked about the U.S. study. Mr. Chairman, do we have a copy of that?

SUSAN RIORDON: I will provide you with a copy. It is something I was just in receipt of.

JOHN HOLM: Okay, because I think that that would be something very helpful for us to have.

SUSAN RIORDON: To me, it is personally terrifying because many of these veterans and their wives - all this collateral damage, living in Nova Scotia, are my family. They are CPVA's family. For them to say they have detected this in semen, to go from theory to fact - if you have a daughter dating someone who had gone to the Persian Gulf Conflict - and there are a few out there that are not ill - and still sexually functional, would you not be terrified if your daughter had dated, your niece, your friend had dated someone in the military who served in the Persian Gulf Conflict? The first time we played with DU and there was any sexual contact between consenting adults - and it has gone to fact - it is in the semen and it is transmittable. I don't want to turn around and face the people behind me.

JOHN HOLM: Do you know if any testing has been done of partners of Gulf War veterans to find out - you know, independent testing, it would had to have been, obviously, of Canadian ones to find . . .

SUSAN RIORDON: There is no money at this time. The priority is testing the veteran that served. It is a charity case. There is no money to test a partner or spouse at this time.

JOHN HOLM: I am probably using up more time than I am supposed to be using right now - just if I could, one other question and then turn it over to my colleague.

Of the people who have been tested, your husband was a 23 year veteran of the services. Certainly, a lot of those who went to serve our country, to fulfil Canada's obligations in the conflict, a lot of them were also not full-time military personnel, but they were reservists who had been called up. Of course, when the reservists come back, you are dismissed from the military or you are laid off, so to speak, and you don't even have the benefits that the full-time . . .

SUSAN RIORDON: They even do that to the regular members, less than 10 years, no pension, no benefits.

JOHN HOLM: Do we know how many people are in that category of either full-time with less than 10 years service or those who were reservists who have been . . .

SUSAN RIORDON: Quite a few. One thing that is unique about the Maritimes is, for some reason, we have an outstanding loyalty to serve within the military. My father is a World War II veteran. They found him overseas just before he was 16, so it was too late to ship him back. And this is a military city so if you live here, you are going to run into someone and love knows no boundary when it comes to employment.

Nova Scotia and the Maritimes supply a lot of military members. You read that letter from that young lady that is saying she would rather vomit than join the Canadian Armed Forces. This is over 100 Nova Scotia children who believe in veterans, who believe in Canada,

saying that, what this country has done to Gulf veterans makes her want to vomit, in her own words. Who is going to supply a military 10 years from now?

THE CHAIR: The honourable member for Dartmouth North.

JERRY PYE: Thank you, Mr. Chairman. I guess I will begin by saying, thank you, Sue, for coming.

SUSAN RIORDON: Thank you.

JERRY PYE: You did mention that you had lived in Dartmouth at one time and I don't know if that was in the Shannon Heights community or not, but it was a huge Armed Forces community that exists within - and it still is partially - Dartmouth North, of course.

When I often hear the advertisement that there's no life like it, I know that there is a fallacy within that statement, simply because I have often frequently visited the community, the Family Resource Centre and the crisis centres that are there at that community. I have to tell you that the number of hardships that are placed upon Armed Forces personnel is something that we in the civilian community don't fully understand. I think that we recognize that a number of people, as well, who retire from the Canadian Armed Forces retire with pensions that are not adequate and have to end up in the Canadian Corps of Commissionaires or take private jobs.

Having said all that, I must say that it must have been a horrible experience for you to address the issue of having to be the partner and the wife of Terry Riordon, as well as the mother of the children and experiencing the kind of experiences that you had with Terry. As I read through the report, I noticed that you were, in fact, the caregiver and that there were some nurses who came in - because he was in bed for 24 hours a day; he was taking some 20 to 30 pills a day, I do believe, at one point time. All of this must have been a horrible experience upon the family to have had to witness that.

The concern that I have is that as a member of the Veterans Affairs Committee, it is incumbent upon me to hear both sides of the story. I think it is important that, in fact, we do write the Department of Veterans Affairs with respect to our concerns, knowing full well that we live in a military community and we are a Maritime community, as such. I think it is also important to make sure, as my colleague, the member for Sackville-Cobequid, had stated, that we, as a Veterans Affairs Committee, listen to the information that is going to be disseminated through our committee by the Department of Veterans Affairs.

As you know, the military, up to most recently, has said that there is no scientific evidence or medical evidence that says that depleted uranium is, in fact, the cause of death of some of the individuals who have come back from the Gulf War. We also know that they have

also indicated, clearly, that that has not happened in the Yugoslavian war, as well. They have done in-depth research and so on.

It is a part of my role on this committee to fully understand both sides of that particular issue so that I can evaluate what I think is the appropriate thing to put forward. I think that we have before us the notion of drafting off a letter to Veterans Affairs. It has been advised by my colleague, the member for Cape Breton West, and I acknowledge that, but I don't know what the results of that will be. As we said, we can only suggest that they partake. We can't demand them to do anything.

I want to tell you that I understand your concern today, particularly if, in fact, you are an individual who is now in receipt of social services. My question is, are you in receipt of social assistance at the present time?

SUSAN RIORDON: Not as of today.

JERRY PYE: Oh, you're not. Okay, not as of today. Your medical drugs and so on are covered under what particular plan? You said you would not wish to . . .

SUSAN RIORDON: I still pay for the plan through the Canadian Armed Forces . . .

JERRY PYE: So the Canadian Armed Forces . . .

SUSAN RIORDON: . . . comes out of the limited pension amount.

JERRY PYE: Okay. You receive no assistance from the Department of Veterans Affairs with respect to the costs of those drugs, or anything of that nature?

SUSAN RIORDON: Veterans Affairs has no interest in me whatsoever.

JERRY PYE: Okay. No, it is a most unfortunate situation and I certainly will be looking to the remainder of my colleagues to seek advice on what direction I would certainly go here.

SUSAN RIORDON: Thank you very much. I lived on Cannon Crescent and if you would, for one thing, when you are in the Family Resource Centre, have a look at their mandate. They are mandated - the Family Resource Centre - to supply a deployable, combat-ready force, not for the families.

JERRY PYE: I also want you to know that Cannon Crescent is located in Dartmouth North, as well. Cannon Crescent is no longer there . . .

SUSAN RIORDON: It has disappeared now.

JERRY PYE: Yes, absolutely. Thank you.

THE CHAIR: The honourable member for Halifax Bedford Basin.

MARY ANN MCGRATH: Mrs. Riordon, I don't know what to say to you. I have read the report. I read it twice. I listened very carefully today. At times I have been disappointed in our federal government and the way that Ottawa deals with things, at times I have been surprised, at times I have been disappointed, but I don't think I have ever been ashamed and today I am ashamed.

SUSAN RIORDON: Thank you.

MARY ANN MCGRATH: You have shown such an amazing amount of grace and courage in a situation that I can't even begin to put myself in. I am a wife and a mother. I have nursed my husband and other members of my family through long illnesses and I can't imagine what you have managed to do, and how you have managed to remain together through this and function, and take the strength that you have found to try to make a difference for other people, even after it hasn't had a good solution for you. You have my thanks, as a member of this government, for what you are doing for citizens of our province and our country.

SUSAN RIORDON: Thank you. I honestly believe we can all make a difference. Just one person will have the next person stand up.

MARY ANN MCGRATH: The Nova Scotia way.

SUSAN RIORDON: Yes.

MARY ANN MCGRATH: You mentioned that there are many vets in this province, and from what I read in your report, it seems that quite a few are not covered by Veterans Affairs pensions or assistance, and are living off the province and its programs. Do you have any idea how many people that might be?

SUSAN RIORDON: I deal, at present, with approximately 200 Persian Gulf veterans within Nova Scotia only. Veterans Affairs' last statement a few weeks ago was that just over 200 from the Persian Gulf Conflict, Canada-wide, were in receipt of a pension. We have got a long way to go in this province and we are carrying a very degrading and very heavy welfare bill for people who should not have to even apply for welfare.

MARY ANN MCGRATH: But this would also be a health care bill as well?

SUSAN RIORDON: Yes, it is the health care as well.

MARY ANN MCGRATH: Because if they are not recognized by Veterans Affairs, pensionably, then their medical bills are not also being covered?

SUSAN RIORDON: No, they are not. It comes under the province. You are bearing a very large financial burden to be a federal dumping ground for the ill and injured.

MARY ANN MCGRATH: Thank you, Mrs. Riordon. I will defer to my next colleague. I would like to make a couple of motions at the end, Mr. Chairman.

THE CHAIR: The honourable member for Shelburne.

CECIL O'DONNELL: I would just like to make a comment. First, I just want to thank Mrs. Riordon for her presentation today. I am sure it must have been very difficult and I congratulate you for your bravery for coming today.

SUSAN RIORDON: Thank you.

CECIL O'DONNELL: There is no question, government does owe its sick Gulf War veterans the help that they need and, also, I believe, major changes are needed to make it easier for the Gulf War veterans to get the compensation that they deserve. Again, I just want to thank you for coming in today.

SUSAN RIORDON: May I ask you a question, sir?

CECIL O'DONNELL: Sure.

SUSAN RIORDON: On behalf of veterans in your riding, why do they have to go to the Legion to meet the Veterans Affairs counsellor?

CECIL O'DONNELL: I can't answer that.

SUSAN RIORDON: Oh, neither could Veterans Affairs. I was hoping that maybe you could. Thank you very much anyway.

THE CHAIR: The honourable member for Kings North.

MARK PARENT: I think, like the others, Mrs. Riordon, it is difficult for us to entangle our personal feelings from the issues and that is certainly the case with myself, and feel a great deal of empathy for you and what you have gone through, and some measure of understanding of the battle of trying to find out the truth medically and how it affects one's own family. I have had a bit of that with the medical establishment. My wife didn't die because of anything to do with the military but there is this sense that instead of getting straightforward answers, you are always having to dig and dig and it gets awfully frustrating. I suspect that my colleague, the member for Halifax Bedford Basin, will be coming up with some motions that I'm sure we will all agree with and, hopefully, will be of some help.

I am not really sure what more I can ask you and want to say. I think the point that you have made is why can't our political systems people say, I'm sorry, we made a mistake - and sometimes that is all we are asking for - yet, there is this sort of presumption that that can't be done. I think that happens at all levels. It happens provincially, it happens federally, it happens at municipal levels and I think that is a very important point you have made.

I want to ask you a question about your comment on weapons production in Canada and depleted uranium. You didn't really say it but you intimated that part of the reason, perhaps, that we can't give honest answers is because of the threat to the weapons industry in Canada. Is there any linkage there? You seemed to intimate that but didn't really draw it out.

SUSAN RIORDON: We have made and sold weapons-grade depleted uranium, as has the United States, but we are talking so much big money in the suppliers for the Canadian Armed Forces. I mean, we are taking on big-money companies and government. It is a pretty heavy task.

MARK PARENT: Have you been able to find any linkage concretely, or has it been more a sense that this is out there and you are fighting this sort of establishment?

SUSAN RIORDON: Recently, I am getting more and more information. In fact, it was only three weeks ago that I found out Canada did sell weapons-grade depleted uranium to the United States, who used it as well as we used it, who sold it to Iraq who was fighting Iran and geez, guys, he is just not going to use those toys to fight back with us. Not that I have any love for Iraq - although I don't like to see the wee ones dying there of cancer - but when you stop and think of all the countries involved, 35 countries, 28 coalition countries and we are part of that and all of those political figures, one person told the truth, one person, Saddam Hussein, he said the war will go home with you. Why does he have to be the only one with the courage to tell the truth?

MARK PARENT: Do you know if we are still selling weapons with depleted uranium?

SUSAN RIORDON: When the results of Captain Riordon's body were released through the CBC Radio on February 7 and February 8, 2000, I believe it was February 9th that CBC followed through and reported that the weapons stored on Magazine Hill in Dartmouth, depleted uranium weapons, were returned to the United States border and they went with a nuclear chemical warfare team to supervise what we returned from Bedford Magazine. It did not say anything about Wainwright or anywhere else that the Canadian Forces stores weapons. So we didn't keep those and the government released that publicly. I was in the United States working with American Desert Storm veterans at that time. There was not one word of it in the United States but it was widely reported in Canada.

MARK PARENT: Another point you made, which I think is an excellent point, is that veterans need to help veterans. We have seen this with various self-help groups that have

sprung up and that have been very helpful to get together. I suppose one of the problems here is that the veterans are spread out across the province and to get together in support groups costs money for transportation. Is there some way perhaps we should be looking at - besides a 1-800 help line staffed by veterans - actually facilitating groups of veterans or veteran's families who have suffered, to be able to get together and share their experiences?

[10:30 a.m.]

SUSAN RIORDON: If we could supply a caregiver with two hours off, two hours of respite care and have that respite caregiver not only take care of the injured spouse and the children and start a group with a qualified psychologist, it would be a wonderful asset, the same as it would be for our Gulf children. And we can employ veterans within Veterans Affairs, as well. They would gladly like to have some quality in their lives.

MARK PARENT: One last question which really comes out of my personal background and I probably shouldn't ask it because I am not sure what answer you will give, but have the religious communities been of much support to you?

SUSAN RIORDON: Yes and no. There is a lot of support - I have just found out I am on the Internet - try www.googlesearch, it is quite interesting. The Christian Science Monitor has done a report; the Vatican, I understand is now looking at it. Yugoslavia reported on Captain Riordon's depleted uranium and the assistance it would give people in Yugoslavia from this research, so all of this is on the Internet. Personally I believe in God. I also believe that if God only gives us all we can handle, I would like this 1-800 number because I have just about had all I want to handle. The other fact is there has to be a higher power, maybe that will cause some accountability in the military, maybe it is their own conscience they have to live with.

MARK PARENT: Thank you very much.

SUSAN RIORDON: You're welcome.

THE CHAIR: The honourable member for Chester-St. Margaret's.

JOHN CHATAWAY: Mrs. Riordon, I was very impressed by the presentation you have given to this committee and I am sure we all are far more knowledgeable of the situation there and I would very much like to thank you for the great effort and very dramatic presentation. I certainly don't expect to know as much as maybe I should know about the Gulf War Syndrome, however, there are words being spoken all across Canada, the United States, Britain, et cetera, and I think you are one of the most dramatic people in Nova Scotia for getting information about this. I think we all appreciate the fact that you have really been the prime person to help the cause of the people who suffer from this. We are also aware that we should do more either as a province, I suppose, and certainly in the federal forces.

It seems amazing to me that when the Gulf War started and people went over there and did jobs, were on order, et cetera, none of them were ever told what to do with these Gulf War possibilities and things like that. I would think that any forces should surely be supporting those people. It is terribly unfortunate to hear of your husband, but also of the other people who are suffering. As a school teacher for 29 years, I do know exactly what children go through when things are not as happy or unwanted at home. I think we should all be sure that we do whatever we can for the children and of course, for the widows involved.

I am waiting for the motions that will be coming before this committee but I would think we may well ask the forces to make sure that the pensions, et cetera, are adequate so that those who live beyond their employees are well looked after and adequately looked after so that they can lead as normal a life as is possible for them. Thank you.

THE CHAIR: I know there are several motions, I believe, that will be coming. I will take them first from the member for Halifax Bedford Basin

MARY ANN MCGRATH: Mr. Chairman, I have three motions. The first is for a letter to the Minister of Veterans Affairs and I know that as a provincial body we don't seem to get a lot of attention from Veterans Affairs when we write to them about issues on behalf of our citizens but nevertheless, I think it is incumbent on us to try. I would make a motion that this committee send a strongly worded letter to the Minister of Veterans Affairs with a transcript of this meeting and related material attached, protesting the deplorable treatment of Canada's Gulf War veterans and their families and requesting him to implement the 25 suggestions for quality of life for Persian Gulf veterans and families. This letter and transcript should be sent to Opposition Party Veterans Affairs Critics as well. That is my first motion, Mr. Chairman.

THE CHAIR: I will cut you off there, we will do one motion at a time. You have all heard the motion, are you ready for the question? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

In all fairness, I believe other people have motions so I will go to Mr. MacKinnon.

RUSSELL MACKINNON: Mr. Chairman, my motion is quite simple, that this committee request the federal Minister of Veterans Affairs direct the appropriate military officials to appear before this committee in response to many of the concerns that have been raised by Mrs. Riordon. I am sure, Mr. Chairman, if we simply write the military, we pretty well know what the response coming back will be and certainly, there is no assurance the federal minister will be any different but at least we are addressing it through the appropriate protocol and process. Our invitation should go to the military but I believe a letter - in the form of my motion - should be sent to the minister (Interruption) Yes, to both the Minister of National Defence and the Minister of Veterans Affairs and Veterans Affairs personnel to

ensure the appropriate military personnel appear before this committee to respond to the issues raised by Mrs. Riordon today.

THE CHAIR: Members, you have all heard the motion. Are you ready for the question? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The honourable member for Sackville-Cobequid.

JOHN HOLM: Mr. Chairman, the last motion really took care of one of the things that I said earlier. I would also be interested in the study that you have from the United States. I would like a copy of that study - and I haven't read it yet, obviously - to be forwarded to the provincial Department of Health with the request that they try to identify the source - I am not talking about the person who provided it in the brown envelope - to try to authenticate or validate the study - if people understand what that motion is, it is not very well worded - to research the status and so on of that. I so move.

THE CHAIR: Are you ready for the question? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The honourable member for Halifax Bedford Basin.

MARY ANN MCGRATH: Mr. Chairman, the member for Sackville-Cobequid quite handily took care of my second motion, however, I have a third. I would like to preface this motion by saying that I raise it not to try to deflect Nova Scotia's responsibility to its citizens but to raise awareness of the federal government's negligence in this issue. I move that we request the Nova Scotia Government to set up a system to identify the costs incurred by our province in support of Persian Gulf veterans and present to Ottawa a bill for payment in this amount.

THE CHAIR: We have all heard the motion. Mr. MacKinnon.

RUSSELL MACKINNON: On that motion, Mr. Chairman, the motion is somewhat superfluous in the sense the government has the ability to go and do that right now, it has it within its mandate. The Department of Health officials can do that and that is why I raised the issue initially with Mrs. Riordon right from the start. We have the identified number of cases and I think mathematically it is just a question of departmental officials zeroing in on that. It is entirely up to the member but I think the mechanism and the wherewithal is there to do that without even bothering with a motion to petition her own government to do something, it would be rather superfluous.

MARY ANN MCGRATH: As I said, Mr. Chairman, the point is to raise the issue of the federal responsibility. If the federal government is not going to recognize or is negligent and dragging its feet in recognizing the illness of these people in service to their country and the Province of Nova Scotia is, in the meantime, picking up the tab, then in order to raise that awareness we make an issue of identifying this cost responsibility and pointing out to the federal government that this is their responsibility that they are negligent in.

SUSAN RIORDON: I don't know if I have the right to speak here but if I may make a suggestion. I will sign any documentation you would like to go to MSI and find out how much money was spent on Captain Terry Riordon from his release, when he was misdiagnosed, saw Jock Murray several times, Hugh MacDonald, Adam Sandler had a lot of trips up. I would allow you to use that dollar figure which I know is in the hundreds of thousands of dollars, as an example if you so like. I have learned that paper matters and dollars matter. They pay attention to what is on paper and they will pay attention to monetary figures. So if you would like to use Captain Riordon's MSI costs, which run in the hundreds of thousands of dollars, please do so.

THE CHAIR: The honourable member for Sackville-Cobequid.

JOHN HOLM: Mr. Chairman, I think I certainly understand the intention of the motion. What I am wondering, and I honestly have no idea, but I am wondering if the various departments involved - because it is not only the medical costs through MSI and so on - there are also the Community Services costs - although it may not be adequate and people may not have been trained to address particular issues but there are also the costs related to counselling services and so on for children in schools. There are all kinds of - as you talked about - collateral damage, there are all kinds of collateral costs.

I am just wondering if maybe what we shouldn't be doing is trying to ask the various departments, before we say to do it, ask if they even have a database or do they know how many Gulf Conflict veterans are in Nova Scotia or do they even have them identified as being in receipt of medical treatment in this province? Do they have it broken down in such a way that they could even give us any kind of information? Does Community Services have any way of breaking down how many veterans and/or families are in receipt of assistance and what kind? I am not sure, based on what I found out yesterday in the Public Accounts Committee, that they don't even have information and a means of tracking how much HST is supposedly being collected on furnace oil - I am not so sure our departments have the ability to . . .

THE CHAIR: Let's not get off track here.

JOHN HOLM: I guess the point I am trying to make is the databases are kept in certain ways and so the information may not be available. I appreciate the intent but maybe what we

should be doing is asking, do you have the means to pull this information together and if so, then will you provide it to this committee?

THE CHAIR: There are two members wanting to speak on this issue also. We are getting close to running out of time.

The honourable member for Kings North.

MARK PARENT: Mr. Chairman, I would like to speak on the motion. I understand the symbolic benefit of the motion but I share the concerns of the member for Sackville-Cobequid and particularly what you already said, Mrs. Riordon, we don't want to spend money that should be going for the treatment. I would worry that the cost of finding this out, if we want it symbolically, we might just take up your gesture and put in a bill on behalf of your husband, that would accomplish the symbolic value. I would be worried about spending too much money trying to find out something which we might not even be able to find out, that would deflect attention and money from where it should be put and that is my concern. I know that my colleague isn't wanting that either, she wants a very symbolic and high profile gesture which would say listen, live up to your responsibility. I am certainly in favour of that, I just want it to be done in a way that would be most effective.

SUSAN RIORDON: They should be able to put in Captain Joseph Terry Riordon and come up with an MSI figure very easily, very cost-effectively, which is why I offered to sign any legal document to give you access to that. That will be in the hundreds of thousands of dollars, just under MSI alone.

THE CHAIR: The honourable member for Chester-St. Margaret's.

JOHN CHATAWAY: Mr. Chairman, I appreciate the question from our witness, I think you have great knowledge of it. When you said your husband and others have been sent out of this province for medical care, et cetera, was this done because not as many doctors in Nova Scotia knew about that illness or was he sent out to misrepresent the facts to him and his kin?

SUSAN RIORDON: The case I brought before you of a Persian Gulf veteran for three years being sent out of province and paid by Veterans Affairs Halifax is one specific individual who was led to believe that he had to do what he was told. He had no diagnosis, no pension, yet Veterans Affairs, for 16 times that I know of, uprooted him and his family and they went because they were on welfare and the federal budget is \$45 a day for food. They could save money to get clothes washed.

JOHN CHATAWAY: This is one case you are talking about. Is it pretty well your assumption that it was always done that way in that regard?

SUSAN RIORDON: The option is there. This case was really pushed to go but there are other cases where Veterans Affairs in Halifax has offered to send them out of province to military care. They do not want military care.

THE CHAIR: The honourable member for Halifax Bedford Basin.

MARY ANN MCGRATH: Mr. Chairman, based on the comments, first I think we have to deal with the issue of how our health dollars and our social services dollars and our education dollars are being used to the best benefit of Nova Scotians. You quite clearly have raised this as an issue for Nova Scotians that we are being short-changed by Ottawa by them not following their responsibilities. The member's comments are correct. My attempt is to find a way to raise this issue with Ottawa without spending more money that we can't afford to spend.

I would move that, taking you up on your kind suggestion, we bill Ottawa for the medical expenses incurred on behalf of your husband that they should have paid for and did not and then perhaps in that way we validate the issue and open the door to further encourage Ottawa to pay its fair share of expenses incurred on behalf of defence of our country and peace in the world.

SUSAN RIORDON: That would be wonderful. I would be willing to sign any documentation you require.

THE CHAIR: You have all heard the motion.

The honourable member for Sackville-Cobequid.

JOHN HOLM: I just want to be clear on what it is we are voting. I think I understand it. You are suggesting that we accept Mrs. Riordon's offer and that we use her husband's medical expenses as a case in point and that a bill for those expenses, we are suggesting that the Department of Health send a bill for that amount to the federal government. Is that what you are saying?

MARY ANN MCGRATH: Sorry?

JOHN HOLM: You are suggesting that we accept the offer of Mrs. Riordon and that we use her husband's medical expenses that were incurred by the province as a result of his illness and that we send that bill to Ottawa.

MARY ANN MCGRATH: Yes.

THE CHAIR: The honourable member for Cape Breton West.

RUSSELL MACKINNON: I have no problem supporting the motion, but perhaps the honourable member may want to confer with the Minister of Health to find out if, in fact, this particular issue is already covered through the CHST agreement with the federal government. I am just raising it. She may want to confer with her own colleague on it. You see, I really don't know. If it is the point to make a symbolic gesture on behalf of Mrs. Riordon, I have no problem with that.

SUSAN RIORDON: On behalf of veterans and Nova Scotians, yes.

RUSSELL MACKINNON: I am sorry, yes, in the general sense.

SUSAN RIORDON: What MSI did pay, because they did misdiagnose him and hide the diagnosis, which hindered Nova Scotia doctors which overburdened the system here.

RUSSELL MACKINNON: Absolutely.

SUSAN RIORDON: So if he just took the MSI figures and I have IDOT errors all the time on my computer - the idiot errors and it is the operator - but I am sure a professional can whip that up very economically and give you a figure to use on paper.

JERRY PYE: Mr. Chairman, if I may.

THE CHAIR: Just before you do, we are getting close to our time allotment and the member for Cape Breton West has asked that we defer the motion and I would ask that the member for Halifax Bedford Basin speak on that, if she wants it deferred.

MARY ANN MCGRATH: To the next Veterans Affairs Committee meeting? I can live with that.

RUSSELL MACKINNON: Mr. Chairman, that doesn't preclude us from requesting the Department of Health to provide us with some detailed information on cost. It certainly would be helpful.

THE CHAIR: No, it certainly does not. Thank you.

The honourable member for Dartmouth North.

JERRY PYE: Mr. Chairman, that is my reason for supporting the deferral of this motion, is simply because I believe she ought to speak with the Minister of Health to find out just exactly what we should do with respect to billing the federal government in this particular way.

THE CHAIR: Yes. Maybe the member for Halifax Bedford Basin could speak personally to the Minister of Health and maybe report back to this committee.

JOHN HOLM: Maybe, if I could, Mr. Chairman, . . .

THE CHAIR: The honourable member for Sackville-Cobequid.

JOHN HOLM: I am just wondering if we should leave it all up to the member for Halifax Bedford Basin or if it shouldn't be the chairman, as directed by this committee, to send a letter to the Minister of Health and ask for a response prior to our next meeting. I think that that would be the more appropriate way rather than just leaving it up to an individual committee member.

THE CHAIR: The member for Halifax Bedford Basin through the chairman to seek the - thank you. Okay, it is now about 10:58 a.m. and that concludes our meeting. We have a meeting scheduled next month, March 2nd. However, we are going to have to see where it is going to be held. It was tentatively to be held in Debert and due to financial constraints there, I will be checking with the Speaker to see if we still have the monies allotted to go to Debert.

The honourable member for Sackville-Cobequid.

JOHN HOLM: Just before we conclude, I am wondering, Mr. Chairman, because we have passed a number of motions that are going to require some actions on behalf of the committee, are we, in any of these letters that are going off to Ottawa, going to indicate any time-frame? I am thinking for example of our request to have witnesses appear before us. We could find out that they respond to us in six months' time and then due to their schedules they could appear in another six months after that. I would like to see us, in the crafting of the letter - I am not putting this in the form of a motion, but respectfully request - that we would like a response within 30 days or so. I think that would be reasonable and ask that the meetings could also be scheduled before the end of the spring.

THE CHAIR: Yes, I don't see any problem with that. We will address that in our letter.

Mrs. Riordon, thank you very much for attending today. It was very informative. You certainly had a moving presentation. I know that the press will be outside waiting for you. On behalf of the Standing Committee on Veterans Affairs, I thank you very much for attending.

SUSAN RIORDON: Thank you very much. If the Prime Minister of Canada can send a guard to me in the gallery in the House of Commons and respectfully request I leave the House by 2:00 p.m. or he goes down the back stairs, you should be able to request respectfully that they reply within a certain time-frame.

THE CHAIR: The meeting is now adjourned.

[The committee adjourned at 11:00 a.m.]