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Inquiry into the exposure of New Zealand defence personnel to Agent Orange and other defoliant chemicals during the Vietnam War and any health effects of that exposure, and transcripts of evidence

Report of the Health Committee

Forty-seventh Parliament
(Steve Chadwick, Chairperson)
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Inquiry into the exposure of New Zealand defence personnel to Agent Orange and other defoliant chemicals during the Vietnam War and any health effects of that exposure

Summary of recommendations

Following its inquiry, the Health Committee makes the following recommendations to the Government:

- that it accept that New Zealand's Vietnam veterans were exposed to a toxic environment (page 20)
- that it publicly acknowledge that successive governments have failed to recognise that Vietnam veterans were exposed to a toxic environment during their service (page 20)
- that it ensure a lead Government agency maintains an overview of the commissioning of research by Government departments when that research covers multiple policy areas, to ensure there are clear and specific terms of reference for such research (page 28)
- that Veterans Affairs New Zealand develop an information package that clearly advises Vietnam veterans about their entitlement to pensions and other services, and how to access these (page 38)
- that Veterans Affairs New Zealand be responsible for a campaign to inform health professionals about the specific health needs of Vietnam veterans, based on the presumption that Vietnam veterans were exposed to a toxic environment (page 38)
- that Veterans Affairs New Zealand compile a list of health professionals who are conversant with the specific health needs of New Zealand Vietnam veterans and provide this list to all New Zealand Vietnam veterans (page 38)
- that it establish a fund to support New Zealand-based scrutiny, analysis, surveillance, and monitoring of international research literature on health outcomes, including intergenerational effects, resulting from dioxin exposure (page 39)
- that it ensure Veterans Affairs New Zealand monitors the list of diseases and conditions that may have been caused by herbicide exposure during the Vietnam War and updates and extends it whenever international research indicates this is appropriate (page 39)
- that it ensure all children of New Zealand Vietnam veterans are entitled to reimbursement of additional costs associated with medical treatment for any condition listed as being related to dioxin exposure, and that any future needs are met should that list expand (page 39)

1 Introduction

The New Zealand Government has commissioned two reports into the health effects of war service on Vietnam veterans and their children. Cabinet set the terms of reference for the *Inquiry into the Health Status of Children of Vietnam and Operation Grapple Veterans* (known as the "Reeves report") in July 1998, and the report was completed in June 1999.[1] A second report was commissioned by Veterans Affairs New Zealand. Researchers at the Wellington School of Medicine and Health Sciences, University of Otago, were contracted to conduct a study on the health needs of the children of Operation Grapple and Vietnam veterans.[2] This study was completed in August 2001 and has become known as the "McLeod report".

In April 2003 new evidence came to light that had not been considered by previous reports on the health outcomes for New Zealand Vietnam veterans. The new evidence included a map provided by the former commander of 161 Battery Royal New Zealand Artillery in Vietnam, Colonel John Masters. The map was given to him by the United States Defense Force in Vietnam and identifies areas of chemical defoliation, including the Nui Dat area, in Phuoc Tuy Province, where New Zealand defence personnel were based.

This new evidence sparked public interest because it conflicts with the McLeod report, which stated that aerial spraying of chemical defoliants had not occurred in Phuoc Tuy Province.

We considered that in order to resolve the issues relating to dioxin exposure for the benefit of Vietnam veterans, their families, and the New Zealand public, it was necessary to conduct an inquiry into the exposure of New Zealand defence personnel to Agent Orange and other defoliant chemicals.

Terms of reference

We established the following terms of reference for our inquiry:

- identify and examine evidence that New Zealand defence personnel were exposed to Agent Orange and other defoliant chemicals during the Vietnam War, including new evidence that New Zealand defence personnel served in an area identified as defoliated by the United States Defense Force
- evaluate the McLeod report to the Office of Veterans Affairs and the report of the Ministerial Advisory Committee inquiry into the health status of children of Vietnam and Operation Grapple veterans with respect to New Zealand defence personnel in Vietnam and their families

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1 Advisory Committee on the Health of Veterans' Children, Reeves, Sir P, Faulkner, M, Birks, A, Feek, C, and Helm, P, *Inquiry into the Health Status of Children of Vietnam and Operation Grapple Veterans,* Wellington New Zealand, Department of the Prime Minister and Cabinet, 1999.

2 McLeod, D, Cormack, D, Kake, T, *The Health Needs of the Children of Operation Grapple and Vietnam Veterans: A Critical Appraisal Undertaken for Veterans' Affairs New Zealand Defence Force,* General Practice Department Report No. 4, August 2001.

- assess the health risks to defence personnel in Vietnam and the exposure effects on families identified in relevant international studies
- assess the current levels of health services for New Zealand veterans and their families who have been identified as exposed to Agent Orange or other defoliant chemicals during the Vietnam War and whether further health services are required.

Conduct of the inquiry

Initially we sought submissions from groups representing Vietnam veterans, including the Royal New Zealand Returned Services Association, the Vietnam Veterans Association of New Zealand, the Ex-Vietnam Services Association Youth Development Trust, the Ex-Vietnam Services Association, and RIMPAC Association of New Zealand. We also sought submissions from relevant Government departments, including the Ministry of Defence, the Ministry of Health, the Ministry of Social Development, and Veterans Affairs New Zealand. Following public demand, we widened our call to include public submissions.

We heard evidence from November 2003 through to May 2004. We received both oral and written submissions from a variety of submitters, including Vietnam veterans, family members of veterans, health providers, and members of the New Zealand Defence Force.

We also received evidence from submitters relating to issues that fell outside the terms of reference for this inquiry. We note, however, that the principles of our findings in this inquiry could also be applied to these issues.

Structure of the report

This report follows the lines of inquiry suggested by our terms of reference. First, we outline the historical context of the Vietnam War, New Zealand's involvement in the war, and the experiences of New Zealand defence personnel. Then we outline the background to the use of chemical defoliants by the United States Defense Force.

The report then addresses the first term of reference, outlining the evidence we received on the chemical exposure of veterans during their service in Vietnam. An evaluation of the McLeod report and the Reeves report follows, with a subsequent assessment of the health risks for defence personnel in Vietnam and their families that have been identified in relevant international studies. Finally, we outline the current levels of health services for New Zealand veterans and their families.

Natural justice responses

During the hearing of evidence for this inquiry, allegations were made against two individuals. In such circumstances, we are required to provide an opportunity for individuals to make natural justice responses under Standing Order 238(1). This Standing Order states that any person whose reputation may be seriously damaged by an allegation made during a select committee meeting will be given a reasonable opportunity to respond to the allegation by written submission and appearance before the committee.

To allow these individuals an opportunity to respond to the allegations we received natural justice responses from Jessie Gunn, Veterans Affairs New Zealand, and Dr Deborah McLeod from the Wellington School of Medicine and Health Sciences, University of Otago.

Standing Order 245 states that if a select committee report makes findings that may seriously damage a person's reputation the affected person must be acquainted with any such findings and afforded a reasonable opportunity to respond. In accordance with this standing order, we sought a further natural justice response from Dr Deborah McLeod on the section of this report that considers the McLeod report. This is attached as Appendix D.

Transcripts of hearings of evidence

In order to provide an accurate record of evidence to this inquiry, we arranged for transcripts to be made of all evidence. Transcripts of the submissions made during the hearing of evidence are attached to this report as Appendix E to Appendix L. Regrettably, because of technical difficulties, Jessie Gunn's natural justice response was not recorded and therefore a transcript is not available. A transcript of Dr McLeod's first response is attached as Appendix I.

Submitters had an opportunity to correct their transcripts. This allowed the veterans a further opportunity to ensure their thoughts were accurately represented in the transcript.

Specialist adviser

To assist with the inquiry, we engaged the services of a specialist adviser, Professor Peter J Smith, Dean of Medical and Health Sciences at the University of Auckland. Professor Smith has expertise in cancer medicine and research and, while not a Vietnam veteran, was a Wing Commander in the Royal Australian Air Force reserve. He is currently the Chair, Scientific Advisory Committee, Third Vietnam Veterans Mortality and Cancer Incidence in Vietnam Veterans Study, Department of Veterans Affairs, Australia.

Acknowledgement

We sincerely appreciate the time and effort required by submitters who presented both oral and written evidence to our inquiry. We understand the personal nature of many submitters' evidence and the courage needed to speak about these matters in public.

While we accept that this inquiry cannot rectify past wrongs, we acknowledge the strong feelings of veterans and their children and hope this inquiry can, in some way, resolve many issues for them.

Terminology used in this report

To assist readers, we have included a list of terminology used in this report.

Agent Orange	An oil-based herbicide, which is a systemic defoliant effective against broadleaf vegetation, achieving maximum effect in 4 to 6 weeks, with a duration of approximately 12 months.
Agent White	A water-based herbicide, which is a systemic defoliant effective against broadleaf vegetation, achieving maximum effect in 6 to 8 weeks, with a duration of approximately 12 months.
Agent Blue	A water-based herbicide, which is non-systemic desiccant, used primarily against grasses, taking effect in 24 to 48 hours and killing the leaves in 2 to 4 days.
2,4-D	2,4 dichlorophenoxyacetic acid (a component of Agent Orange)
2,4,5-T	2,4,5 trichlorophenoxyacetic acid (a component of Agent Orange)
TCDD	2,3,7,8 tetrachlorodibenzodioxin

2 The Vietnam War and herbicide use

Before considering matters raised by this inquiry, we wish to provide an outline of the historical context of the Vietnam War, New Zealand's involvement in the war, and the experiences of defence personnel. We also outline why and how herbicides were used during the Vietnam War.

New Zealand's role in Vietnam

New Zealand Defence Force personnel were based in Vietnam from June 1964 to December 1972. Initially, 22 Army engineers were stationed in Vietnam in 1964, engaged in non-combatant reconstruction projects until July 1965. In May 1965 the New Zealand Government agreed to deploy a four-gun field artillery battery of approximately 120 men.

New Zealand's combat involvement began when 161 Battery, Royal Regiment of New Zealand Artillery arrived in South Vietnam in July 1965. The battery was based at Bien Hoa Province, provided support to the American 173rd Airborne Brigade, and was involved in 28 operations, mainly in Bien Hoa Province.

In June 1966, 161 Battery was reassigned to the 1st Australian Task Force, which was established at Nui Dat, Phuoc Tuy Province. The New Zealand Government expanded its commitment by deploying V Company in May 1967, and W Company in December 1967.

Other small units and groups of defence personnel were deployed during the Vietnam War, including the New Zealand Services Medical Team, a New Zealand Special Air Services Troop, and members of the Royal New Zealand Navy and Royal New Zealand Air Force.

The last of the New Zealand combat elements were withdrawn from South Vietnam in December 1971 and the two training teams, along with the New Zealand Headquarters in Saigon, were withdrawn in December 1972.

Map 1 depicts the area in Vietnam where New Zealand troops were deployed.

Map 1: South Vietnam 1965–1972: area of operation

Experiences of New Zealand defence personnel

We note the evidence presented to us from veterans outlining the unfortunate circumstances under which they returned to New Zealand after the war. Several submitters said they felt like they were smuggled back into the country, late at night, with no public recognition of their service for their country.

> … when I arrived in New Zealand, I arrived in Wellington at 2 o'clock in the morning. We were shifted over to where the aero clubs are based now, at Rongotai airport, the customs were there to meet us. Also, we had anti-Vietnam people waiting at the old terminal.[3]

> We returned by stealth, in the middle of the night … I arrived with instructions not to wear my uniform, basically to hide my head in shame.[4]

> I did my Anzac parades for a while at Palmerston North and that was scary, because being a university town women would walk past in black pyjamas and they would have these signs, especially as we were laying the wreaths, that New Zealand soldiers are

3 Robinson, John (a Rifleman during his service in Vietnam), 26 November 2003, transcripts, p. 153.

4 Chester, Wayne (a Private during his service in Vietnam), 25 November 2003, transcripts, p. 67.

> rapists and murderers of women and children. That really hurt. That was the 70s culture. That was the culture of the time, and we had to bear it, that's all.[5]

Many felt they were ostracised by successive Governments through a lack of recognition of service, and denial of chemical exposure. Veterans also noted a feeling of public hostility toward them. We note that the perception of being denied proper treatment by both the public and successive Governments has created a sense of hostility in some Vietnam veterans.

Implications of herbicide use for military purposes during the Vietnam War

During the Vietnam War (1961–1971), herbicides were widely used for defoliation and crop destruction by the United States Defense Force. These went under the code names of Agent Purple, Agent Blue, Agent Pink, Agent Green, Agent Orange, and Agent White.[6] The main herbicides used were Agent Orange, Agent White, and Agent Blue, which were named after the colour of the containers they were stored in.

Agent Orange and Agent White were systemic defoliants that were effective against woody and broadleaf plants. Agent Orange was composed of two herbicides: 2,4-D and 2,4,5-T. The 2,4,5-T component was contaminated by dioxin, in particular TCDD. Agent Blue, a formulation of cacodylic acid, was a non-systemic desiccant used against grasses, bamboo, rice, and other crops intended for the enemy. These defoliants typically took from about 1 to 2 months to achieve maximum effectiveness.

The United States Defense Force sprayed more than 76 million litres of herbicides over Vietnam in its spraying programme.[7] The United States Air Force operations, code-named Operation Ranch Hand, dispersed more than 95 percent of all herbicide used in the programme.[8]

International controversy has surrounded the use of herbicides during the Vietnam War. This controversy is twofold: the extent and amount of chemicals used, and the subsequent health effects of exposure to these defoliants.

We note that questions were raised during the hearing of evidence about whether herbicide manufacturers knew that Agent Orange contained dioxin and whether the manufacturers knew of subsequent health effects.

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5 Nicol, Gavin (a Private during his service in Vietnam), 26 November 2003, transcripts, p. 185.

6 Definitions of the most commonly used herbicides can be found on page 9.

7 Stellman, J, Stellman, S, Christian, R, et al., "The extent and patterns of usage of Agent Orange and other herbicides in Vietnam", *Nature*, Vol 422, 2003, pp. 681-687.

8 Stellman, J, Stellman, S, Christian, R, et al., "The extent and patterns of usage of Agent Orange and other herbicides in Vietnam", *Nature*, Vol 422, 2003, pp. 681-687.

Agent Orange product liability litigation

In 1984, a class action lawsuit commenced, charging the Government of the United States of America and a major portion of the chemical industry with deaths and injuries to tens of thousands of Vietnam veterans who came in contact with herbicides used in the war. A US$180 million settlement was reached for Vietnam veterans and their families.[9]

This settlement was reached in view of several factors, including the difficulty in establishing a case against any one or more of the defendant chemical companies and the uncertainties associated with a trial.

9 In re *"Agent Orange"* Product Liability Litigation, M.D.L. NQ. 381.

3 Evidence of exposure to defoliant chemicals during Vietnam service

In order to provide a framework for the remainder of consideration in this report, we first need to identify and examine the evidence that New Zealand defence personnel were exposed to defoliant chemicals during the Vietnam War. In this part, we examine the evidence that New Zealand defence personnel served in an area identified as being defoliated by the United States Defense Force.

During the hearing of evidence we noted submitter concerns about historical statements claiming that exposure to defoliant chemicals did not occur. These statements contradict the experience of many of the veterans who, as we discuss below, witnessed spraying and were directly sprayed.

We received and heard consistent evidence that outlined observations of contamination of the landscape and food chain by chemical defoliants, and accounts of veterans being directly sprayed.

One submitter, whose battalion was sited in a rubber plantation, noted that within weeks of aerial spraying, the rubber plantations were stripped of leaves. Veterans also told us that they walked around the area at the time of spraying and degeneration of vegetation. We were provided with photographs that depict the rubber plantations before, and after, defoliation. The following photographs show New Zealand defence personnel after deployment in an area depicted on maps as a rubber plantation, although no rubber plants can be seen.[10]

Evidence of veterans

Most of those submitters who were Vietnam veterans recalled seeing aerial spraying of the jungle areas in Phuoc Tuy Province. Some veterans recalled instances of being directly sprayed by chemical defoliants.

> I personally witnessed our Battalion area being sprayed twice by American C123 aircraft. These aircraft would fly in a close formation about 200 feet above our area. A visible spray was observed being discharged from the aircraft. I was caught in the open on both those occasions. We just carried on with our duties. No warning or notice of spraying was given, nor were instructions given on precautions to be taken in the event of being sprayed.[11]

10 Photographs provided by Barry Dreyer (a Lieutenant during his service in Vietnam).

11 Booth, John (a Major during his service in Vietnam), 25 November 2003, transcripts, p. 53.

… I can remember being sprayed twice. I can specifically remember, in a place called the Long Green in Phuoc Tuy Province, a fixed-wing vehicle flying over, on the margins of the jungle, and spraying us.[12]

Photograph 1: Operation Ingham 18 November 1966 to 3 December 1966—Setting up command post after deployment

Photograph 2: Operation Ingham 18 November 1966 to 3 December 1966—Another view

12 Chester, Wayne (a Private during his service in Vietnam), 25 November 2003, transcripts, p. 62.

Other submitters noted their recollections of herbicide spraying:

> From my own experience in Vietnam and recollections of the few times when we were sprayed by passing aircraft, I can recall no stenching agent but the smell of what I thought at the time to be aircraft fuel, which has the aroma of strong kerosene.[13]

> I recall—though with very little of the detail—on one occasion at least, seeing these two Hercules aircraft fly low over us, spraying something. From the ground, we looked up and saw them, and thought very little of it, I think. If we had thought about it, we would perhaps have said that it must be safe, because our Government and other Governments were allowing it to happen. The only thing I might have noticed was that we used to put our hands over the top of our billy—if we had a billy and we were drinking at the time—because it left a little bit of an oily kind of colourful screen on the top of the drink you were having.[14]

Submitters also told us that ground spraying was common around the base camp:

> Spraying from ground vehicles in and around the base was also quite common, using a herbicide to control weeds in the base area to keep fields of fire clear on approaches to the base perimeter.[15]

> There was quite heavy jungle through the place, and they sprayed this track, which went from one place to another—I don't think we walked the whole distance, but nothing grows there, nothing; it's like the table cloth, dust in the summer and mud in the winter—and also other small villages around the area. We used to like it when they sprayed us, actually, because it kept us cool, and they told us it was to kill the mosquitoes.[16]

> We were told the spray was dangerous and we would get another set of greens and boots when we finished the job, and we would also get an extra two cans of beer a night because it was dangerous … The sprayer didn't work well. Spray splashed out and got all over our backs. The 2ic has since confirmed it was Agent Orange that we were using.[17]

We note that veterans were not given any protection against the chemicals, as that was not common practice at the time.

> I can remember the magazine *Stars and Stripes* had a full-page article—I have actually tried to find it—and it had an American serviceman beside a great big black drum … It [the article] said: "This is how safe it is." What they were trying to do is reassure everybody, and he was drinking out of this glass. I betcha he ain't around now.[18]

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13 Moller, John (a Major during his service in Vietnam), 25 November 2003, transcripts, p. 69.

14 Turner, Ron (a Second Lieutenant during his service in Vietnam), 26 November 2003, transcripts, p. 143.

15 Booth, John (a Major during his service in Vietnam), 25 November 2003, transcripts, p. 54.

16 McCoid, Leslie (a Private during his service in Vietnam), 25 November 2003, transcripts, p. 111.

17 Nicol, Gavin (a Private during his service in Vietnam), 26 November 2003, transcripts, p. 179.

18 Chester, Wayne (a Private during his service in Vietnam), 25 November 2003, transcripts, pp. 64-65.

We note that there were different perceptions of what the aerial spraying was attempting to achieve.

> I can remember the smell. I can remember the disquiet amongst the troops … We were unhappy about it … We were concerned … I think about 2 weeks later we were told that they were spraying for the anopheles mosquito. Where that came from, I don't know.[19]

> We accepted the reasons for it as being anti-malaria. It was better than taking pills, that is for sure. They tasted disgusting.[20]

Maps

Three submitters, including the New Zealand Defence Force, provided us with maps of New Zealand defence personnel operations in Vietnam. These maps indicate the presence of defence personnel in areas defoliated by the United States Defense Force. The map provided to us by Colonel John Masters was given to him by the United States Defense Force in Vietnam and identifies areas of chemical defoliation. These areas include the area Nui Dat, in Phuoc Tuy Province, where New Zealand defence personnel were based.

We requested a further map from the New Zealand Defence Force that depicted the herbicide spray paths, all recorded New Zealand Defence Force operations, and also incidents where New Zealand forces had been located in areas after spraying. This map is reproduced on pages 18 and 19 as Map 2.

New Zealand Defence Force

The New Zealand Defence Force presented a comprehensive and detailed submission on the spraying of herbicide in Phuoc Tuy Province in the Republic of Vietnam. This analysis was conducted using information accessed from the New Zealand Defence Force archives. Despite the availability of this information, such an analysis was not undertaken until we requested it as part of this inquiry.

The submission identifies 350 occasions when New Zealand defence personnel were exposed to aerially delivered herbicide: Agent Orange, Agent White, or Agent Blue. The exposure was either by direct contact when the herbicide was aerially sprayed, or through environmental contamination. We note that all contact with the herbicides occurred when New Zealand defence personnel operated in locations that had been sprayed within 12 months prior to operation in that area.

Shortly after we announced our inquiry, the first public acknowledgement by a New Zealand government that New Zealand defence personnel were likely to have been exposed to defoliant chemicals during the Vietnam War was made. The Hon Mark Burton, Minister of Defence, stated that chemical defoliation took place in Phuoc Tuy Province and that New Zealand defence personnel were deployed in that province. This statement was made in the House in response to an oral question from Richard Worth about the use of chemical defoliants by allied forces in Phuoc Tuy Province.

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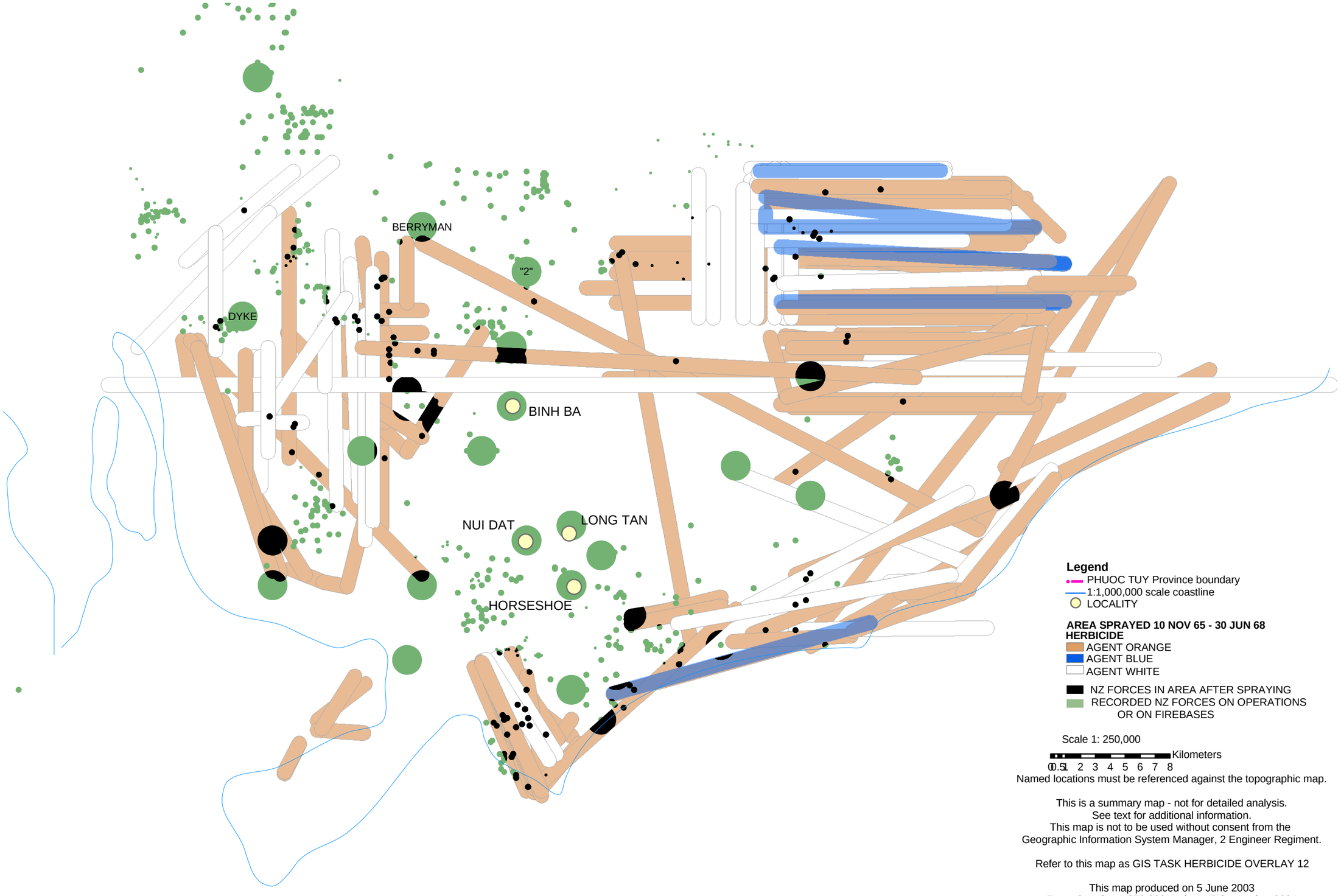
19 Chester, Wayne (a Private during his service in Vietnam), 25 November 2003, transcripts, p. 62.

20 Robinson, John (a Rifleman during his service in Vietnam), 26 November 2003, transcripts, p. 151.

ALL HERBICIDES SPRAYED IN PHUOC TUY PROVINCE 10 NOV 65 - 30 JUN 68



Legend

PHUOC TUY Province boundary
1:1,000,000 scale coastline
LOCALITY

AREA SPRAYED 10 NOV 65 - 30 JUN 68
HERBICIDE
AGENT ORANGE
AGENT BLUE
AGENT WHITE

NZ FORCES IN AREA AFTER SPRAYING
RECORDED NZ FORCES ON OPERATIONS OR ON FIREBASES

Scale 1: 250,000

0 0.5 1 2 3 4 5 6 7 8 Kilometers

Named locations must be referenced against the topographic map.

This is a summary map - not for detailed analysis.
See text for additional information.
This map is not to be used without consent from the
Geographic Information System Manager, 2 Engineer Regiment.

Refer to this map as GIS TASK HERBICIDE OVERLAY 12

This map produced on 5 June 2003
Reproduced at 1:250,000 scale on 5 September 2004

Committee conclusion

Evidence received by us demonstrates, beyond doubt, that New Zealand defence personnel were exposed to Agent Orange and other herbicides during their service in Vietnam. We consider that the photographic evidence and the map documentation confirm that New Zealand defence personnel served in defoliated areas.

We note the evidence of direct exposure provided by many submitters to our inquiry who witnessed aerial and ground herbicide spraying during their service in Vietnam. We note indirect exposure through residue remaining in the soil or entering water sources or the food chain is inevitable given that 76 million litres of herbicides were sprayed in Vietnam.[21] Submitters told us of their living conditions during the war: they wore the same clothing day after day, inhaled dust particles, and slept and worked in defoliated areas.

In line with the Australian and the United States Governments, we accept that service in Vietnam is evidence of likely exposure to defoliants and other, possibly toxic, chemicals. We recognise the length of time it has taken to publicly acknowledge Vietnam veterans' exposure to a toxic environment, and the frustration this has caused for veterans and their families. To satisfy these concerns, and in an attempt to finally resolve this issue, we make the following recommendations to the Government.

Recommendations

1 We recommend to the Government that it accept that New Zealand's Vietnam veterans were exposed to a toxic environment.

2 We recommend to the Government that it publicly acknowledge that successive governments have failed to recognise that Vietnam veterans were exposed to a toxic environment during their service.

21 Stellman, J, Stellman, S, Christian, R, et al., "The extent and patterns of usage of Agent Orange and other herbicides in Vietnam", *Nature*, Vol 422, 2003, pp. 681-687.

4 Evaluation of the Reeves report and the McLeod report

In undertaking this inquiry, we considered it vital to assess how well the McLeod and Reeves reports had addressed the issue of exposure of Vietnam veterans to defoliant chemicals, and the subsequent effects of such exposure. In evaluating the two reports, we have been guided by the advice provided to us by our specialist adviser, Professor Peter J Smith.

The Reeves report

Background to the Reeves report

The terms of reference for the inquiry into the health status of children of Vietnam and Operation Grapple veterans were set by the then Cabinet in July 1998.[22] The Reeves report was completed in June 1999, when it was presented to the then Prime Minister, the Rt Hon Jenny Shipley.[23] We recognise that as the report is now 5 years old, it needs to be interpreted in the context of the information available at the time it was prepared.

The terms of reference are outlined on pages 3 and 4 of the report and are encapsulated in the statement on page 3. The terms of reference include the following:

- the advisory committee will undertake an inquiry into the health status of children of New Zealanders who served in Vietnam in an official capacity or who were involved in support for allied atmospheric nuclear testing in the Pacific
- the inquiry will be based on a survey of all service personnel and civilians who served in an official capacity in either of these operations
- in addition to the survey data, the advisory committee will draw on experience elsewhere and the findings of studies undertaken in other countries to scope the extent, if any, of the problem, and will recommend appropriate options for Government to consider to assist with medical and social care.

Inquiry process

Veterans made submissions before the advisory committee, giving them an opportunity to express their views and emphasise that neither their service nor the perceived problems with their children had been appropriately recognised.

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22 Operation Grapple was a United Kingdom tri-service exercise leading to the detonation of the first British hydrogen bomb on 15 May 1957. New Zealand naval personnel were involved in a series of nine atmospheric nuclear weapons tests carried out between 1957 and 1958 in the Christmas and Malden Islands.

23 Advisory Committee on the Health of Veterans' Children, Reeves, Sir P, Faulkner, M, Birks, A, Feek, C, and Helm, P, *Inquiry into the Health Status of Children of Vietnam and Operation Grapple Veterans,* Wellington New Zealand, Department of the Prime Minister and Cabinet, 1999.

This led the advisory committee to the view that as well as providing objective answers to the questions posed, there was also a need for it to address the veterans' legitimate perceptions and attitudes.

Problems with the Reeves report

Our adviser notes a number of problems with the Reeves report, some of which are acknowledged within the report itself:

- The report was prepared over a relatively short period of time and the advisory committee acknowledges that it did not have the time or resources to undertake its own research.
- There are inherent selection and recall biases in the survey methodology.
- The report contains the statements that New Zealand troops were not in defoliated areas at, or near, the time of defoliation, and that there is only one recorded occasion when troops might have been in or near an area being sprayed. We now know these statements are not true.

The report does acknowledge that New Zealand military personnel serving in Vietnam were likely to have been exposed to a generally toxic environment. The advisory committee does not seem to have considered the healthy worker/warrior effect, nor the implications of latency (as discussed on pages 26 to 27), in its findings.

In the report's conclusions, the advisory committee acknowledged the complexity and difficulty of this issue, which has serious emotional, social, and political dimensions. Our adviser notes that the continuing focus on attempting to establish a relationship between exposure to herbicides, service in Vietnam, and health outcomes in children is almost certainly doomed to failure, since some of the variables involved are not quantifiable today.

Reeves report recommendations

The report recommended that the Government adopt the epidemiological categories of "sufficient evidence of association" or "limited/suggestive evidence of association" as grounds for the provision of non-means-tested medical treatment and social care. The report acknowledged that one condition in the children of veterans, namely spina bifida, fell into the category of "limited/suggestive evidence of an association". The report went on to recommend the establishment of a programme of special assistance for the children of Vietnam veterans and that this be provided through the proposed Office of Veterans Affairs.

Committee comment

Our adviser notes that one of the particular strengths of the Reeves report was that it put the limited scientific evidence available at the time in an appropriate social, political, and legislative context in framing its recommendations. This is something that was lacking in the later McLeod report.

While we are disappointed that the Reeves report was based on limited information, we agree that framing the issues in an appropriate context is important. We consider that such an approach would be beneficial in future research on Vietnam veterans' health outcomes.

The McLeod report

Background to the McLeod report

In 2000 an invitation for registration of interest in research work was prepared by Veterans Affairs New Zealand and circulated to a group of organisations with potential interest. The Wellington School of Medicine and Health Sciences, University of Otago, was commissioned by Veterans Affairs New Zealand to undertake this research. Dr Deborah McLeod was the lead researcher on this project, and the subsequent report became known as the McLeod report. [24]

The McLeod report states its objectives to be:

- a comprehensive and critical review of all available international research on the health of Vietnam and nuclear test veterans' children
- consideration of that research within the New Zealand context
- identification of the range of health conditions, if any, for which there is an elevated risk for the children of veterans
- identification of the health-care needs of those identified conditions
- evaluation of the various models of care for the identified conditions.

Evaluation of the McLeod report

Our adviser undertook an evaluation of the McLeod report that was concerned only with the aspects of the report that dealt with Vietnam veterans and their children. We note that the terms of reference of the McLeod report did not require the authors to form an opinion as to whether or not New Zealand forces serving in Vietnam were exposed to particular chemical agents such as Agent Orange, nor did it require them to examine health outcomes for the veterans.

Dr McLeod stated in her initial natural justice response that questions posed by the research were not her or her colleagues' responsibility, but rather the responsibility of the policy makers that initiated the request for research.

McLeod on exposure of veterans to herbicides

The advice we received notes some fundamental problems with the report: the report makes an assessment of the exposure of New Zealand defence personnel that is outside its terms of reference; and the report produces findings that are at variance with the facts. To illustrate this latter point, our adviser notes that the executive summary states: "ANZAC forces generally served in Phuoc Tuy Province where there was no aerial spraying." This statement is not true. On page 42, the statements "there is only one recorded case where ANZAC troops were in an area where they could have been exposed to aerial spraying" and "70kg of Agent Orange was sprayed on Vietnam" (when the correct figure is actually in excess of 70 million litres) conflict with other information provided to the committee.

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24 Dr McLeod's response to this section of the report is attached as Appendix D.

The advice we received notes there is overwhelming evidence that New Zealand defence personnel were exposed to Agent Orange and other herbicides containing dioxin both directly and indirectly during the Vietnam War. Evidence of direct exposure was provided to us through:

- evidence from submitters, including exhibition of operational field maps from the Vietnam War
- information readily available from Australian and United States published sources and through the internet
- evidence derived from existing records submitted to us by the Ministry of Defence.

The evidence of indirect exposure comes from the knowledge that dioxin residues remain in the soil for decades and enter water sources and the food chain. This has been demonstrated in studies performed in the environment, on the food chain, and on Vietnamese people following the war.

It seems unsustainable to argue that New Zealand defence personnel were not also exposed to the same chemicals as Australian and United States forces, when New Zealand defence personnel in Vietnam served in or supported these units. Both the Australian and United States Governments accept that service in Vietnam is evidence of likely exposure to defoliants and other, possibly toxic, chemicals and that adverse health effects may be associated with such exposure.

We note that there might have been other toxic agents, such as pesticides, that may also have been responsible for adverse health effects.

Effect of errors in the McLeod report

The advice we received makes two significant comments about the effect of these errors of fact on the credibility of the report:

- The errors have discredited the report in the eyes of many readers.
- The errors appear to have biased the interpretation of the substantive data of the report. [25]

Our adviser notes other problems in the McLeod report relate to the lack of clear presentation and analysis of data, especially more recent data that suggests adverse outcomes in children of Vietnam veterans. Our adviser considers there is a bias in presentation and analysis towards concluding no adverse health outcomes for veterans.

Since the report does not identify any conditions for which there is elevated risk for the children of Vietnam veterans, the final two terms of reference of the McLeod report become moot and were, therefore, not discussed in the advice received by us.

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25 Examples of this are found in the executive summary (p. iii), "Interpretation of these data in a New Zealand context must take into account the very limited potential the New Zealand troops had for exposure to Agent Orange". See also statements on page 83 and 85 of the body of the report.

Literature review in the McLeod report

Our adviser makes several observations about the McLeod report's review of other literature. The authors of the McLeod report point out, correctly, that there are no scientific or epidemiological studies of health outcomes for New Zealand Vietnam veterans and, because of the small numbers of veterans, it is unlikely that such studies would have sufficient statistical power to be useful. Evidence, therefore, has to be extrapolated from studies done on larger groups of Australian and United States forces. New Zealand defence forces in Vietnam served with, and in support of, Australian and United States forces, and it is therefore not an unreasonable proposition that New Zealand defence forces would have been exposed to the same environment. We are concerned that the researchers do not appear to have considered larger studies of exposure effects, which is surprising considering that the numbers of New Zealand veterans are much smaller than for the Australian or United States defence forces.

Our adviser comments that the authors of the literature review should have reviewed and analysed all information available in the public domain until at least the end of 2000, since the report is dated August 2001. Our adviser notes that the review of other literature should have provided a basis for appropriate conclusions relevant to the New Zealand context.

Dr McLeod noted in her initial natural justice response that the research looked at published international evidence, which is primarily about United States personnel. Dr McLeod stated that, in her opinion, there was no convincing evidence in the international literature for adverse health effects resulting from defoliant spraying for children of Vietnam veterans.

Dated research and inadequate interpretation of research in the McLeod report

Our adviser notes that a number of the studies analysed in the McLeod report are old studies. The report identifies 11 studies that were directly related to children of Vietnam veterans. These are listed and analysed in some technical detail on pages 45–60 of the report. It should be noted that seven of these 11 publications were published in 1990 or earlier. Our adviser notes that the McLeod report undertakes a technical analysis of a number of these reports but devotes little space to analysing the reports' conclusions. For example, the Australian morbidity of Vietnam veterans study, 1999, clearly states three results relevant to veterans' children:[26]

- Spina bifida maxima and cleft lip/palate show significantly higher prevalence in veterans' children than in the general Australian community.
- Deaths due to accident and deaths due to illness show significantly higher prevalence in veterans' children than in the general Australian community.
- Suicides are three times more prevalent in veterans' children than in the general Australian community.

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26 Australian Institute of Health and Welfare, *Morbidity of Vietnam Veterans: a Study of the Health of Australia's Vietnam Veteran Community,* Vol. 3: Validation Study, Canberra, AIHW, 1999.

Our adviser notes several flaws in the McLeod report's interpretation of this Australian study that fundamentally alter the report's conclusions about the expected health outcomes for New Zealand veterans' children. These flaws include:

- A significant adverse result demonstrating a greater than expected incidence of spina bifida and cleft lip/palate in Vietnam veterans' children was not interpreted correctly.
- The McLeod report does not address the increased incidence of suicide in veterans' children, but instead undertakes an analysis of post traumatic stress disorder in Vietnam veterans. Since intervention to prevent suicide is possible, it would seem that identification of high risk for suicide in any population should trigger appropriate interventions.
- There is no analysis of the study of Kung et al. in the *American Journal of Industrial Medicine*, 2000, even though it is cited in the report's references. This study reports a significantly elevated risk of moderate to severe birth defects amongst United States female Vietnam veterans. While the number of New Zealand women who served in Vietnam was small, this finding is of importance to them and their children.

Evidence of association for disorders accepted in Australia and the United States

In both the Australian and United States jurisdictions, veterans' benefits are usually payable when there is either limited or suggestive evidence of an association, or sufficient evidence of an association, of a disorder with service in a particular theatre of war.

In terms of the children of Vietnam veterans the following are accepted:

- spina bifida
- cleft lip/palate
- adrenal gland cancer
- suicide
- birth defects in the children of female Vietnam veterans.

This list is not static as when new evidence emerges the list may expand or decrease accordingly. Although an initial analysis suggested a relationship between Vietnam service and leukaemia and non-Hodgkin's lymphoma in children of veterans, a revised supplementary report has downgraded this association.

Problems with research on dioxin exposure and health outcomes

We note comments made by our specialist adviser that studies of health outcomes in defence force personnel, particularly older studies, are complicated by two effects—the healthy worker/healthy warrior effect and latency. The healthy worker effect: those in the active workforce are generally fitter than those who are not. The healthy warrior effect: those who have joined the military undergo a second selection for active service so would technically be the fittest of the fit. The latency effect: an adverse health outcome may take

many years to become manifest, for example, mesothelioma following exposure to asbestos or, as stated by submitters to our inquiry, exposure to dioxin.[27]

Individuals who manifest heritable diseases would have been screened out during the process of recruitment into the defence force and deployment to Vietnam. This would reduce the expected number of veterans' children with heritable diseases. The latency effect is important in studying health outcomes for veterans, but may also be significant when studying the children of veterans. This is because there are examples of latency in second generation effects, such as vaginal cancer occurring in early adult life in the daughters of women treated with diethylstilbestrol during pregnancy. The significance of the latency effect might also be pronounced in people exposed to dioxin. Effects may not be evident immediately following exposure, but could emerge years or even decades later.

Summary

Our adviser notes that he considers there is an overall bias in the report towards a conclusion of no adverse health effects for Vietnam veterans. This view may have been coloured by the authors' view that New Zealand Vietnam veterans were not significantly exposed to defoliants. Where material has been cited or selected for incorporation in the report there is a tendency for this material to strengthen the case for a "no effect" outcome.

After viewing the additional evidence that was available at the time and during the hearing of submissions, we note our specialist advice states that, in summary, the McLeod report contains serious flaws and does not provide a sound basis for advice to the Government on formulation of policy relevant to children of New Zealand Vietnam veterans.

Committee comment

We agree with the evaluation of our specialist adviser. We consider that the McLeod report makes a fundamentally incorrect assumption by stating that New Zealand defence forces were not exposed to herbicides. We are concerned at the powerful impact this assumption has had. It has contributed to the flawed conclusions underpinning the McLeod report that support the finding of no adverse health outcomes for veterans' health. We consider that this assumption has negatively affected the credibility of the report and distressed veterans and their families. We are disappointed that the interpretation of the data is both selective and incomplete, and therefore biased in favour of the non-exposure assumption.

We are very concerned that the health researchers responsible for the McLeod report did not accurately represent other literature in the area of dioxin exposure and health effects or the latency effect. Particularly concerning to us is the comment by our specialist adviser that the report obscured findings of Australian studies, including the significance of an increase in suicide rates for children of Vietnam veterans. We consider that researchers have a general obligation to source all relevant information relating to a topic and, moreover, to make accurate and tenable interpretations of that information.

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27 Mesothelioma is a rare form of lung cancer.

Commissioning of research

We consider that the terms of reference set by the commissioning body, Veterans Affairs New Zealand, did not set an appropriate framework for the researchers to work from. We consider terms of reference should have been set with the purpose of achieving a helpful outcome either by contributing to the body of knowledge on international literature, or by assisting veterans in terms of the questions/answers it raised.

We note our adviser's comment that a better approach than that taken by previous New Zealand research on herbicide exposure during the Vietnam War is to acknowledge that Vietnam veterans were likely to have been exposed to a toxic environment and then to study health outcomes in them and their children. This has been the approach adopted by the Australian Government. We support this conclusion.

Recommendation

3 We recommend to the Government that it ensure a lead Government agency maintains an overview of the commissioning of research by Government departments when that research covers multiple policy areas, to ensure there are clear and specific terms of reference for such research.

Peer review by the Ministry of Health

We are very concerned at the standard of the peer review of the McLeod report undertaken by the Ministry of Health. We consider that peer reviewing should be a robust and thorough process, ensuring the highest standard of scientific rigour. While this is a fundamental expectation of all research, we consider it is particularly important when research may be used as a basis to guide Government policy.

We note comments made by Dr Pat Tuohy, who gave evidence for the Ministry of Health, that the ministry was satisfied with the peer review:

> … we reviewed the methodology—whether or not there were references that the Wellington School of Medicine had accumulated on the medical effects of it, and the way in which the analysis was done—and our view was that it was done appropriately.[28]

[28] Tuohy, Dr Pat, 3 December 2003, transcripts, p. 232.

5 International research on exposure to defoliant chemicals in Vietnam

During the course of this inquiry we have assessed the health risks to defence personnel in Vietnam and the exposure effects on families that have been identified in relevant international studies. International literature documents adverse health outcomes for Vietnam veterans and some adverse health outcomes for their children. The following section summarises some of the key research in this area.

Difficulties in research

A difficulty for epidemiological studies of Vietnam veterans has been the inability of researchers to separate, quantify, and extricate the association of herbicide from other wartime hazards in determining effects on the long-term health of veterans. Consequently, most studies of health outcomes on Australian and United States Vietnam veterans have assumed that all defence personnel in Vietnam were exposed to a toxic environment, including herbicides. Health outcomes are then analysed in terms of Vietnam service.

As noted in this report, there is some difficulty for researchers of health outcomes related to toxin exposure. We note that it is difficult to establish a definitive causal link between the health problems experienced by New Zealand Vietnam veterans and exposure to specific defoliant chemicals. We know that New Zealand Vietnam defence personnel were exposed to herbicides and served in the same potentially toxic environment as the Australian and United States forces. The number of New Zealand Vietnam veterans is too small to undertake epidemiological studies with sufficient power to produce conclusive results in relation to health outcomes. Thus the most sensible way is to extrapolate health results for New Zealand veterans and their families from studies of larger Australian and United States cohorts.

Research conducted on Australian veterans

A number of reports and published peer-reviewed papers on the health issues for Australian Vietnam veterans have been completed since 1982, and several of these are outlined below.

Australian Institute of Health and Welfare study 1984

The Australian Institute of Health and Welfare completed a study in 1984 on the health of Vietnam veterans and their families. The study compared the mortality of national service veterans who served in Vietnam with those who remained in Australia. The study found no significant increase in mortality among Vietnam veterans compared to non-veterans.

A factor that may have influenced this outcome is the healthy worker effect (as discussed on page 26). Military personnel are screened at recruitment and are generally fitter than the general population. The screening process rules out personnel with congenital abnormalities, mental disorders, and endocrine, nutritional, and metabolic diseases. Other research has demonstrated that the healthy worker effect may last for many years after service, and it is unclear what the magnitude of this effect is over time.

Studies since 1990

Australian studies since the mid 1990s have found a statistically significant increase in mortality (death) and morbidity among Vietnam veterans.[29] Overall mortality, mortality from neoplasms, circulatory diseases, and external disease is elevated when compared with similarly aged males in the Australian population.[30] Motor-neurone disease and chronic lymphatic leukaemia, already observed in Vietnam veterans, may increase significantly with continued observation.

Australian Vietnam veteran mortality study

The Vietnam veteran mortality study was completed in 1997. It found that mortality rates for male military personnel and individual service branches were significantly higher when compared with the male Australian population of the same age. This study examined military personnel by service branch—air force, army, and navy. Of the three service branches, navy veterans had the highest overall mortality and showed increases in neoplasms and prostate and lung cancers.[31]

Supplementary Vietnam veteran study

A supplementary study to the Vietnam veteran mortality study examined mortality among national service Vietnam veterans, national service veterans who remained in Australia, and non-veterans.[32] The analysis in this study eliminated the healthy-worker effect evident when comparing military personnel with the general population. This study made a comparison between the cohort of national service Vietnam veterans and the cohort of national service men who served in Australia, and found significant elevation in mortality was observed in the Vietnam veterans.

The study also made a comparison between national service veterans and the general Australian male population, and found that mortality from all causes was significantly higher in national service veterans.

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29 Morbidity is the prevalence of a particular disease within a specific locality/population.

30 A neoplasm is any abnormal growth of new tissue.

31 Crane, P, Barnard, D, Horsley, K, Adena, M, *Mortality of National Service Vietnam Veterans: the Veteran Cohort Study. A Report of the 1996 Retrospective Cohort Study of Australian Vietnam Veterans,* Department of Veterans Affairs, Canberra, 1997.

32 Crane, P, Barnard, D, Horsley, K, Adena, M, *Mortality of National Service Vietnam Veterans: the Veteran Cohort Study. A Report of the 1996 Retrospective Cohort Study of Australian Vietnam Veterans,* Department of Veterans Affairs, Canberra, 1997.

Morbidity of Vietnam veterans studies

A series of studies assessing morbidity of Australian Vietnam veterans began in 1996. A self-completed health questionnaire was distributed to both male and female veterans.[33] Comparisons with community norms, obtained from several other surveys, indicated that the health of Vietnam veterans and their families was worse than that of the Australian population.

A group of validation studies were also undertaken to assess reported rates of illness. The findings of these studies indicated:

- elevated rates of melanoma and prostate cancer[34]
- children of Vietnam veterans had a suicide rate three times the expected rate for the general population[35]
- elevated incidence of adrenal cancer and acute myeloid leukaemia in Vietnam veterans' children[36]
- non-Hodgkin's lymphoma higher than expected in veterans[37]
- possibility of elevated rate of motor-neurone disease.[38]

Research in progress

Currently the Australian Department of Veterans Affairs is conducting the "Third Vietnam Veterans Mortality Study and Cancer Incidence in Vietnam Veterans Study". As well as analysing overall mortality and cancer incidence, this study aims to analyse data on a ship-by-ship basis for navy and army small ships. This is the first time a cancer incidence study has been undertaken on Australian navy and air force Vietnam veterans.[39]

We will follow the results of this study with interest.

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33 Commonwealth Department of Veterans Affairs, *Morbidity of Vietnam Veterans: a Study of the Health of Australia's Vietnam Veteran Community, Vol 1: Male Vietnam Veterans Survey and Community Comparison Outcome,* Department of Veterans Affairs, Canberra, 1998.

Commonwealth Department of Veterans Affairs, *Morbidity of Vietnam Veterans: a Study of the Health of Australia's Vietnam Veteran Community, Vol 2: Female Vietnam Veterans,* Department of Veterans Affairs, Canberra, 1998.

34 Australian Institute of Health and Welfare, *Morbidity of Vietnam Veterans: a Study of the Health of Australia's Vietnam Veteran Community, Vol 3: Validation Study,* Australian Institute of Health and Welfare, Canberra, 1999.

35 Australian Institute of Health and Welfare, *Morbidity of Vietnam Veterans: Suicide in Vietnam Veteran's Children. Supplementary Report No 1,* Australian Institute of Health and Welfare, Canberra, 2000.

36 Australian Institute of Health and Welfare, *Morbidity of Vietnam Veterans: Adrenal Gland Cancer, Leukaemia and non-Hodgkin's Lymphoma, Supplementary Report No.2,* Australian Institute of Health and Welfare, Canberra, 2001.

37 Australian Institute of Health and Welfare, *Morbidity of Vietnam Veterans: Adrenal Gland Cancer, Leukaemia and non-Hodgkin's Lymphoma. Supplementary Report No.2,* Australian Institute of Health and Welfare, Canberra, 2001.

38 Australian Institute of Health and Welfare, *Morbidity of Vietnam Veterans: Multiple Sclerosis and Motor Neurone Disease in Vietnam Veterans. Supplementary Report No. 3,* Australian Institute of Health and Welfare, Canberra, 2001.

39 Australian Department of Veterans Affairs, "Vietnam veteran mortality study continues vital health research", media release, 28 August 2002.

Other overseas research

Overseas studies of the health effects of herbicide exposure on Vietnam veterans have found sufficient evidence of an association between exposure and chronic lymphocytic leukaemia, soft-tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, and chloracne.

Several American studies have investigated the effect of dioxin exposure among Air Force Operation Ranch Hand personnel, the United States Defense Force unit involved in spraying Agent Orange in Vietnam. Health assessments of Air Force Operation Ranch Hand personnel were conducted in 1982, 1985, 1987, 1992, and 1997. A final examination is due to be reported in 2005. The latest report (1997) showed a positive association between dioxin exposure and an elevated level of type 2 diabetes and cardiovascular abnormalities.

HERBS files

Exposure research in the United States has relied heavily on the HERBS files.[40] These are comprehensive files that detail the Air Force Operation Ranch Hand herbicide spray missions. These files, however, did not contain sufficiently coherent data to formulate exposure reconstruction.

While the error rate of these files was 10 percent, a group of researchers at Columbia University has greatly improved the accuracy of assessments by developing a geographic information system detailing exposure to herbicides in Vietnam.[41]

Research on American defence personnel

Analyses carried out show large numbers of United States Defense Force personnel would have been directly exposed to, or served in, recently sprayed areas in Vietnam.

The Institute of Medicine, in Washington DC, publishes a literature review called *Veterans and Agent Orange.*[42] It offers an extensive review of information on the health effects of dioxin exposure and Vietnam service.

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40 The HERBS files contain flight path coordinates of United States Air Force spraying missions carried out between August 1965 and December 1971. In 1985, the HERBS files were supplemented with the Services-HERBS files, which were derived from additional record searches.

41 Stellman, J, Stellman, S, Christian, R, et al., "The extent and patterns of usage of Agent Orange and other herbicides in Vietnam", *Nature*, Vol 422, 2003, pp. 681-687.

42 Institute of Medicine, *Veterans and Agent Orange: Update 2000,* Institute of Medicine, Division of Health Promotion and Disease Prevention, Washington DC, 2002.

In the 2002 update, the literature review outlined five diseases that were classified as having sufficient evidence of an association with herbicide exposure. These diseases are: chronic lymphocytic leukaemia, soft-tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, and chloracne. An additional seven diseases have limited or suggestive evidence of an association between herbicides and health outcomes. These diseases are: respiratory cancer, prostate cancer, multiple myeloma, acute and subacute transient peripheral neuropathy, porphyria cutanea tarda, type 2 diabetes, and, in children of veterans, spina bifida maxima.

6 Services for New Zealand Vietnam veterans

New Zealand war veterans are offered a range of services, including health care, and Vietnam veterans can receive additional entitlements. Veterans are entitled to various pensions under the War Pensions Act 1954. Pensions are payable, where disablement or death has occurred, to any member of the New Zealand Defence Force who has performed overseas service in connection with any war, or in connection with any engagement this country may be committed to.

We outline below the current levels of health services for New Zealand veterans and their families who have been identified as exposed to Agent Orange or other defoliant chemicals during the Vietnam War. We also examine the current Australian welfare system for veterans. Finally we discuss changes we consider important to enhance the delivery of services to New Zealand Vietnam veterans.

New Zealand health system

Before we examine the entitlements specifically available to veterans, we consider it helpful to outline the public health services available to the general New Zealand population. The Government funds health services in New Zealand, and eligible people may receive free inpatient and outpatient public hospital services, subsidies on prescriptions, and a range of community support services for people with disabilities. Eligible people include New Zealand citizens, New Zealand residents, people with New Zealand work permits, Australian residents in New Zealand, overseas students meeting certain criteria, and United Kingdom passport holders.

People that require frequent treatment or medication are entitled to subsidies through the high user health card and the pharmaceutical subsidy card. Subsidised primary health care is available to people through Primary Health Organisations (PHOs). PHOs:

- are not-for-profit organisations funded by district health boards to provide primary health care services for an enrolled population.
- are currently funded by two different formulae: access and interim.[43] Access-funded PHOs charge low patient fees, or provide free care, and patients do not need to use Community Services Cards.
- will eventually all be funded under the access formula.

We also note that since 1 July 2004, subsided health care is available to all patients aged 65 years or older who are registered with an interim-funded PHO.

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43 The access formula is applied to PHOs with enrolled populations of more than 50 percent Māori, Pacific people, and/or those living in high deprivation areas. The access formula specifically targets high health needs. The interim formula is for PHOs in areas with populations with lower health needs. PHOs funded under the interim formula continue to charge the same fees as were charged before the implementation of PHOs.

New Zealand war pension system

The New Zealand war pension system is administered across two agencies: Veterans Affairs New Zealand and War Pension Services (a unit of the Ministry of Social Development). Veterans Affairs New Zealand is responsible for policy advice on, and administration of, veterans' entitlements and benefits, the Rehabilitation Loan Scheme, and the provision of case management for the health needs of veterans. It was established in 1999 to provide a single point of contact for war veterans. War Pension Services is responsible for administering the decisions made by Veterans Affairs New Zealand.

A New Zealand veteran, from any war service, who makes a claim for a war disablement pension does not have to prove that his or her disability was caused by service. The veteran is awarded a pension if service cannot be ruled out as a contributing factor.

The New Zealand war pension system permits claims for a range of disabilities. The New Zealand war pension system is based on the principle that the impact of any environmental factor varies from individual to individual. It allows for a certain amount of flexibility, and a decision is based on the attribution or aggravation of the disability on a case-by-case basis. This means a veteran can make a claim for any disability. If service cannot be ruled out as a factor, a war pension will be awarded.

Claims application process

The New Zealand war pension process provides that:

- a veteran makes an application identifying the disability or disabilities being claimed for
- a general practitioner makes an assessment to establish whether the veteran has the claimed disability
- a war pensions claims panel assesses the claim
- if the pension is not awarded, the veteran has a right of review and appeal.

Assessment of claims

The core war pensions claims panel comprises a Veterans Affairs New Zealand employee (a registered nurse) and a veteran nominated by the Royal New Zealand Returned Services Association. This panel sits regionally, with the addition of a local veteran. A veteran is included on the claims panel so that the panel has the benefit of his or her experience.

Case management system

The case management system is a system of care, provided by Veterans Affairs New Zealand, for New Zealand veterans and their families. It is outside the war pension system. The case management system offers an interface between the veteran and other services in the broader health and social assistance framework that veterans or their families may require. Veterans' families, including the children of Vietnam and Operation Grapple veterans, are able to access services through the case management system.

The case management system accesses existing services within the social assistance framework because the population of New Zealand veterans is not large enough to warrant the introduction of a parallel framework.

The number of veterans accessing the case management system has steadily increased since the scheme's inception in 2002. Recent figures show that as of June 2004, 1,556 veterans, 99 veterans' families, and 44 children of Vietnam and Operation Grapple veterans were under the case management system.

Services for children of Vietnam veterans

Since April 2001, Veterans Affairs New Zealand has provided access to mental health care, counselling, and genetic counselling for the children and families of Vietnam and Operation Grapple veterans. Vietnam and Operation Grapple veterans' children who have spina bifida and/or cleft lip/palate also receive extra support. In November 2002, the list of conditions was extended to include adrenal gland cancer and acute myeloid leukaemia.

We also note that children of Vietnam veterans are entitled to access the case management system run by Veterans Affairs New Zealand.

Fund for children

We note that a fund was established for children of Vietnam veterans from the proceeds of the class action lawsuit against the Government of the United States of America and a major portion of the chemical industry in 1984. As discussed on page 13, the outcome of the lawsuit saw Vietnam veterans and their families receive a settlement of US$180 million.

We note that the New Zealand Agent Orange Trust Board was established in 1985 to manage and disburse money from this settlement. New Zealand received 2 percent of the amount set aside for Australia and New Zealand, based on the relative contribution of forces, totalling NZ$747,561. Money was granted to veterans and their families to cover debt repayment, legal, medical, and dental expenses, funeral costs, child and adult education, and assistance with accommodation and transport costs. The New Zealand Agent Orange Trust Board ceased accepting applications for assistance in December 1997.

We were interested to know if there were any residual funds left. We were told that the files from the New Zealand Agent Orange Trust Board have been embargoed until 2037. We also note Veterans Affairs New Zealand was not able to locate the final report from the New Zealand Agent Orange Trust Board.

Australian services for veterans

The Australian war pension system works on the basis of statements of principle. These statements specifically define and establish requisite factors to determine, on the basis of probability, whether the disability concerned is connected with the veteran's service.

An authority made up of noted medical specialists sets the statements of principle. The authority determines whether there is sound medical or scientific evidence that links particular kinds of injury, disease, or death with service.

The statements of principle provide a guide to the type of conditions that are common in veterans and how those conditions manifest in people. Some New Zealand veterans who make claims use these principles as a guide, and decision makers within the war pension system also use them as a tool.

Claims application process

The Australian war pension process provides that:

- a veteran makes an application and identifies the disability being claimed for, including a statement of why the veteran believes the condition is related to service, and provides details of employment history and details of any other damages or compensation payments received
- a medical practitioner provides a report and diagnosis for claimed disabilities
- a claims assessor reviews the application and makes a decision on the claim against the criteria in the statements of principle: if there is some contention about the claim, further examination or additional information may be requested
- a separate questionnaire is completed on smoking and drinking history
- if not awarded, the veteran has the right of review and appeal.

Entitlements for Australian Vietnam veterans

The Australian Government does not classify Vietnam veterans as "exposed" or "not exposed". It provides benefits to all Vietnam veterans or, in some cases, to veterans who served there for a minimum period of time (which is usually at least 30 days).

Service entitlements for Vietnam veterans include:

- counselling[44]
- free treatment for malignant neoplasia, tuberculosis, and post-traumatic stress disorder; this treatment includes hospitalisation, surgery, medication, and medical costs[45]
- a "gold card" that offers free full health care and is provided to veterans who have significant levels of medical, psychological, and social needs that can be linked to service in Vietnam and which prevent them from working.[46]

Services are available for veterans with a variety of diseases that may be due to exposure to herbicide used in Vietnam: lung cancer, prostate cancer, laryngeal cancer, non-Hodgkin's lymphoma, Hodgkin's disease, soft tissue sarcoma, porphyria cutanea, cholracne, multiple myeloma, type 2 diabetes mellitus, and all forms of leukaemia.

Services for children of Australian Vietnam veterans

We note that the Australian Department of Veterans Affairs provides treatment to the children of Vietnam veterans. One programme, the Sons and Daughters Program, aims to prevent suicide in the children of Vietnam veterans. There are other programmes that provide health care for a small number of conditions such as spina bifida and cleft lip/palate.

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44 Counselling is available to all veterans of Australian service and their families.

45 These services are provided to all veterans of Australian service who qualify.

46 These services are provided to all veterans of Australian service who qualify.

Committee comment

Eligibility for services

We are satisfied that Vietnam veterans are eligible to access adequate public health services and pensions and entitlements. We are concerned, however, that veterans may not be aware of all the entitlements available to them, or how to access these entitlements. We consider that Veterans Affairs New Zealand should undertake promotion activities to ensure the dissemination of information about entitlements for Vietnam veterans and their families.

Recommendation

4 We recommend to the Government that Veterans Affairs New Zealand develop an information package that clearly advises Vietnam veterans about their entitlement to pensions and other services, and how to access these.

Provision of services

We note that during the hearing of evidence Vietnam veterans were concerned about the lack of awareness amongst health professionals of specific health issues for Vietnam veterans. We consider that there should be a general presumption among health professionals that Vietnam veterans were exposed to a toxic environment, and veterans should be treated on that basis. Veterans Affairs New Zealand should take leadership by informing general practitioners and other health professionals about the specific health needs of Vietnam veterans. We also consider that a list should be kept of health professionals who are conversant with the specific issues and needs of Vietnam veterans. This would ensure veterans are consistently cared for by informed and understanding health professionals.

Recommendations

5 We recommend to the Government that Veterans Affairs New Zealand be responsible for a campaign to inform health professionals about the specific health needs of Vietnam veterans, based on the presumption that Vietnam veterans were exposed to a toxic environment.

6 We recommend to the Government that Veterans Affairs New Zealand compile a list of health professionals who are conversant with the specific health needs of New Zealand Vietnam veterans and provide this list to all New Zealand Vietnam veterans.

Providing for present and future generations

We consider there should be ongoing monitoring of scientific knowledge of health outcomes relating to dioxin exposure for the benefit of Vietnam veterans and their families. In view of the small population of New Zealand Vietnam veterans, we consider that links to the international research community need to be developed and maintained to ensure appropriate information is available to veterans, their families, and health professionals in New Zealand. We consider that a designated fund should be established for the surveillance and monitoring of any intergenerational effects of dioxin exposure that may emerge.

We also consider that as new information becomes available on health outcomes for veterans and their families, any New Zealand system needs to be flexible and robust enough to change the schedule of entitlements for veterans and their families accordingly. We consider that, in the case of children of Vietnam veterans, these entitlements should cover the costs associated with medical treatment, such as travel costs.

Some of us question whether the Ministry of Health should have been informed or taken leadership as evidence mounted on the issue of veterans' health and dioxin exposure in the 30 years since the Vietnam War.

Recommendations

7 We recommend to the Government that it establish a fund to support New Zealand-based scrutiny, analysis, surveillance, and monitoring of international research literature on health outcomes, including intergenerational effects, resulting from dioxin exposure.

8 We recommend to the Government that it ensure Veterans Affairs New Zealand monitors the list of diseases and conditions that may have been caused by herbicide exposure during the Vietnam War and updates and extends it whenever international research indicates this is appropriate.

9 We recommend to the Government that it ensure all children of New Zealand Vietnam veterans are entitled to reimbursement of additional costs associated with medical treatment for any condition listed as being related to dioxin exposure, and that any future needs are met should that list expand.

Conclusion

We accept that the length of time taken to acknowledge veterans' exposure to dioxin has increased the frustration and stress of veterans and their families as a result of the delay in addressing this issue. Now this problem has been recognised, we consider it imperative that Vietnam veterans' health needs, and those of their families, are catered for adequately.

We consider that, given the latency effect evident in health outcomes of people exposed to dioxin, there should be continued monitoring of this group. Furthermore, surveillance and monitoring of international research literature should take place to ensure any health outcomes for future generations are addressed.

We recognise that this inquiry has been a difficult process for veterans to participate in, but we have been impressed by the attitude of veterans. They humbly sought public recognition of their achievements and acknowledgment of past wrongs; something that we consider is overdue.

We consider that lessons should be learnt from the experience of Vietnam veterans. The government of the day must be responsive to the needs of all veterans of any New Zealand engagement, and their families, including health risks they have been inadvertently exposed to in the theatre of war. We consider that the government should address any health consequences of a veteran's war service and any unanticipated health outcomes from that service.

Appendix A

Committee procedure

The committee called for public submissions on the inquiry. The closing date for submissions was 21 July 2003. The committee received 52 submissions from the organisations and individuals listed in Appendix C and the committee heard 26 of the submissions orally. The committee heard evidence at Auckland and Wellington. The committee met between 30 April 2003 and 15 September 2004 to consider the inquiry. Hearing evidence took 14 hours and 40 minutes and the committee spent a further 7 hours and 48 minutes in consideration.

Committee members

Steve Chadwick (Chairperson)
Sue Kedgley (Deputy Chairperson)
Judith Collins
Darren Hughes
Dr Paul Hutchison
Nanaia Mahuta
Mark Peck
Heather Roy
Barbara Stewart
Judy Turner
Dianne Yates

A number of changes were made to the permanent membership of the committee:

Moana Mackey replaced Ann Hartley	30 July 2003
H V Ross Robertson replaced Moana Mackey	8 October 2003
Mark Peck replaced H V Ross Robertson	5 November 2003
Dr Paul Hutchison replaced Judith Collins	5 November 2003
Barbara Stewart replaced Pita Paraone	11 February 2004
Darren Hughes replaced Dave Hereora	26 May 2004
Judith Collins replaced Dr Lynda Scott	10 August 2004

After 11 February 2004 Pita Paraone replaced Barbara Stewart for this item of business.

Between 5 November 2003 and 10 August 2004 Judith Collins was a replacement member for this item of business.

Adviser

Professor Peter J Smith

Appendix B

Useful resources for Vietnam veterans

Australia

Department of Veterans Affairs
http://www.dva.gov.au

Australian Vietnam War Veterans Trust
http://www.accsoft.com.au/~vvt/index.html

Australian Nuclear Veterans Association
http://www.tac.com.au/~anva/main.html

Australian Institute of Health and Welfare
http://www.aihw.gov.au/

United States of America

Department of Veterans Affairs
http://www.va.gov

Vietnam Veterans of America
http://www.vvz.org

Center for Disease Control and Prevention
http://www.cdc.gov

New Zealand

McLeod report
http://www.wnmeds.ac.nz/academic/gp/research/FullreportVietnam.pdf

Reeves report
http://www.executive.govt.nz/96-99/minister/shipley/vietnam/

Veterans Affairs New Zealand
Sovereign Assurance House
142 Lambton Quay
Wellington

Phone: 0800 4 VETERAN
Email: veterans@xtra.co.nz

War Pension Services
Phone: 0800 553 003

Appendix C

List of submitters

Noel Benefield
Laurie Collier
Patricia Nuku
Colin Whyte
TH Cooper
Ronald James Turner
Warren Redshaw
John Robinson
Ex-Vietnam Services Association Youth Development Trust
Brian Moore
RIMPAC Association NZ Inc
Frances George
Malcolm Ball
Ex-Vietnam Services Association
Roy Leslie Reddy
David Royal
Alistair Ross
Alan Stuart
John Jennings and Sharmaine Jennings
KM Flanagan
Norman Lucas
Vietnam Veterans Association of New Zealand
Wayne Chester
Office of Hon Mark Burton
Marrakech Jennings-Lowry
Barry Dreyer
Leslie McCoid
Elizabeth Lancaster
Hank Emery
Victor Johnson
John Mountain
Frederick Daniel
Evan McKenzie
Margaret Faulkner
Gavin Nicol
John Masters
Veterans Affairs New Zealand
Ronald Farrell
Royal New Zealand Returned Services Association Inc
David Hughes
RJ Prichard
Barry Henderson
Roland Flutey
Dr John Welch
Angus J Rivers
Ministry of Health
KW Moore
KR Stevenson
The Jennings-Hingston Family
D Wright
John Booth
New Zealand Defence Force

Appendix D

Natural justice response

This appendix contains the final natural justice response of Dr Deborah McLeod, in accordance with Standing Order 245. We sent Dr McLeod the section of the report that starts on page 23 and ends on page 27, so that she could respond to our findings. The points made in the response correspond with the paragraphs in order.

UNIVERSITY of OTAGO

Te Whare Wānanga o Otāgo

ORAN/GEN/50

06 September 2004

Steve Chadwick
Chairperson
Health Select Committee
Parliament House
Wellington 1

RECEIVED
07 SEP 2004
HEALTH COMMITTEE

Dear Ms Chadwick

Re: Inquiry into the Health Effects of Agent Orange

We have received the draft copy of the Health Select Committee report about the health effects of Agent Orange.

We have attached our response. We would like to make it clear that there are many aspects of the report we do not we do not agree with, in particular the summary and concluding Committee comment.

We hope the Committee will take our comments into account in reviewing the draft report. We would appreciate a copy of the next draft and a further opportunity to comment or seek legal advice before the report is released publicly.

Thank you

Yours sincerely

Dr D K McLeod
Research Director

Professor Tony Dowell
Head of Department

Department of General Practice

Wellington School of Medicine & Health Sciences, Mein Street, Newtown, Wellington, New Zealand
PO Box 7343, Wellington South, New Zealand • Tel 64 4 385 5995 • Fax 64 4 385 5539
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DUNEDIN • CHRISTCHURCH • WELLINGTON • AUCKLAND

INQUIRY INTO THE HEALTH EFFECTS OF AGENT ORANGE

RESPONSE TO PARLIAMENTARY HEALTH SELECT COMMITTEE REPORT

September 2004

Prepared by:
Dr Deborah K McLeod
Research Director
General Practice Department
Wellington School of Medicine and Health Sciences
University of Otago

The University of Otago has received a copy of a section of the report produced as a result of the Health Select Committee Inquiry into the health effects of Agent Orange. The University stands by the results reported in the McLeod report and the conclusions drawn from the evidence available to the authors. The responses of the principal investigator of the McLeod report, to each point raised in the Health Select Committee report, are listed below.

Overall, I would like to express concern about the Health Select Committee review process pertaining to the McLeod report. I am particularly concerned about the number of serious flaws in the Health Select Committee report. I am also concerned that most of the material in the report is based on information provided to the Select Committee by an advisor, subsequently identified to us as Professor Peter J Smith. As the advisor's report clearly contains criticism of the McLeod report I am concerned that we were not provided with the opportunity to review the advisor's report or to respond to the advisor's criticism. In particular I am concerned that we were not provided with an opportunity to fully address the evident flaws in the advisor's report.

Points 1 and 2
The background to the report is outlined. I would like to highlight, in particular, the words 'critical review' under objective 1, point 2 and to emphasise that we were commissioned to carry out a defined area of enquiry based on a critical review of available research.

Point 3
I have not been provided with a full copy of the advisor's review of the report. Based on the advisor's comments as reported in the Health Select Committee report it appears that general principles of the systematic review process have not been communicated to the Select Committee. I would like to emphasise that prior to public release the McLeod report had been reviewed by reviewers with experience in research design and epidemiology, selected both by the University of Otago and by the Ministry of Health.

Point 4
The questions the McLeod report responded to were not 'posed by the research'. Rather they were clearly laid out by the Office of Veterans Affairs as the questions

they wished answered through a research partnership they wished to establish. The research team was not asked to, nor funded to undertake enquiry outside that proposed in the contractual agreement.

Point 5
The terms of reference of the report were to critically review the literature AND consider that literature within a New Zealand context. We undertook to meet these objectives by carrying out a systematic review, assigning levels of evidence to the identified studies and then considering the association between the evidence and the health outcomes for the children of Vietnam veterans by using the Bradford-Hill criteria for considering causation (explained on page 10 of the McLeod report). As part of this we provided some background information about exposure. In sourcing information about exposure of New Zealand troops we relied on assistance from our research partners, the Office of Veterans Affairs. Our task was to critically review the scientific literature not the historical literature about troop movements and exposure. The parameters of our literature searching are clearly explained (page 4 of the McLeod report). As previously stated the extent of exposure of New Zealand veterans to Agent Orange was not a 'central premise' of our report. Consequently, in the context of time and budgetary constraints associated with the terms of our contract, determining exposure was not our focus and we relied on our research partners for assistance with this information. Our report was extensively reviewed by our research partners the Office of Veterans Affairs, by the office of the Minister of Defence and by the Office of the Minister of Veterans' Affairs before release to the public. At no point was any additional information provided to us about the exposure of New Zealand troops.

Point 6
At the time the McLeod report was prepared the authors did not have access to evidence from submissions to the Health Select Committee. Evidence from records held by the Ministry of Defence, although submitted to the Health Select Committee, was not made available to us. Information on the internet was available to us but not sourced as it is difficult to assess the reliability of websites.

Point 7
I agree there is the potential for indirect exposure to dioxin residues both in Vietnam and New Zealand.

Point 8
See point 5.

Point 9
The McLeod report (page 42) outlines other sources of exposure such as exposure to agents listed under point 9. The issue is that there is no information available about the extent to which individuals were exposed to pesticides. The issues around determining exposure for individuals have been discussed in detail in the McLeod report (pages 77-79).

Point 10
I accept that disagreement with the exposure information and new evidence available has contributed to a lack of confidence in the credibility if the McLeod report amongst

those with limited understanding of critical review. I am concerned that our research partner was not able to make additional information about exposure available to us.

I disagree that the exposure information biased interpretation of data in the report. I consider that this statement may reflect a lack of understanding of the critical review process by the Health Select Committee and the advisor. In summarising evidence from a critical review more weight should be placed on data from studies deemed to be higher quality studies, using an accepted process of defining levels of evidence (outlined on page 4 of the McLeod report).

Point 11
The peer reviewers appointed by the authors of the McLeod report and the peer reviewers appointed by the Ministry made no comment about a lack of clarity in the way the evidence is summarised in the McLeod report. Information about the various studies is presented in evidence tables following an accepted process. We would require specific examples of where the report lacks clarity and specific details about 'more recent data', which has not been clearly presented or analysed.

Point 12
No comment

Point 13
Please provide details to support claims that 'larger studies of exposure effects' have not been considered.

Point 14
Please provide details to support claims that there is information not included in the McLeod report but available at the end of 2000.

Point 15
No comment

Point 16
The quality of a study is more important than the date the study was undertaken. It is essential to include evidence from high quality studies even if they were carried out prior to 1990. The advisor has placed considerable emphasis on the Australian study of the morbidity of Vietnam veterans. This study was reviewed in the McLeod report (pages 56-57). The Australian study constitutes level 4 evidence and is a poor quality study and for the following reasons:

- Data were self reported, collected by postal questionnaire and not validated in the initial study
- The definitions of the outcomes differed between the control and study groups and therefore no direct comparison were available for some outcomes
- Differences between cohort and comparison groups were presented as rates based on national statistics
- No statistical power analysis was reported
- Variable response rate to the subsequent validation study and assumptions about rates of disease in non-respondents are questionable.

Point 17
More information is required before a response to this point is possible. If this comment refers to data from the Australian study then refer to point 16.

Please note that the McLeod report specifically excluded consideration of health outcomes for the children of female veterans. Evidence sourced from studies of female veterans is not necessarily relevant to interpreting the evidence about the health outcomes for the children of male veterans.

Copies of the following evidence based guidelines were discussed in the McLeod report and included as an appendix. This information appears not to have been provided to the Health Select Committee's advisor.

- Guidelines for the treatment and management of depression in primary care
- Guidelines for assessing and treating anxiety disorders
- Guidelines for the prevention of suicide in young people

Point 18
At the time we were commissioned to undertake our review, lists of conditions where there was limited suggestive evidence of an association were already published and available. The Reeves report had reviewed the evidence and produced a similar list. I assumed we had not been commissioned to simply replicate a list already produced overseas and in New Zealand. What we were asked to do was critically review the evidence and consider this in a New Zealand context. There is a difference between identification of an association between an exposure and an outcome and assessing the extent to which that association is causal. Outlining the issues relating to causality was a key part of our report.

Points 19 and 20
These points list conditions where there is an association between service in Vietnam and an outcome. There are commonly difficulties in differentiating between association and causality. There is for example an association between having a yellow stained index finger and coronary heart disease, yet there is no scientific rationale in stating that a yellow stained index finger causes coronary heart disease. Please see point 18.

Point 21
In addition it is worth noting that there are other differences between the New Zealand servicemen who served in Vietnam and the general population with the potential to impact on health outcomes for children. For example:

- There is no data on ethnicity but it is suggested that Maori were overrepresented amongst Vietnam servicemen
- Exposure to alcohol and drugs is suggested to have been higher in servicemen than in the general population
- Socio-economic deprivation may have differed post-war.

In high quality studies the potential for the healthy soldier effect is taken into account by comparing veterans who served in Vietnam with control groups comprising veterans who served elsewhere.

Point 22
Evidence is required to support this point and has not been provided in the Health Select Committee report.

Point 23
Evidence is required to support claims of bias. The general statement claiming 'overall bias' is defamatory and may reflect a lack of understanding of the relative weighting placed on low quality and high quality evidence.

Point 24
I have refuted the above points upon which this conclusion has been based.

Points 25 and 26
I disagree with points 25 and 26. I refute the Committee's conclusion that incomplete information about exposure has impacted on the conclusions reached in the McLeod report. In the McLeod report the limitations of epidemiological studies were clearly outlined. The Committee's conclusions suggest they have failed to understand some of the issues essential to interpreting data from epidemiological studies.

Conclusion

Reports such as the McLeod report are a summary of the evidence available about the health outcomes of the children of Vietnam veterans. They provide a basis for the development of evidence-based policy. They do not of themselves constitute policy or decisions as to the response of governments to requests from veterans. I have confidence in the quality of our report subsequent to the rigorous peer review process it has been submitted to. The above points clearly show that the claims of the Select Committee's reviewer lack supporting evidence, and do not take adequate account of the relative quality of peer-reviewed international research findings in reaching conclusions.

5

Appendix E

Corrected transcript of evidence 25 November 2003

Members

Steve Chadwick (Chairperson)
Judith Collins
Dave Hereora
Rodney Hide
Dr Paul Hutchison
Sue Kedgley
Nanaia Mahuta
Dr Wayne Mapp
Pita Paraone
Hon Clem Simich
Judy Turner
Dianne Yates

Staff

Catherine Parkin, Clerk of the Committee
Philippa Bell, Parliamentary Officer (Select Committees)
Professor Peter J Smith, adviser

Witnesses

John Booth
Wayne Chester
John Moller, President, Vietnam Veterans Association of New Zealand
Malcolm Ball [Victor Johnson reads submission on behalf of Malcolm Ball]
Ross Miller, Trust Chair, Ex-Vietnam Services Association Youth Development Trust
Marakech Jennings-Lowry
John Jennings
Elizabeth Lancaster
Lesley McCoid
Peter Gardiner
Victor Johnson
Patricia Nuku
Reihana Patrick Nuku

Chadwick — I would just like to start with a paper that I have tabled as a member of the committee. It will be available to you all, to every submitter, and to anybody else who comes in. I would like to read it out. It is about the committee. It's a committee in Parliament here, and we resolve to carry out the inquiry into the use of Agent Orange or defoliants during the Vietnam War, and to identify any possible impact on defence personnel.

I note that this Government has always held the view that soldiers who served in Vietnam were likely to have fought in areas where defoliants were used or where spraying took place. Previous reviews carried out by Sir Paul Reeves and Dr Debbie McLeod were hampered in some respects by the lack of information available from our defence personnel. Because of this, the Hon Mark Burton, the Minister of Defence, earlier this year directed the New Zealand Defence Force to examine historical material to establish once and for all the extent of the exposure.

The New Zealand Defence Force research showed that between 1965 and 1975 nearly 2 million litres of herbicide was sprayed by air on Phuoc Tuy Province, where New Zealanders operated. This Health Committee inquiry is a very good opportunity to hear how defoliants have impacted on the lives and health of veterans, defence personnel, and their families. We will be able to hear from people about how much defoliants have impacted on them. The information we collect here will add to the sum of our knowledge and may contribute to enhancing the support available to Vietnam veterans.

In New Zealand, veterans can apply for support in regard to any condition they believe to be attributed to or aggravated by their service. I note that extra assistance is made available to the children of Vietnam and Operation Jaffa veterans. This includes access to counselling and genetic counselling, and additional assistance to children who suffer from spina bifida, and/or cleft lip or palate, adrenal gland cancer, and acute myeloid leukaemia. The assistance includes top-ups to GP charges and pharmaceutical charges, support services, and part charges for equipment.

I would like to thank all of those who have been prepared to make submissions and look forward to their further contribution during this inquiry. A copy of that is available to you. The committee has agreed to release the submissions of those who do not wish to be heard today.

Collins Madam Chair, I'm disappointed in the paper that you have read out. I believe that this is a situation where the veterans and the families are not to be told about the Government's belated acceptance that troops were sprayed with Agent Orange, and that this should not be a political process. This should be about finding the truth and doing some justice. I am extremely disappointed that the inquiry has started off with this sort of political reason.

Hide I concur with that.

Paraone So do I.

Chadwick If we could first ask Mr Booth—I understand that you want your wife to come with you. That is absolutely fine. Welcome before us.

John Booth

Booth Good morning Madam Chair and honourable members of the Health Committee. My name is John Booth. I am a Vietnam veteran. You might think that for a 62-year-old I'm in pretty good shape. Like the All Blacks, I look okay on the outside; but it's what's going on on the inside that brings me here before you today. I will quickly summarise my personal report in the written submission sent to you in July this year. I will give you an update on my present health status, discuss compensation issues, and answer any questions you may have to the best of my ability. I have endeavoured to keep my presentation relevant to your terms of reference. I refer you to my earlier report dated 29 July this year.

I served as a Regular Force Infantry officer with the rank of captain in the Vietnam War. My tour of duty was from July 1970 to May 1971. I was posted to 2RAR/NZ (ANZAC) Battalion—second to none—which was on active service based at Nui Dat, Phuoc Tuy Province, South Vietnam. My appointment was as 2ic of the Admin Company, and my role was the control and coordination of all logistical support to the battalion and its sub-units deployed on operations outside the taskforce base.

This function was carried out from the Battalion helicopter landing zone—known as "Eagle Farm"—situated at the edge of the Battalion area, and from where the Battalion administrative radio networks to all sub-units were controlled.

The deployment and back-loading of troops, combat supplies, defence stores, rations, and documents into and out of the Battalion area was conducted through Eagle Farm on a daily basis, mainly by helicopters.

As officer in charge of Eagle Farm, I personally controlled and marshalled all helicopter movement into and out of Eagle Farm, including loading and unloading. On many occasions, four to five helicopters would land and take off simultaneously—often repeating the process four to five times when companies deployed to or returned from operations. Working under these condition meant dust from rotor wash was constantly breathed into the lungs over protracted periods, especially during the dry season, which ran from October to May, approximately. In fact, I remarked in a letter home in April 1971 that we had just had our first day of rain since November 1970. Thus, we had a continuous dry spell of at least 5 months, during which time the reddish earth dust was always present.

I personally witnessed our Battalion area being sprayed twice by American C123 aircraft. These aircraft would fly in a close formation about 200 feet above our area. A visible spray was observed being discharged from the aircraft. I was caught in the open on both those occasions. We just carried on with our duties. No warning or notice of spraying was given, nor were instructions given on precautions to be taken in the event of being sprayed. It was generally assumed that the spraying was safe, so not much attention was paid to it. After all, we had more pressing matters to deal with—that

was the destruction of enemy main force units in the province. Spraying from ground vehicles in and around the base was also quite common, using a herbicide to control weeds in the base area to keep fields of fire clear on approaches to the base perimeter. From memory, both aerial sprayings that I witnessed occurred during the dry season, and were probably separated by a few weeks.

The Battalion base was located in a rubber plantation. These trees are not deciduous; they are green leafed throughout the year. However, within weeks of the aerial spraying they shed their leaves and the trees became quite stark. I jokingly remarked at the time that here we were in the tropics about to have a white Christmas, because the rubber trees had lost their leaves.

Residual spray remained on the ground and in the dust throughout the dry season, and would be breathed into my lungs on a daily basis, especially when working in the large dust clouds created by helicopter rotor blades. The reason for spraying the base was probably an operational necessity to assist in maintaining clear fields of fire within the base, its perimeter, and approaches. The timing of the spraying coincided with the commencement of the down sizing of the Australian taskforce, thus leaving fewer troops to guard and patrol the base, its perimeter, and its approaches.

The effect on personal health:

After taking my discharge from the Army I commenced a family retail business in 1980. A routine blood test in 1983 showed raised ESR levels. A subsequent test showed a significant ESR increase. Full blood tests and a bone marrow biopsy followed. These showed raised IGG paraprotein levels and plasma cells at the upper limit of normal, and therefore a monoclonal gammopathy of uncertain significance (MGUS) was diagnosed.

For the next several years regular blood tests were maintained during which the IGG levels continued to rise. In 1991 this led to a further bone marrow biopsy, which confirmed a diagnosis of multiple myeloma. This is a cancer of the bone marrow, and is recognised as one of the few cancers attributed to exposure to dioxins. Dioxin is a component in the herbicidal spray known as Agent Orange, which was widely sprayed throughout South Vietnam.

Multiple myeloma is an incurable cancer. The prognosis is terminal, although measures to delay the terminal phase can be achieved with high dose chemotherapy and a bone marrow transplant.

In my own case, the cancer became very aggressive in 1997, destroying bone, damaging joints, causing bone pain, and limiting mobility. A protracted phase of high dose chemotherapy was commenced, culminating in a self-donor autologous stem cell transplant rescue in April 1998. This achieved a reduction of the myeloma, but not a complete response, and this

plateau has extended to the present time. As a consequence of the final high dose chemotherapy, my immune system is also permanently impaired. All previous immunity to childhood diseases and to vaccinations have been lost. I suffer from frequent infections and respiratory diseases.

In 1997 the impact of this meant I had to quickly sell my retail business at less than market value, because the multiple myeloma and the debilitating and protracted treatment regime meant we had too much at stake, and we couldn't drop the ball on the business. My business by then was very successful—it had grown to five large retail outlets, was franchised, and was a market leader in its field, with turnover in excess $8 million plus. Since then I have been prematurely retired and am on a partial war disability pension.

Future outlook:

The myeloma remains present in the bone marrow and, in time, a relapse will occur. No effective treatment for relapsed myeloma has yet been found.

There are four attachments to that report that I won't go into right now. I presume that you will read them, or have had time to read them.

To continue, my present health status is not great. My very low haemoglobin level is at half the normal level, and my blood test at the beginning of this month confirmed feelings of fatigue. A further bone marrow sample diagnosed a new condition called myelodysplastic syndrome or MDS. This condition has been caused by very high dose chemotherapy, given in the treatment of multiple myeloma prior to my stem cell rescue in 1998. This new condition is not reversible. MDS is usually fatal within 2 years. It will often progress to acute myeloid leukaemia, in which case life expectancy is reduced to 2 to 3 months. In the last 2 weeks alone I have received blood transfusions totalling 6 units of blood. My haematologist has explained that the chemotherapy has shut down my bone marrow's ability to make red blood cells. Would you not call that a serious disability?

As stated in my earlier written submission, the harm done to your Vietnam veterans from Agent Orange spray was unintentional. In a recent analogy, the Government moved with great haste for women whose cervical smear slides were unintentionally misdiagnosed and authorised very generous lump sum payments as compensation, in addition to full public health support and any sickness or disability allowances that they may require or be entitled to, even though the misreading of the slides was not the cause of their cancer. Yet, 33 years after being sprayed with Agent Orange, no compensation as a point of difference has been granted to Vietnam veterans.

New Zealand's war disability pension is not much different from other benefits given to those who have never served their country. Had I not

served in Vietnam and instead drank my pay packet, bashed the wife and kids, became unemployed, smoked till I got cancer, or ate till I developed further disabilities through obesity and diabetes, would the State still not care for me? A point of difference is needed for those whose disabilities arose from honourable service to their country.

Compensation improvements recommended and put forward for discussion:

What seems to have been forgotten in all of this is that your Vietnam veterans served as a totally integrated battalion with our Australian mates. Indeed, it was called the Anzac Battalion. Australian Vietnam veterans in my situation have a Gold Card, which entitled them to additional benefits and privileges. Some of these are as follows: total cover for all medical expenses for all conditions, including non-war related illnesses; priority hospital treatment, including full private hospital costs if public hospital beds are not immediately available; two free return trips per week on public transport to the nearest main centre; one free return trip per month to any destination within the State of residence; partners can travel at half price; concession rate on vehicle registration; reduced Government duty on new vehicle purchases every 2 years; and concession on all local body rates.

There is a good political reason for you to make a difference. The armed forces of this country have been run down by successive Governments, and today are in desperate need of good recruits and the retention of experienced, long-serving regulars. They are stretched to the maximum implementing our nation's foreign policy in many dangerous theatres. If you expect young citizens to volunteer for service in the military today, you need to be seen to be looking after the veterans of yesterday. Introducing some of the above concessions enjoyed by Vietnam veterans in Australia would be a good start. Our numbers are not great.

I would like to read an extract from a White House announcement in 1996 on compensation for Agent Orange disabilities. Seven and a half years ago President Bill Clinton made the following statement:

"This is an important day for the United States to take further steps to ease the suffering our nation unintentionally caused its own sons and daughters by exposing them to Agent Orange in Vietnam. These actions show that our country can face up to the consequences of our actions; that we will bear responsibility for the harm we do, even when the harm is unintended. Nothing we can do will ever fully repay Vietnam veterans for all they gave and all they lost, particularly those who have been damaged by Agent Orange. But we must never stop trying. The veterans never stopped taking every step they could for America; now it is our turn to do what we should do. We can and will go the extra step for them."

In America, Vietnam veterans are not required to prove exposure to Agent Orange. Their Veterans Affairs department presumes that all military

personnel who served in Vietnam were exposed—all 2.7 million of them. Fifty million litres of Agent Orange was used in Vietnam, most of it in III Corps area, of which Phuoc Tuy Province forms a part, and where the New Zealand and Australian forces were based.

In conclusion, as representatives of the people of this nation, you sit in Parliament daily where you are reminded of the sacrifices made by this nation. The names of the battlefields are etched on the walls around you, and once a year you utter the words "Lest We Forget", but for the Vietnam veterans, why do I get the feeling those words have been changed to "Best We Forget"?

At this time of the year there is the hustle and bustle of end of year functions, school graduations, Christmas socials, and thoughts of holidays. However, on behalf of all Vietnam veterans, I remind you that they did not hesitate to do their duty for this nation. Have you now the courage to do your duty for them?

Kedgley Just two quick questions. How much financial assistance have you been given? We've heard about your long illnesses. What's your financial—

Booth I am on a limited disability pension it probably equates to less than your taxi allowance per month. Let me put it in figures: $143 a week.

Kedgley So in terms of your treatment for cancer, did you have to pay for that?

Booth No. The only place you can get a bone marrow transplant in this country is in the public hospital.

Kedgley But that _____

Booth A week.

Kedgley And, secondly, do I take it that what you would really like to see is a similar level of compensation as occurs in the United States and Australia?

Booth Certainly, as in Australia, because we were integrated with the Australian forces. The men from this country were under the operational command of the Australians. There was no separate New Zealand brigade committed to separate operations in the theatre. We were integrated with the Australians. We were Anzacs. Let's put the NZ back into Anzac please.

Collins Thank you Mr Booth for having the courage and taking the time to appear. Presumably, you are aware of the McLeod report?

Booth Yes, I've heard of it.

Collins There is a particular sentence in the McLeod report—on page 42—which says that there is only one reported case where Anzac troops were in an area where they could have been exposed to aerial spraying—and the

spraying is, of course, of Agent Orange and the other agents that went with it. What's your opinion of that sort of statement, from your experience, because you were a year in Vietnam?

Booth I'll be polite.

Collins You don't have to be.

Booth Bullshit.

Chadwick You talked about the ground spraying, too, of herbicides for the weeds. Was that—

Booth Regularly, the vehicles were ground spraying around the base area. It was all to do with the maintaining clear, open fields of fire if there was attack on the bases and on the approaches to the bases.

Chadwick Did you know what they used?

Booth I didn't. We just carried on with our other duties. I don't know. Obviously it was an herbicide of some sort, but not the _____. But the most distinct thing that I remember, of course, was the rubber trees losing their leaves. I had served also, prior to this, in Malaya and Borneo, and had been around rubber plantations for some time. They don't suddenly shed their leaves. There is no seasonal change. They are evergreens.

Collins When this spraying occurred, was there any information given to you?

Booth No, not at all. The spraying was done. The aircraft came straight over and were dropping it, and we saw them.

Collins So you saw aerial spraying?

Booth Yes, of course, right over the top of me, twice. There might have been occasions when we were sprayed that I wasn't aware of, if I was on command post duties and things like that.

Paraone During that spraying process was there any time when you realised that it could be harmful on human beings?

Booth No, of course not. Why would you have aircraft spraying your own base area if it was going to be harmful? It's like an own goal; shooting yourself in the foot. We did end up with an own goal, but it was unintentional—we didn't know, and perhaps the authorities didn't know at the time. I am only guessing that. Maybe some person did know there were harmful effects in it at the time.

Kedgley Did you take any precautions?

Booth No, of course not.

Chadwick Can I just ask you, with the subsequent health effects 20 years later,_____ of your tests and treatment, has that been through your GP or through the Office of Veterans Affairs? Has it improved for you, or do you feel you have just clicked your way through?

Booth The only time that Veterans Affairs got into it was after I had my transplant. I was in hospital, and I was visited by people who suggested that I should be applying for a disability pension. I really was unaware of it before then. As it progressively became worse, it was purely through myself, and my wife making me go and get blood tests. She knew what this could end up being—I wasn't aware of it—with her background as a nurse. Personally, she was diligent to the extent that I possibly had what you call "early detection".

Chadwick The other issue—you made a statement about the presumption of your condition with the agent. Did you feel at any stage that you had to prove it—because you were a veteran, and were in Vietnam, and had been sprayed—or did they accept by your service that you were now going to be covered by the service?

Booth From 1996 I thought it was accepted that it would be covered—when the public announcements were made at the White House, and likewise in Canberra—particularly for my cancer. There are a number of other cancers, of course, that have been attributed to Agent Orange, and they are also part of the effects of Agent Orange.

Collins Can I ask, I didn't see anything in here about children. Do you have children, and if so have they shown any—

Booth Good question, Judith. I was a married man with four children before I was posted to Vietnam. Fortunately, all my children were born before Vietnam.

Hide I have a report here from the Government—it's called "The Health Needs of the Children of Operation Grapple and Vietnam Veterans", dated August 2001, by Deborah McLeod. I notice that you served your tour of duty from July 1970 to May 1971, and that you were at Nui Dat. In the executive summary, I want to quote you this report: "Information available to the authors was that Anzac forces generally served in Phuoc Tuy Province, where there was no aerial spraying."

Booth I presume, Rodney, that she was an eyewitness.

Collins I don't think she was born.

Booth And she may not have been born.

Hide It's a bit tough when the Government is relying on a report on the impact of Agent Orange on Vietnam veterans, when it starts off by saying you weren't sprayed.

Booth Particularly as it was funded by the Government. It's a little bit hard to take. Finally, through this committee, hopefully, we are being heard—it's not just for me, but for others and for some of my mates who are no longer here.

Hide And it's definitely your testimony before this committee that you were sprayed—by your observation—twice?

Booth Absolutely, without a doubt. I'll swear on any type of book that you want me to.

Hide Thank you for your service.

Yates Thank you for your submission, and thank you for sharing your experience. Have you ever made a submission like this to any other committee before, or in any sort of exit report on leaving the services? Is this the first time you have made a report of this nature?

Booth To a select committee?

Yates Not only to a select committee, but in any exit reports, on leaving the services.

Booth This is the only forum that I've been involved with. I haven't been involved in the committees of veterans' organisations, which might have been speaking on behalf of veterans. When this opportunity came up I had a chance to present a personal report as I saw it, as a witness, and I'm very grateful that I've been given that opportunity.

Mahuta To what extent are you personally familiar with compensation in respect to Vietnam veterans in Australia?

Booth Not very familiar at all, but I speak to my Aussie mates and, as I said, they've got the Gold Card. I've said what it does for you. I've read out to you today some of those benefits that are recognised as a point of distinction for those who are suffering the effects of Agent Orange. Those conditions would also apply even if you had your leg blown off; ie something that is more visible.

Chadwick Thank you very much for coming before us.

Wayne Chester

Chester Thank you for the opportunity to address the committee. As you can see, my name is Wayne Chester and I served in Vietnam from 1968 until 1969. I was with Whiskey 1 Company and I served in Phuoc Tuy Province and also in and around Bien Hoa. After leaving the Army I joined the police. I spent 14 years in the police. Then I went into the private investigation industry. I have been investigating for 31 years. We work for seven Government departments. I have been the owner and director of a number of companies since that time and am currently the director of a fairly large company responsible for the supervision of about 14 or 15 investigators—my point

being, that I'm not a conspiracy theorist. I'm often conservative, but I know an injustice when I see one. This is the gentleman over here. Basically during that 31 years I have learnt two very important things: no matter how long it takes, the truth will always come out. It might take a long time but it will come out. Mr Simich knows. What goes around, comes around. The second point is that when you call a person a liar, or persons, or a collective body, make sure you get your facts right because it will come back and bite you on the bum.

I don't want to provide you with technical facts or maps or anything like that. There are gentlemen here who have applied themselves to that for years. I just want to bring a personal perspective of what has happened to a family because of this. Basically, obviously it's your prerogative how you judge that perspective. I notice that the first term of reference is to identify whether evidence exists as to whether veterans were exposed to defoliant whilst serving in Vietnam. Some 35 years after those events, here we are, justifying ourselves; trying to prove simply that we were sprayed. It's a first step. You can apply it to French law. You are guilty until you are proved innocent. We have to prove our innocence. It's quite repugnant.

At this moment, in the past, we have been faced with three perceived lies. We're the liars. We weren't exposed. That's the first thing. That's what we are doing here, because if we can't convince you of that, then we're not going to go any further. So then the second step is: the defoliant didn't affect the veterans. The third step is: the defoliant didn't affect our children. So what happens after this hearing, on the presumption that exposure is determined—I would hope it would be? Thirty years from now will we have a hearing—well, we won't; we won't be here—about whether it affected the veterans? We'll get over that one, and 30 years later we'll have our children.

So, really, the question begs to be asked as to why it has been denied, buried, by the authorities, even though overseas studies and physical evidence stares people in the face. The last witness said that, and it's a fact. The Australians and the American authorities, and their Governments, have acknowledged that their troops were exposed to defoliant. Something must have missed me. I didn't see a whole lot of New Zealand troops amongst the Australians with umbrellas in Vietnam. I didn't. They have got them.

Personally, I would much rather some authority—some specialist, or whatever, some authoritative body—said quite categorically: "No, it didn't affect the veterans." I could accept that, and I would certainly wish that that was the case. As you can see, you have got two photographs there. That is my inheritance from being sprayed, and I'm quite convinced of that. I have to live with that. There are many veterans who say nothing. They go to ground, as people will, but they suffer because of their children. They have a conscience. They believe that they are to blame, and they are not. Their head might tell them that, but their heart doesn't.

That's the sort of emotion. As far as exposure goes, I can remember being sprayed twice. I can specifically remember, in a place called the Long Green in Phuoc Tuy Province, a fixed-wing vehicle flying over, on the margins of the jungle, and spraying us. I can remember the smell. I can remember the disquiet amongst the troops. There was only a section of us. We were going out to set up an ambush early in the morning. We were unhappy about it. The section commander, Brownie Hammond, called up our base and asked what we were being sprayed with. We were concerned. We were not happy.

I think about 2 weeks later we were told that they were spraying for the anopheles mosquito. Where that came from, I don't know. Our section commander passed that on to us. But what was interesting was that when we went back into that strip of jungle, it had turned dark grey. It was an environmental disaster. I will not forget it. I don't forget things. It's my job not to forget things. It was like grey fungus. It was hard to describe, and it was like a desert. As far as you could see it was dark grey and fungal. That's the best way I can explain it to you.

There was spraying in and around the base. It was a dark orange colour. It was around our tents, and it was certainly to provide free fire zones outside the perimeters and in and around the perimeters, and around the trenches. I don't know what mixture that was, but I know that we were sprayed with Agent Orange in the Long Green. I actually thought about finding and calling the guys on that section to give evidence, but there are people here who are going to provide documentary evidence that it happened, so I didn't see the point. Simply, we lived in it, we drank it, we ate it, we moved in it, and then while we protected the air base there, that was just a dust bowl. Helicopters were throwing up dust, probably for a kilometre. Outside the perimeter was cleared. It had been defoliated.

If we talk about my family history, my wife had a miscarriage in 1970. I got married shortly after I got back. At the Rotorua Hospital the doctor told us that the foetus was grossly malformed. Obviously we hadn't connected it then. My eldest daughter—the young lady there who has been capped—at 16 years of age had a brain aneurysm. She was supposed to die, she was supposed to be a vegetable, but she rose from the ashes. She is a highly qualified young woman. She just can't walk properly. She can't hold things properly. She has had internal problems, bad internal problems, and at the moment has suspected cancer of the cervix. She has bad skin problems.

This daughter here, she's not unattractive, is she? She's a fine young woman and she has tried very hard. The problem is she sits in her room all day. She's scared to go out. She won't go on buses. She's frightened of people. She suffers from agoraphobia. She's also been operated on for cancer of the cervix. She has bad skin problems. At the moment she's got extremely bad psoriasis, which is breaking out everywhere—ears, head, the whole thing—and that makes her far more publicity shy or public shy.

I'm still working. I have still got my job. I'm quite ill, but I'm not going to stop working because I have been supporting my daughters pretty much and I will continue to do so. I have no faith in the Government whatsoever. If you talked about my own personal health I would simply say that, yes, I have been ill, I have diabetes, I have skin problems, and I have been diagnosed with depression. That's sort of de facto removed from Vietnam. That's about my daughters.

Veterans Affairs—and I'm not going to rubbish them—have been extremely helpful within their rulings, within legislation. They provide counselling to my daughters. They have provided it, but not at the moment. I would suggest that they probably need medical help, rather than counselling. Why counselling? The only reason I can think of that it's counselling is that it is assumed that veterans have affected their children. It is quite insulting in a way. If you think beyond it, it's really quite insulting.

At the moment we have troops in Iraq. Now Iraq is an unpopular war. Nobody's really protesting against the troops there at this stage, and I bet they never questioned going over there. If my son had come to me and he was in the Army and he said: "I'm going to Iraq.", I would have said to him: "Don't bother. You will become a pariah. They won't want to know you." I feel sorry for those boys. I betcha they get the treatment as well.

I really had very little to do with the Vietnam War. I was too busy—far too busy, too self-absorbed. When my daughter went down with a brain aneurysm in 1988 it was suggested to me that it was Agent Orange, which made me blink. It probably made me go underground a bit. I went to a company reunion about 3 years ago. We don't tell war stories. We laugh and we joke. It's not an old boys' club. But these guys quietly were speaking about their children. I don't think anybody knows the extent of how these kids have been hit. You have these gentlemen here. These are the fighters, the battlers—there's thousands of them out there—who have crook children and who are crook themselves, who are saying nothing. How do you get to them? Well, I have got a couple of suggestions at the end, but the children are sick and the _____illnesses of the children—spina bifida, before, that the chairman mentioned. It's a joke. It really is a joke. It's like having diabetes. We have got a blackboard you can write on, with exposure to defoliants. It sits in your body and it does all sorts of things. It also transfers.

Just to conclude, I have thought: how can this be fixed? Probably two things that I can think of. You have really got to provide a solution, and you have got to provide a carriage to give the evidence, one way or the other. The first one is quite obvious, and that is medical tests on veterans, which have never ever been done. They have never been done. The second thing is an actual eyeball to eyeball survey, an independent eyeball to eyeball survey. We are talking about money, of course. This whole procrastination thing is money. That is what it boils down to. It's never going to make us rich. If that's what people think, they are wrong. As I said, I would rather

be told: "No, it never affected you." Then I could walk away. But that's not happening. It's a fact. We were sprayed, and it has affected us and it has affected our children. So, ladies and gentlemen, that's my perspective. If you have any questions….?

Collins Can I just start off by saying first, to you and to the other veterans and their families, thank you for serving your country. I would like to ask you this. Your family has been very badly affected by something. You think it's Agent Orange, and there's a few of us who think, too, it's Agent Orange. What about your extended family? Do you have any family history that could justify the effects on your children and you that we are seeing here, that could in any way preclude or, say, set you up as a potential person who's going to have this sort of reaction?

Chester There is no hereditary diabetes. There are no hereditary brain aneurisms. There is no hereditary agoraphobia in my family. I would tell you if there was.

Turner I'm just interested in the fact you brought out about the story that was circulating about what the spray was at the time. In recollecting that, was it your understanding that this was just a rumour that was around, or was there some official source being quoted?

Chester No, we asked once and we were told once.

Turner So the information came from above, did it, that it was a malaria-related intervention?

Chester Yes, and that was from the New Zealand officials. It was from our own officer hierarchy. Whether they were in ignorance, I don't know, but it wasn't malarial spray. The jungle fell apart.

Turner I agree.

Chester Otherwise they would have bluffed me. I can remember the jungle. I have lived in the Waitakere Ranges here. I know what bush is, and have lived in it for years.

Turner I guess the reason for my question is that obviously I agree that it wasn't for malaria prevention, but I guess the concern for me is whether somebody had made an educated guess as to what the spray was, which means that they weren't trying to misinform you, they were just guessing and trying to give some help, because to give wrong information is quite different to saying we don't know, ourselves.

Chester I would say that it was probably misguided from our hierarchy. Whether it was a deliberate cover-up from above, I don't know. But there was no cover-up about Agent Orange in Vietnam. I can remember the magazine *Stars and Stripes* had a full-page article—I have actually tried to find it—and it had an American serviceman beside a great big black drum.

Turner Yes, you mentioned it.

Chester It said: "This is how safe it is." What they were trying to do is reassure everybody, and he was drinking out of this glass. I betcha he ain't around now.

Kedgley You said that there was general disquiet amongst all of the troops—including the American servicemen—about it, and that an Agent Orange article appeared, which assured people of the safety. Can we get a copy of that article, or is that something you just recall?

Chester It's something I recall. I guess I could get it if I tried hard enough. It went into the *Stars and Stripes* archives in the States.

Kedgley And that was basically telling you that it was perfectly—

Chester It was fine, totally acceptable. You could drink it. We sort of looked at it and we thought, you know, you wouldn't catch me drinking that.

Collins If there had been knowledge at the time amongst the New Zealand troops as to the likely effects of Agent Orange on you and your family, what could you realistically have done about it, as a soldier serving overseas? What could actually have done? Could you have refused to go into areas? Could you have said: "No, I'm going home, now."? What could you have done?

Chester It would have been tantamount to mutiny, and if I knew then what I know now, I would have mutinied.

Chadwick Can I just ask you a question about the children and the treatment that they had. We will be asking every submitter, probably. Did you have to pick your way through the services and the support for the children, or did Veterans Affairs? You did mention in your oral submission that they did get some counselling. Was that organised by yourself?

Chester Myself.

Chadwick Did they offer? Did you know counselling was one of the range of services?

Chester I had picked it up in some of the handout books from the social welfare, from the Government.

Chadwick Have you got some suggestions about how those services could be improved?

Chester I get the impression now that it's a "them and us" situation. I believe that that is actually what's happening. I have listened to a senior member of Veterans Affairs talk. She was somewhat defensive, and I can actually understand that. I believe that she's probably been bombarded. But she would be, because people are not accepting what is being said. I have a condition where at night my hands die. I wake up every half hour. I don't

sleep very well. I wrote on 2 April of this year, asking whether I could get assistance. I still haven't had a decision.

Chadwick So you feel you have been kept waiting a little bit. You see, this is a chance for us to make recommendations to try and improve the services.

Chester I don't know how you will get over that "them and us". I believe that that is what's happening. I write a lot of letters. I deal with a lot of Government departments. I can pick a defensive stance, and I believe that's what's happening.

Collins Just on the treatment of the children: in the McLeod report of August 2001, which the Veterans Affairs commissioned, there's a statement that says, on page 2 of the summary: "The birth of children with a range of defects is unfortunately not uncommon, and 2 to 3 percent of Vietnam veterans would be expected to have a child with a birth defect. It is understandable the veterans question whether or not Agent Orange contributed." You have mentioned in your submission of evidence that you have attended reunions and that people are sitting around, talking about their children, and there are a whole range of defects. What do you think about this 2 to 3 percent of Vietnam veterans?

Chester I don't believe that's true. I believe the only way you would ever, ever find out is to do an eyeball to eyeball survey. They don't talk. A lot of them don't want to know. Some of them are bitter, some of them are just reclusive, some of them just are not inclined to make a fuss.

Collins Of those you know, what sort of percentage would you guesstimate at?

Chester Originally there were 128 in our company. Since then, 29 have died, mainly of cancer. That's quite a big death rate. We have this roll of honour, which really gets worse every year. Old age obviously takes attrition, but that's a big percentage. At those reunions there's probably 80 people, 80 men, and of those 80 men I would probably talk to 20. Of those 20 men, I would say five or six indicated that they had bad problems with their children, and they haven't come close, so we're talking about 20 percent.

Kedgley Just on that, when you said 29 of your—whatever it was—

Chester Twenty-nine of the original company are dead.

Kedgley Out of how many in the company?

Chester One hundred and twenty-eight. So 99 are still living.

Kedgley We've had a lot of reference to this McLeod report. You say you are not a conspiracy theorist. Why do you think she might have concluded that there was only this one place in the area that could have been exposed to aerial spraying, when there seems to be a lot of reference—

Chester I haven't read that report. From what I understand, it was based on reports supplied to her, which were flawed. That's my understanding. You may wish to ask John Moller about that. I would be speaking of something that I don't know.

Kedgley My second question is: what would you like to see done to help your children, and other veterans' children specifically?

Chester I would like to see the same umbrella as is accorded to people on ACC—that's a fairly good definition—and also to the veterans themselves.

Kedgley Do you think there should be a single _____?

Chester Yes, I do. But you are only going to get the answers if you sit across a table and look at it, having a cup of tea at their place. It is very expensive. I was going to suggest that a veteran group do it, with some sort of subsidy, but that may be seen to be coloured. I don't know.

Chadwick Would you like the idea of a register? We don't seem to have a fix on just how many veterans' children there are.

Chester Absolutely, but you would have to have initially a mop-up—

Chadwick To begin that.

Chester To begin it.

Hide Just by way of background, in terms of the problems that have now unfolded for you and your family, what was it like for you and your comrades on your return to New Zealand?

Chester We were pariahs. I use the word pariahs. We returned by stealth, in the middle of the night. In fact, our plane caught fire. An engine caught fire on the way across the Tasman. My parents were waiting at Whenuapai and were never advised. I arrived with instructions not to wear my uniform, basically to hide my head in shame. That's why I mention these troops in Iraq. They are going to get the same treatment. Vietnam was the first television war. We were the first television soldiers. It makes a difference.

Chadwick Sorry, you mention in here about you were never given a dress uniform.

Chester No, never. We wore a hodgepodge of English, New Zealand, and Australian gear. It was quite good because you had a selection, and that included webbing belts, but we weren't allowed to use British weapons because the Queen frowned on the war in Vietnam. We stole a lot of stuff—I make no secret of it. It is quite funny that when you have to try harder, it makes you a better soldier. It's almost like an amateur versus a professional. We took pride in what we could steal. But, no, we never ever had a dress uniform—what they called an SD uniform. We never had one.

Hide Just following that thought—so you came back in the dead of night, told not to wear your uniform. What else?

Chester We weren't to talk about Vietnam. That's about it, really, that I can remember.

Hide That sort of sets up a very difficult scenario _____.

Chester It's all part of it. It's all part of the shame. I'm not ashamed. I refuse to be. I refuse to get into arguments about it with people at parties, but I have certainly been harassed by people very close to me. Here, for the blink of an eye, comes Iraq. It's the same sort of situation. You went there with the best of intentions, and were then moulded by the media and by the politicians into something evil.

Hide When you went off to serve in Vietnam, what was the expectation that you had of the Government, should you be hurt or injured, or did you not think of that? Was there an expectation in the troops that somehow they would be looked after?

Chester Yes, there was, and it was totally misguided.

Hide And where did that come from?

Chester Just an inherent sense of fair play, really. You just assume that if something is going to happen as a cause of war, that you are going to be looked after, at least.

Hide So you went off to service, you served, and there was an expectation that, should you be injured or hurt, the Government would look after you because of your service _____. What do you make of that expectation now?

Chester It's a farce. It's a joke.

Hide Do you think Vietnam was unique in that, or do you think it's a systemic problem across the—

Chester No, I think it's a systemic problem. I don't believe that New Zealand Governments have ever backed their troops, and I base it on that they have never ever looked after their troops when they have come back. For example, there was the rehabilitation loan. When we came back, about 2 years into it, they stopped the rehab loan. It was gone. Just like that, sorry lads. That was about the only perk, apart from $400 for furniture when you got married, that you could get. I actually didn't expect anything. There was a job, I did my duty, but what I didn't expect was my family to be destroyed.

Hide Just one last point. In your case you have just made a point there that if you go into war you don't expect to get injured, and you expect to be looked

after, but of course we had no expectation that you would ever be affected as a consequence of their decision.

Chester No, not at all. The last thing we expected. If I had been shot, I could accept it. If I had been hit by ball bearings from a mine, I could accept that, but I can't accept this; I don't accept it. As long as you are in procrastinations and denials, there are going to be people who do not accept it, and they will keep fighting. Also, the children are gearing up now. They are joining and they are going to fight. So you have got another generation coming through.

Chadwick That's the purpose of us having the inquiry and trying to get it resolved_____.

Chester Thank you.

John Moller

Moller Madam Chair, and other members of the select committee, by way of introduction I am John Moller, the President of the Vietnam Veterans Association of New Zealand. I am also currently the Vice President of RIMPAC (Inc), which acts on behalf of war veterans from all theatres of war and other military operations. As a layperson, I have been involved in this matter since 1982, along with assisting civilian timber workers contaminated with pentachlorophenol and dioxin, in the Whakatane area.

I just make the point here that the term "Agent Orange" is, in fact, a misnomer. There were many defoliants used in Vietnam. Agent Orange never killed anybody, unless a drum of it fell on your head. The bad part of Agent Orange is the 2,3,7,8-TCDD dioxin.

I am reminded, as I speak to you today, that at the conclusion of World War II and during the war crimes trials, evidence was given that the SS had ordered the directors of I G Farben and Co, a chemical manufacturer, to remove the stenching agent from Zyklon B, the cyanide-based pesticide used to gas the Jewish people in the extermination camps. The idea was to prevent the victims from panicking as they went to the showers. Under international law, hazardous and dangerous chemicals had to have a stenching agent in place, so that persons when smelling it could remove themselves from immediate danger. The directors of I G Farben were each jailed for 7 years, which the American Judge-Advocate of the day remarked would have satisfied the crimes of a chicken thief.

From my own experience in Vietnam and recollections of the few times when we were sprayed by passing aircraft, I can recall no stenching agent but the smell of what I thought at the time to be aircraft fuel, which has the aroma of strong kerosene. It is also very clear that hazard-warning labels were not present on the drums of various defoliants and other chemicals, which was a legal requirement then and now.

It is my view that these proceedings would have been unnecessary if the body politic, state agencies, and individuals had had their ears turned on over decades. There is no doubt in my mind that this issue was politicised early in the piece by the late David Thomson and others. What we have endured are decades of deceit, manipulation, obstruction, concealment of evidence, denial of material fact, and the bastardisation of science by multinational corporations that wished to conceal cause and effect in respect of dioxin-contaminated agricultural products widely used in New Zealand in the agricultural and forestry sectors.

It is very clear that the late David Thomson, Jack Marshall, and the defence department had very serious conflicts of interests when these concerns were raised many years ago. They made very serious attempts to supply New Zealand–made defoliant to the Vietnam War is quite clear, as is the document whereby the Royal New Zealand Air Force were tasked to ascertain how much profit would be made from flying the defoliant to Vietnam by using military C130 aircraft. That attempt in itself could be seen to be a serious contravention of the Geneva accord, to which we are a party. It is no wonder then that Thomson and others did their very best to conceal from us important evidence, as well as attacking the character and integrity of some of our nation's finest soldiers.

This matter has been brought to a head by the McLeod review, which caused considerable anger amongst the veteran population. As my Australian Vietnam veteran counterpart Lachlan Irvine has written in his submission, that review belongs in the rubbish bin. It is not right that the body academic attempts to sanitise our military history, or to produce reports that are inaccurate and misleading, and upon which the Government must rely in its administration and care of returned servicemen. If the Hon George Hawkins had tabled the McLeod review in Parliament, he would have misled the House. The McLeod review can only be described as superficial, erroneous, and a total waste of some $70,000 of taxpayers' money.

The same can be said of the Reeves inquiry, which was based in part on information that was biased, discredited, and, in some cases, fraudulent. With the best intentions in the world, it was demonstrated that public servants and others were able to massage scientific facts to the extent that the body politic was misled, along with the Vietnam veteran community. The importance of this cannot be minimised, as what the veterans were saying is reflected in our own environmental damage and within the health sector of the New Zealand population, which led to unacceptable exposure to dioxin in the 1960s and early 1970s. It may be of interest to the committee that in 1949 we had a million gallons of 2,4-D and 2,4,5-T in New Zealand. The incumbent Labour Government made a serious error of judgment when they accepted the Reeves report from the outgoing National administration. Simply put, the Labour Government was sold a pup, and the deception became self-perpetuating.

Apart from being Vietnam veterans we are also citizens of New Zealand, and all of us have a responsibility towards leaving our land and food chain in a better condition for our grandchildren and generations yet unborn. The entire Agent Orange saga should be a salutary lesson to all of us. Every person in this room—soldier and otherwise—has some level of DDE and dioxin in their tissues, as a consequence of ignorance and carelessness by our forefathers. Depending on one's age, upbringing, and diet, the levels will vary. The contamination of the New Zealand civilian population with levels of dioxin is clearly demonstrated in the Ministry for the Environment's audit. As I pointed out to honourable members in my main submission, this audit, too, is an example of shonky and sloppy scientific investigations in our country—given that samples were taken from pristine native forests but not pine forests where huge volumes of 2,4,5-T and 2,4-D were historically used. Whether this oversight was deliberate or by accident is unknown. Deliberations by the EPA, based in the United States, make it very clear that there are no safe levels of dioxin exposure, where there might be some cause and effect in relationship to health issues.

Historically, the attempts by the late David Thomson and Jack Marshall to supply defoliant from New Zealand for use in the Vietnam War, and the later vote against the private member's bill by Geoff Braybrooke for a commission of inquiry, were an abuse of political power bordering on corruption. Obviously, members had a vested interest in there not being a commission of inquiry, which would have revealed their complicity in attempting to supply chemical warfare agents to the war effort in Vietnam. Of interest are two recently declassified documents I have obtained from Australia. The first is titled *Vietnam Lessons Learned No. 74*, dated 13 September 1969. In the body of this document it states, "friendly troops are often sprayed without ill effects." It goes on to say that Agent Orange should be mixed with 10 to 20 parts of JP-4 aviation fuel or diesel. That is for the ground-spraying operations in the Nui Dat base. The document also speaks of accidental damage to garden plots and trees, in and adjacent to inhabited areas. The Vietnamese people themselves were taking drums from the chemical dumps, and using them to wash clothes in, collect water, and store food in. No wonder they have in excess of 200,000 disabled children.

The second document previously classified as secret speaks of a cessation of the spraying programme, and is dated 21 July 1971. I think that will answer the committee's question about whether the troops knew what was going on—we did not.

Chadwick John, I'm just concerned. Do you want to read your whole seven pages?

Moller Yes. I don't see why I shouldn't.

Chadwick Right, carry on.

Moller OK? So that these people know what I am saying. What is significant about this document is the distribution list with the communication going to the

defence department in Australia, and to defence chemical warfare research agencies in Great Britain, Canada, and the United States. This information was not distributed to New Zealand. One presumes New Zealand was left out of the loop because our country had signed the Geneva protocol in the late 1950s, which prohibited the use of agricultural chemicals as chemical warfare agents. It is clear that we were dealing with experimental use of agricultural chemicals as weapons of war, but "weapons of mass devastation", given the huge environmental damage to Vietnam, may be a more apt term to use.

In any event, the comparison of the chemicals used in Vietnam with those used in the civilian agricultural sector was an official lie. The toxic element—being dioxin—was limited in the civilian products, whilst that in the defoliating agents used in Vietnam was not regulated in accordance with safety regulations. Dr James Clary of the United States Air Force, in his evidence to the United States Congressional Committee of Inquiry into Agent Orange, made it very clear that the United States Air Force knew the defoliant was hazardous to humans because the dioxin levels had not been regulated, but was not overly concerned, because they thought the defoliant would only land on the enemy.

We are not talking in terms of agricultural-strength chemicals used in the civilian sector, but nano-chemical weapons of mass devastation—the effects of which are still very clear in the environment and population of Vietnam to this day. Let us spare a thought for the misery that the defoliating missions inflicted upon the population of Vietnam. Honourable members will have noted in my submission that the figure of 170 kilograms of 2,3,7,8-TCDD dioxin was expended in Vietnam. This figure, recently updated by the Hatfield Group, is now 600 kilograms. They also note that some 400,000 gallons of Agent Pink, with dioxin levels much higher than that of Agent Orange, is unaccounted for. In addition, Professor Stellman and others suggest that some of the new 200 spray missions they have uncovered, may have in fact dispensed Agent Pink and not Orange, which was logged on to the flight records.

You have read my main submission, which I have submitted previously. I think they made the issues clear, and this is an important bit. The fatal flaw in this entire saga is the fact that no level of exposure to 2,3,7,8-TCDD dioxin has ever been established by blood tests amongst our Vietnam veterans in New Zealand that can be compared with the already established levels within the civilian sector. That same issue applies to chromosome studies of our veterans' children. In other words, the diagnostic tools available have not been employed to establish what degree of exposure has occurred. It is pointed out that Vietnam, a so-called Third World country in the early 1980s, was able to measure exposure levels amongst North Vietnamese army troops, along with chromosome damage in Vietnamese children thus exposed. Patently, the scientific tools were available in 1982 to measure exposure, but what did our sovereign nation do with regard to that matter? Nothing. With callous disregard, our body politic and their servants

set out to conceal the problem and the damage done to servants of the Crown and their children. The DNA damage inflicted on the Vietnamese may very well carry on for many generations, as it also may do on the children of the members of the Free World forces, including New Zealanders who did their duty as required by the body politic of the day. I understand that the figures of disabled children in Vietnam are in excess of 200,000.

One notes that a sister chromosome study of nuclear test vets has been undertaken by Massey University, and that more studies on timber workers looking for DNA/chromosome damage is mooted. Indeed, a professor rang me from the university recently, and asked me if I would back him to do these tests on timber workers. When I told him that most of them are dead, he replied he would look at the current lot. Then I pointed out to the professor that they no longer use pentachlorophenol in New Zealand. I could give you a case in point. I also made the point, as a member of RIMPAC, about this loss of information. The political powers were also advised of the plight of the nuclear test veterans. The individual radiation dosimeter film badges, which they were issued with for Operation Grapple and other nuclear tests, were lost. How can hundreds of such important medical records be lost? It is like saying to people who work in x-ray departments in New Zealand hospitals: "Sorry, we have lost your radiation film badges".

That same situation applies to our Vietnamese veterans given the drug Dapsone experimentally and unlawfully whilst in Vietnam. There are no records of a prescription drug having been given to soldiers whilst on that service, on their medical files. Obviously, the Australian general in command of the Australian task force had some concern with regard to the use of Paludrine and Dapsone conjointly, because he wrote in an official military letter that an eye should be kept on the troops for any long-term toxic effects. As far as we are aware, his instruction was not followed.

It is my strong view that a lack of reasonable communication by the State, the body academic, and the health department has led to this sorry state of affairs. By simply talking to veterans who have spent decades researching this matter, many mistakes could have been avoided. Simply put, all the veterans wanted was the truth.

On 9 April 2001, members of our association, including myself, met with the Prime Minister, the Rt Hon Helen Clark, other Ministers, and officials from Government agencies. I made it very clear that in our view the Reeves inquiry had been based in part on information that was known to be fraudulent. I also spoke on the issue of nuclear test veterans having most likely ingested radioactive water from contaminated desalination plants on their vessels, as well as the issue of Dapsone and a parasitic worm endemic to Vietnam known as *Strongyloides*. Both the head of the Department of Veterans Affairs, Ms Jessie Gunn, and Dr Feek from the health department were present. One might reasonably suppose that these highly paid public

servants would have sat up and taken some notice, and, at a later time, communicated with us to find out what we were talking about. They did not. I was astounded when I later discovered that Ms Gunn had sent the Reeves inquiry for review by the Wellington School of Medicine without communicating with us in any way to ascertain what the serious faults were. As early as 1990 our association had made a comprehensive submission to Parliament on the effects the Monsanto studies had had on our medical and scientific understanding of dioxin contamination. Simply put, the 1985 Evatt royal commission findings in Australia, on which the New Zealand Government relied, were a fraud, aided and abetted by the Australian Government.

I do realise, Madam Chair and honourable members, that the issue of *Strongyloides* might be seen to be outside the terms of reference for this inquiry, but I beg leave to speak on this, as the issue is symptomatic of the neglect and disregard shown to our Vietnam veteran community by the State and its agencies. *Strongyloides* is not a new problem, and, indeed, was apparent in World War II veterans held prisoner of war by the Japanese in South-east Asia. It is caught by contact with the soil, and can be symptomless or cause symptoms consistent with irritable bowel syndrome. Circa and post World War II, there was no treatment available that would expel this parasite. I understand they now use ivermectin—this is the same stuff they use on cattle—to treat it with.

I bring to the attention of the committee that our former brothers-in-arms, being Australian Vietnam veterans, have governmental instructions in place whereby if a veteran is to have chemotherapy or radiotherapy he must first be checked for *Strongyloides*. That is because the suppression of a veteran's immune system by radiotherapy or chemotherapy can cause a massive and potentially fatal multiplication of the parasite—which can kill the patient. What do we know of this problem in New Zealand, and what action did Dr Feek take in examining this problem when I raised the matter? As far as I am aware—nothing. I bring to your attention chapter 11, page 161 of *The Devil's Rainbow,* published in Australia in 1998. I quote: "A former New Zealand nursing sister, now living in Queensland, was diagnosed after 20 years of being treated as a hypochondriac by the medical profession. Now she is on a pension for *Strongyloides*."—a New Zealand nursing sister, a woman who nursed our soldiers in Vietnam.

It is reprehensible that some 30 years down the track we are arguing whether our veterans were exposed to Agent Orange, or not. Of course they were, along with a raft of other toxic substances. Furthermore, the committee has no doubt noted that in the late 1950s what was essentially Agent Orange was being imported into New Zealand from a chemical firm based in Victoria, Australia. It is no wonder, then, that the dioxin isomer has been located in our civilian population as a result of contaminated food chain and environmental factors. A statement made by a health department official indicates that 2,4,5-T was not registered for use in New Zealand until 1973. Thus, for decades, we inflicted very serious health and

environmental damage on our country, with no checks and balances in place.

Furthermore, I was recently provided with a document from a former soldier's military file—he is present here today—that shows that a portion of the army training group's Waiouru housing area and families were over-sprayed with a mixture of 2,4,5-T and 2,4-D on 5 March 1982. A substantial aerial spraying programme was then in place in an effort to eradicate *Pinus Contorta,* which had become widespread in the training area. One needs pretty heavy-duty defoliant to destroy self-sown pine trees. Were any attempts made to protect the integrity of the feeder streams in the training area, which supplies the potable water to the camp and housing area? Not that I am aware of.

Thus, it can be argued that as some of the soldiers still serving in 1982 in Waiouru were Vietnam veterans, they were put at double jeopardy, with the probability of some of this additional daily burden of dioxin as a consequence of the *Pinus Contorta* spraying programme.

So it is not a matter of if our Vietnam veterans were exposed, but how much more so than the general civilian population. Sitting in this room with me today are men who risked their lives for this country: men who gave up their youth, health, and innocence for the precepts of democracy, freedom, and truth; men who endured extreme and horrific violence, often at very close quarters, on behalf of their country and its people; men who patrolled for weeks on end, slept on hard ground, could not shower, and suffered sleep deprivation; men who knew thirst and hunger, carried very heavy loads, and wore clothes that eventually rotted off their backs; men who drank water from filthy and contaminated streams because there was no alternative except death from dehydration; men who did not receive enough calories in their combat ration packs—the tinned contents of which were sterilised with gamma radiation—or get sufficient vitamins in their diets; men who, night after night, were engaged in night ambushes, killing at very close range a determined and well-armed enemy; men who had an experimental drug—Dapsone—shoved down their throats on military orders with no right of dissent; and men at war's end who were spirited home, vilified for doing their duty, neglected, forgotten, discriminated against, and lied to.

The long-held and officially trumpeted idea that the troops had to be directly sprayed in order to receive a level of contamination of 2,3,7,8-TCDD dioxin, inherent in Agent Orange and other defoliants used in Vietnam, is a total fallacy because of the inescapable fact that dioxin has been located in the tissues of New Zealanders who never set foot in Vietnam. That our health department and academics could not see the logic of that is totally ludicrous.

In a letter to me of 8 October 2003, the Hon George Hawkins says: "At the request of the Minister of Defence, the Defence Force has researched the

use of herbicides in South Vietnam in order to get the full facts so that everything is out in the open. Vietnam veterans deserve no less." I might suggest that I notice the defence department has not got a representative here today—which is very disgusting. He also said: "The Government has always been willing to recognise the fact that New Zealand personnel were exposed to defoliants, pesticides, herbicides, and other chemicals that were used in Vietnam."

It would seem to me that the Minister's advisers were being rather frugal with the truth, as well as being ignorant of material fact in respect of what has transpired within our own country, given the large volumes of hazardous chemicals used over decades in our own land. The consequence of this is clearly reflected in our own State agencies' admissions of DDE and dioxin being in the tissues of New Zealand citizens, via the food chain. What we put on the land eventually ends up in the soil, in the watershed areas, and, later, in the food chain. The horrendous statistics in respect of breast cancer, cervical cancer, prostrate cancer, and type 2 diabetes within New Zealand may well be connected in part with the contamination of our island nation and its food chain. I just make the point here that the health department have put out a questionnaire for the people of Paritutu in New Plymouth, and in there they ask questions about diet, and they have used the Vietnamese model. They have not asked questions about animal fat or dairy produce, which we know are no different from the United States, and are the main route of dioxin exposure into the population.

Thank you, ladies and gentlemen. I am sorry it was so long, but we had a lot of ground to explain.

Chadwick It was important, and just for those who have arrived since, you may not be aware that the committee is hearing from the Ministries of Defence, Veterans Affairs, and Health on the 3rd.

Collins Thank you, Mr Moller, for all the work you have been doing over the years on this. Have you read the McLeod report?

Moller I have.

Collins It's one of the issues the terms of reference are looking at, in terms of ____ and its effects. What do you think of it?

Moller I think it's an example of shonky science and shonky research, because she obviously didn't know where troops were serving in Vietnam. In fact, troops served in Phuoc Tuy Province, Bien Hoa Province, and Long Khan Province. In fact, the first troops deployed into Vietnam were deployed into Bien Hoa Province. The Bien Hoa airbase was where a lot of these defoliating missions were flown from. The photograph I table before the committee shows our unit operating in Bien Hoa in 1969, where we were protecting the perimeter of the Bien Hoa airbase. You can see what was left of the jungle, and not far from that area where that photograph was taken,

there were what we call land clearing operations. There were huge bulldozers, used to get rid of the jungle.

Collins From your time in Vietnam—most of your submission is on behalf of the association.

Moller That's right, yes.

Collins Can you tell us a bit about your personal time there? Was there any aerial spraying or other spraying that you felt contaminated you? Perhaps your personal situation—if you would like to tell us about your health, your family and that sort of thing.

Moller I was an infantry platoon commander in Vietnam, responsible for the lives of 32 men. We spent most of our time out in the jungle, or in the scrub or in the bush, hunting Viet Cong, North Vietnamese soldiers. That was our job. I gave you some idea of what those men had to endure on a daily, weekly, and monthly basis. I think the longest time we went without a shower was about 8 weeks, which was quite a long time. I want to make the point that we did not really know very much about the defoliating programme in Vietnam, at all. We would come into Nui Dat base for a couple of days rest, clean up, clean our weapons, prepare for our mission, and go back out there again, _____ and it was very seldom the case.

The other point I make is that you can't rely on military documents for accuracy. We had already found out that Professor Stellman had found other spraying missions that were never reported. You have to understand, and other veterans here will tell you, that on one operation when we were shelled accidentally by the Thais—because the Thai unit didn't know we were there. So that is the sort of thing that goes on in the fog of war.

Yates Thank you very much for your submission, and it was a very extensive submission and you obviously have spent a lot of work on it. Just on 24B, which is the paper you have just been talking to us about, on the first page you make some quite strong accusations in the last paragraph.

Moller On Thomson and Marshall?

Yates Yes.

Moller Yes. We have the documents—

Yates What is that bit about profit? Would you like to elaborate? And are you sure you want to make those accusations, or—

Moller Well, when we went through the documents and archives we found a minute signed by Marshall and Thomson, where they were saying in '67: "Look, we want to get defoliant going in New Zealand for the war effort." They tasked the Air Force to find out for them how much profit they would make by flying up to Vietnam in C130s. The answer came back from the

Air Force: "We are going to make about £3,200. We can't always have the aircraft available, so it may be better to go up in Air New Zealand." I make the point that New Zealand signed the Geneva accord, which said that we would not use agricultural chemicals in warfare. In other words, our country broke the law internationally, and could be held liable.

The other point I make is that some of the documents I got from Australia are from the RMA, the Regulatory Medical Authority. It's very clear that they were treating this defoliating programme as a chemical warfare exercise, because those documents were going to chemical warfare research establishments in Canada, Britain, Australia, and the United States. New Zealand was never told of quite what was going on.

Yates I am just curious that you used the word "profit", and was that in the original document?

Moller That's right, yes. They wanted to know how much money they would make out of it. Now, I would like to bring to your attention, seeing you asked me that question, a record of *Hansard*, 21 February 2001, where the honourable Sue Kedgley talks about dioxin contamination in the New Zealand population, from where Ron Mark talks about us supplying defoliant for Vietnam from Mexico, and the fact that a member of Parliament was a director of the company. We don't know who he was, of course, but perhaps you can enlighten us.

Chadwick You might want to leave that. They weren't _____ . Sue Kedgley, another question?

Kedgley I could ask you hundreds, but I will restrict myself to a few. I think what one of the things you are saying—and congratulations for your submission—is that it's almost a re-hearing about whether you are erring on the spray. That is, that the contamination _____—

Moller It's a total fallacy.

Kedgley —and we know that from the New Zealand experience. We shouldn't really go into the red herring of who was sprayed and who wasn't, so as somehow was evidence. Are you also saying that your believing that one of the reasons for what you perceived to be the long cover-up is because officials didn't want to acknowledge—

Moller That we were sprayed.

Kedgley —the pesticides and the effects of dioxins on the health of our population, and if somehow this was exposed_____ the Vietnam vets, this might fall into questions of the wider issues you raised about the New Zealand population?

Moller Yes. Yes, I believe that very sincerely, actually. Having worked with timber workers in Whakatane, their state of health is atrocious there. Most of them

are dead. And they were using pentachlorophenol, which had high levels of dioxin in it. They were getting soaked in it, in the sawmill. People like Professor Pollack in Australia are saying: "OK, it's not only Agent Orange but it's all the other chemicals as well. You've got a synergistic effect." Now, the official line from the Government is always the direct spraying of troops, which is rubbish. What that means is that the population of New Zealand would have had to be sprayed at some time or other, because they had dioxin in their adipose tissue. It comes from the food chain, animal fats, and dairy produce.

Kedgley My final one I'll ask now is that when you say that the US committee of inquiry—that it emerged that the United States Air Force knew that the defoliant was hazardous to humans ___ and that the dioxin levels were not regulated, and so forth—but they weren't worried because they only thought it would land on the enemy—if that is true that they actually knew the effect of what they were doing, has anyone considered taking this case up against the United States Government—if they were _____

Moller I believe that the American veterans are currently examining that process, but I understand it is very difficult for servicemen to sue the American Government. But while we are talking about the United States Air Force input into this, there is also the United States Air Force Ranch Hand study, which was the study of the pilots who flew the missions. At the beginning of the spraying programme in Vietnam, the CIA flew the spraying missions, not the American air force—in unmarked aircraft. It was called Operation Hades. Then the American air force took over. But when they did the study of the American pilots, they actually found increased levels of diabetes, cancer amongst the aircrews, and birth defects amongst their children. But they concealed those figures from the White House. The air force concealed it. Dr Richard Albanese, who was a member of the task force doing the study, said that it was basically a medical crime. And this is our argument as veterans. For years and years we have had these official reports put down in front of us, and they don't stand up to close scrutiny. They have been screwed by _____, massaged—are sometimes just fraudulent.

Kedgley Finally, some previous submitter suggested that a survey of Vietnam veterans ___

Moller Personally, I think it's too late. We have probably in the vicinity of 480 veterans dead—maybe more than that. And there's the hidden cost, the invisible cost. I have had a veteran come to say to me—I don't mention the guy's name—"I have two daughters. I'll never be a grandfather because both have got severe endometriosis." Now, the science overseas is now linking that to spray drift. I also had an eminent New Zealand scientist who phoned me up a couple of years ago and apologising. He said: "We were wrong. We were wrong when we thought that dioxin could go only through the female line." And you have seen in my submission that Pollack and others say that dioxin can cross the blood/testes barrier and therefore it can be responsible for birth defects.

Collins Can I just clear up with you, Mr Moller, because you have given us lots of evidence here, and we have heard evidence today about how the troops and those who were involved in it had no understanding of the effects of this.

Moller No, they didn't.

Collins You have just made a statement about the US—that there was obviously some evidence or some knowledge in parts of the US about the effects. Have you got any evidence that there was any understanding in New Zealand at that time of the possible effects of it? Did anybody think that there was any _____

Moller No. The only evidence was in the civilian sector, and you will see in my original submission the Yates 2,4,5-T hazard warning label in 1957 saying that women of child-bearing age should avoid contact with the spray. Sometime later that hazard warning label was removed from the product.

Chadwick And John, thank you as well for your term of reference four recommendations. The committee notes that they are recommendations for what we could look forward to developing. Thank you. We won't repeat those ___.

Paraone I just want to get a handle on how far up the command chain, if it was ever known, as to what the _____

Moller Any orders to carry out spraying operations would generally be at task force headquarters level, not at battalion, company, or platoon. So it was right at the top there. In the main, around Nui Dat, most of those programmes would be food destruction—in other words, destroying rice crops, mangroves, that sort of stuff. The only place where heavy defoliation would go down would be in heavily forested areas where intelligence suspected there were large enemy bunkers, and these people were dug into the ground 30, 40, 50 feet down in heavy jungle. Bombers could not take them out, so they would send the troops in to clear them out.

Paraone So anyone within the New Zealand services—

Moller It's unlikely for them to have known—except Colonel John Masters has produced a map, and he's a gunner officer. He produced a map to show the areas of defoliation. Can I just say to the committee that gunners would be sited on a fire support base and they would have to defoliate all the trees and undergrowth, otherwise if the shell hits the tree on the way out from the gun you kill your own troops. So those areas were very heavily sprayed to clear everything.

Chadwick Could I just ask you before you go, John, how many do you represent in the veterans' association?

Moller We have about 50 members. We are a specialist association. There are two veterans' associations. There's the EVSA, which is a social club, and they

are getting into welfare. There's us, who have been going since about 1982 and our only function is to do the research, gather the evidence, and assist veterans where we could. We also were different in that our association allowed wives to access us, and the children of veterans to access us.

Chadwick Thank you, and thank you for your work there. It is quite appropriate that we have given you a bit longer.

Moller Thank you.

Malcolm Ball

Johnson [Reading for Ball]. My name is Malcolm Ball. I'm here to talk about an experimental injection program carried out on some New Zealand soldiers during their tour of duty in Vietnam. After this was written, more parts of the puzzle have fallen into place. I had a meeting with Dan McLeod in Wanganui. I was told he could possibly help me with what I was doing. It was there that Dan McLeod confirmed he knew all about the experiment, but stated that he was not involved in it. Dan McLeod would not tell me what it was. (I think he knew he had made a big mistake in confirming this.) We talked at length—that I knew who the doctor was who carried out the experiment on Whiskey 2 personnel only, but not the other company experiments. The doctor's name is Brian McMahon of Dunedin.

The doctor did not want to do this experiment, but had to under orders. If you know how the chain of command works, you will understand this. Although he did have the choice to say no, if he had done this, his career would have been finished, and there would have been someone else to carry out the orders. These orders would have come from the DFSMO at the time, Brigadier Allright and Air Commodore Bremnar. If I am correct, the doctor, Brian McMahon, has kept a copy of this experiment, and has also kept records of the personnel who were used as lab rats in this experiment. I somehow feel he has kept this for this very day.

With Dan McLeod confirming there was an experiment, this is the same experiment that I have been asking about—once again, the same experiment that the Government says does not exist.

This meeting I had with Dan McLeod where he confirmed this experiment: did he lie to me that he knew all about this experiment, or was it a hoax? Now let's go back a bit to No. 40 in the document that is dated 14 January 2001: "It was at this time I had a meeting with Graham Gibson, a Vietnam veteran, in Rodney Hide's office, whereupon I was advised not to proceed with my request for my inoculation records, or to pursue the experimental programme any further." I ask why.

I spoke with Air Marshall Bruce Ferguson on the phone, and I said that I would discontinue the investigation into the inoculation records, but would continue to pursue the experiment. There was a long silence on the phone, and Bruce Ferguson replied: "A lot of people will lose their jobs over this."

Mr Ferguson failed to mention that members of Parliament have been trying to cover this up also.

I ask you, why would you try and talk somebody out of this if they had nothing to hide? It seems to me that the Government already knew about the experiment and wanted it to be kept quiet, hence the reason Air Marshall Bruce Ferguson first tried to talk me out of it, and hence the stalling tactics it took to receive any correspondence from the Government, saying that they could not find these records, and, therefore, that they do not exist.

Then there is the doctor who confirmed to me on the phone that I had the wrong dates, but stated long before this that he knew nothing about this experiment. If the doctor knew nothing about this experiment, then how did he know I had the wrong dates? I have never mentioned any dates. Only the Government has mentioned dates in their letters.

As I have already stated in previous correspondence, where is the copy of the investigation? Back in 2000, the Hon Mark Burton proposed that a report was to be conducted by the defence force and Veterans Affairs department. This report was, as in No. 46 of the document, "to ascertain whether there was any substance in the allegations that have been made about an experimental programme", and my five questions would be answered, as in No. 46.

To this date, I have not received any correspondence on this subject. I have made contact with the Government through the ombudsman, just of late, for this information, and I have still not received a copy of the findings concerning my written questions. It seems to me that the ombudsman does not want to ask any direct questions to the Government any more. Why?

If you think that Governments do not do this, then please listen to these articles.

Ball Sorry, I have the articles here.

Chadwick If you just hand them to the clerk.

Johnson I shall carry on. Through my research some years back I knew this experiment affected the brain, stomach, and the body cells. This damage can be detected through blood tests. I recently obtained information on mycoplasma, recognised as a common disease agent.

How mycoplasma works: the mycoplasma acts by entering the individual cells of the body, depending upon your genetic predisposition. You may develop neurological diseases if the pathogen destroys certain cells in your brain, or you may develop Crohn's colitis if the pathogen invades and destroys cells in the lower bowel. Once the mycoplasma gets into the cell, it can lie there doing nothing, sometimes for 10, 20, or 30 years, but if trauma

occurs—like an accident, or a vaccination that doesn't take—the mycoplasma can be triggered.

Because it is only the DNA particle of the bacterium, it doesn't have any organelles to process its own nutrients, so it grows up by taking performed sterol from its host cell, and literally kills the cell. The cell ruptures and what is left gets dumped into the bloodstream.

Mycoplasma comes from the brucella bacterium. Brucella is a disease agent that doesn't kill people; it disables them. But according to Dr Donald MacArthur of the Pentagon, appearing before a congressional committee in 1969, researchers found that if they had mycoplasma at a certain strength—actually 10 to the 10th power—it would develop into AIDS, and the person would die from it within a reasonable period of time, because it could bypass the natural human defences. If the strength was 10 to 8, the person would manifest with chronic fatigue syndrome, or fibromyalgia. If it was 10 to 7, they would present as wasting—they wouldn't die, and they wouldn't be disabled, but they would not be very interested in life. They would waste away.

Blood Test: if you or anybody in your family has myalgic encephalomyelitis, fibromyalgia, multiple sclerosis, or Alzheimer's, you can send a blood sample to Dr Les Simpson in New Zealand for testing.

If you are ill with these diseases, your red blood cells will not be normal, doughnut-shaped blood cells capable of being compressed and squeezed through the capillaries, but will swell up like cherry-filled doughnuts which cannot be compressed. The blood cells become enlarged and distended, because the only way the mycoplasma can exist is by uptaking pre-formed sterols from the host cell.

One of the best sources of pre-formed sterols is cholesterol, and cholesterol is what gives your blood cells flexibility. If the cholesterol is taken out by the mycoplasma, the red blood cell swells up and doesn't go through, and the person begins to feel all the aches and pains and all the damage it causes to the brain, the heart, the stomach, the feet, and the whole body, because blood and oxygen are cut off. That is why people with fibromyalgia and chronic fatigue syndrome have such a terrible time.

When the blood is cut off from the brain, punctuate lesions appear, because those parts of the brain die. The mycoplasma will get into portions of the heart muscle, especially the left ventricle, and those cells will die. Certain people have cells in the lateral ventricles of the brain that have a genetic predisposition to admit the mycoplasma, and this causes the lateral ventricles to deteriorate and die. This leads to multiple sclerosis, which will progress until these people are totally disabled. Frequently, they die prematurely. The mycoplasma will get into the lower bowel, parts of which will die, thus causing colitis. All of these diseases are caused by the degenerating properties of the mycoplasma.

In early 2000, a gentleman in Sudbury phoned me and told me he had fibromyalgia. He applied for a pension and was turned down, because his doctor said that it was all in his head and that there was no external evidence. I gave him the proper form and a vial, and he sent his blood to Dr Simpson to be tested. He did this with his doctor's approval, and the results from Dr Simpson showed that only 4 percent of his red blood cells were functioning normally and carrying the appropriate amount of oxygen to his poor body, whereas 83 percent were distended, enlarged, and hardened, and wouldn't go through the capillaries without an awful lot of pressure and trouble. This is the physical evidence of the damage that is done.

In closing, I hope you will investigate this urgent, disgraceful, and unjust matter, whereupon our own troops were used as lab rats. I hope you'll acknowledge this responsibility and award compensation to those men, their wives, widows, sons and daughters, and give an apology and explanation to these people on why this criminal act was carried out without their consent. Thank you.

Chadwick Mr Ball, it's slightly out of the terms of reference. It's very interesting, and what we have to do is hand it over to get the allegations and your concerns considered. But we'll open for some questions on it.

Ball I have something else too, which has to be done.

Chadwick You can do it through the clerk. All of these allegations, evidence, material, and reports—we're not the specialists. We have to get them looked at.

Ball This has been passed on to you as a top-secret document done by Admiral E R Zumwith Jnr about Agent Orange, and everything you've heard about Agent Orange; it is written in there. You have it, I think.

Collins Thanks for your submission. We've been in communication before. This is the evidence, and I'm concerned to know a couple of things. The first is that you have said in page 1 of 14A that you had a meeting with Graham Gibson in Rodney Hide's office.

Ball That's correct.

Collins And you were told not to proceed?

Ball Yes.

Collins Who advised you not to proceed?

Ball Graham Gibson.

Collins I'm not sure where his connection is with all this, apart from having been a victim.

Ball I don't really know myself properly, but it appeared to me that he had been on the phone to Air Marshall Bruce Ferguson. They had talked and he didn't want this to come out.

Collins In relation to this, we have the official line from defence, as you know, that there was no such inoculation, and we have parliamentary questions on that. Where do you want this select committee to be able to take this issue? What do you want us to be able to do?

Ball You have to look into it.

Collins We've got your side and we've got the official side, which is different. What can we do to help?

Ball The Government says that it does not exist, yet we have Dan McLeod confirming it. Then we have Air Marshall Bruce Ferguson trying to talk me out of it. It does exist. Why would he talk me out of it?

Chadwick What were you inoculated for? What was it to protect you against?

Ball When you left New Zealand you had to have seven injections. It's on the HQ8 card. I have written to defence headquarters, and the reply back from Mark Burton said that my HQ8 card showed that my first injection was 2 months into Singapore. You had to have seven injections before you left the country.

Chadwick And this was one of them?

Ball No, nothing to do with that. You had to have seven injections before you left the country. That's why we had a HQ8. I have asked and asked, and was told in the end, by whoever is in charge of defence, that if my HQ8 said my first injection was 2 months into Singapore, then that would be the first injection. Everybody behind me knows you had to have seven before you left the country. They would not give me any information on it. I've had about seven or eight jokers ask for the HQ8. The Government will not release or pass them on.

Collins So you're saying you had your seven injections before you left here.

Ball Yes, and we got boosters overseas.

Collins But your first official record shows that they happened 2 months after you left.

Ball Two months into Singapore?

Collins Yes.

Ball And Mark Burton has put on paper that if that's what it says, then that is correct, which is absolute total rubbish.

Kedgley I and many others have been in contact over the years. Have you ever got any kind of _____since 1991?

Ball Never, I haven't got a cent from them.

Kedgley And you haven't still seen whatever that—?

Ball I have seen parts of it, but there's so much missing, it's unreal, and they will not give it to you.

Kedgley So how do you know that so much is missing?

Ball I know what happened to me. I broke my leg. I ended up in hospital. It also states on my HQ8 that a day before I got out of the army, I got a jab. Why? I needed a jab?

Kedgley The second question is that in your submission you say defence headquarters asked the Government if they could carry out an experimental injection on your own _____

Ball No, what I am saying is that at the time they wanted to do the experiment, defence headquarters asked the Government. The Government gave the go-ahead.

Kedgley How do you know that that request was made to the Government?

Ball The same way that I found out about the experiment, and I can't tell you that. If I tell you, the Government will know, and I don't want it to know.

Kedgley What you're saying is that someone has told you that that _____

Ball Yes.

Kedgley But it's hard to verify where the allegation came from.

Ball I understand what you're saying, yes.

Kedgley Is it that, that triggered you to begin this long and tenacious investigation, or what was it that began it?

Ball To a point yes, but there's a bit more to it than that.

Chadwick If you cannot make the linkages for us, we really can't follow it up, because it's anecdotal.

Ball I hear what you're saying. But I have had it confirmed.

Chadwick We need that, if you want us to respond.

Kedgley Isn't the doctor concerned—

Ball Dan McLeod from Wanganui. He confirmed the experiment.

Kedgley Also, you said there was a doctor.

Ball A Dr Brian McMahon. He was the person who carried it out on Whiskey 2 personnel.

Kedgley So we could be asking him—

Ball There were actually more experiments carried out. There was one with the _____veterans, the very first veterans _____.

Kedgley Does Brian McMahon know that you are citing him here, and can we—

Ball You may speak to him as much as you like.

Chadwick We can't subpoena. We're not a court. We are only a parliamentary committee of inquiry, so we can't expect people to respond at our request. We can give an opportunity.

Hutchison You mentioned that regarding the mycoplasma, the blood samples could be sent to Dr Les Simpson.

Ball That's correct.

Hutchison If that's so, does he have any available evidence as to who might have been subject to inoculation, and who might be positive? Can you provide the committee with any technical information—

Ball Les Simpson, or the doctor?

Hutchison —on two things: one, who was the source of the technical information you have provided in your submission, and two, is Dr Les Simpson someone who may well have substantiated information that might be useful to the committee?

Ball Yes, if you go to www.warvets.com—I think that's the one—there is a paper out on mycoplasma. I can find that out. What I have read to you is from that document.

Chadwick We have a slight technical problem that the committee will have to consider. This is way outside the terms of reference of the committee. However, we'll take into account everything you have brought in front of us, and then we'll decide as a committee what we can do with it.

Ball Yes, thank you very much.

Ross Miller

Chadwick Mr Miller, when you begin, would you mind telling us a little bit about the work that you have been doing, as that would be helpful to us.

Miller Yes, sure; thank you. I represent the Ex-Vietnam Services Youth Development Trust. The trust was set up in 1992 specifically to help the children and grandchildren of Vietnam veterans. I think in the submissions we make that, to date, we have helped, I think, currently 168 children to the tune to giving them close to $60,000. Madam Chair, I just wonder if you are going to go to where I put some medals on because I really today just want to acknowledge a Vietnam veteran who is not with us. His name is Gary Horne, and he died recently. I am wearing medals in memory of Gary. I want to talk about him just a little bit later on because I think that he is germane to the inquiry.

Madam Chair, members, thank you very much for agreeing to hold this inquiry. I suggest to you that you have a responsibility and a duty to right a major wrong in the way successive Governments have treated those who served their country with honour in a war that divided New Zealand. It seems to us that we are still suffering the backlash from those divisions. You have read my submission, and this presentation is going to focus on the recommendations on page 9.

Recommendation 13.1 was that it be acknowledged that all Vietnam veterans were exposed to chemical defoliants during their time in theatre. In the light of what we know now, I submit that as a given. We produced the "Masters" Map, which was initially treated with derision by Minister Hawkins. In June in answer to written questions 3961 and 5003, Minister Burton revealed that upwards of 2 million litres of herbicide was sprayed in Phouc Tuy Province alone. That information came from Ministry of Defence files, and in that respect we are also aware that the Ministry of Defence will give evidence to this inquiry—I think next week. But they had managed to replicate the "Masters" Map from their files. So the question we have, and the question we relay to you, is why this information was not made available to either Reeves or McLeod. It was there, waiting. We also note that at the time of Reeves, then Colonel Jessie Gunn, now director of the Department of Veterans Affairs, was appointed to assist the then Chief of Defence Force, Lieutenant-General Tony Birks on that inquiry. Tony was a member of the Reeves inquiry. It was inconceivable, ladies and gentlemen, to us that a senior officer did not bother to review the Ministry of Defence file on the subject. How could that be? It is equally incomprehensible as to why that file was not made available to either inquiry. It is not classified. There has to be a reason for that. Was it incompetence, or was it something else? And that is for you to determine.

Recommendation 13.2: that that acknowledgement that we were sprayed be accompanied by an appropriate apology. The Government must apologise for the failure of that information on exposure to be made available to Reeves and McLeod. Simple—end of story; we want and we will accept nothing else but an apology.

Recommendation 13:3: that an ex-gratia payment be made to the Ex-Vietnam Services Association Youth Development Trust. An apology is

fine, but we will have experienced prior to this, and I guess over the next few days, the very real anger, despair, and frustration generated by the errors of fact in Reeves and McLeod that is felt by veterans. It has impacted on their families, and my trust picks up the pieces. All our funding comes from the veterans' community. It is time for Government to put its hand in its pocket and make a gesture. We are not talking millions—just make a gesture so that we can help those who have been directly affected.

Recommendation 13:4 is that the Reeves and McLeod reports be dismissed as having no credibility within the Vietnam veteran community. Any report, if it is to retain credibility, must have substantial buy-in by the various stakeholders. Reeves and McLeod stand condemned by the Vietnam veteran community. Both are predicated on the lie that we were not exposed in any substantial way. Once that falsehood is exposed—and it has been—then those reports are not worth the paper they are printed on. And it is not just that falsehood—McLeod, particularly, can't stand serious scrutiny. My trust associates itself with and endorses the evidence of Lachlan Irvine, which will be introduced, I think, formally tomorrow. Lachlan Irvine is from the Australian National University. His evidence is substantial—there it is. He dissects with critical precision what is revealed as a mishmash, and I quote now: "of shoddy research and remarkable ignorance on the subject matter by the authors." They are his words. We note that his paper, his evidence, has been signed off by the Ethics Committee of the Australian National University. We commend it to you—and I guess, as an aside, his evidence also begs the question as to whether the authors of McLeod retain the credibility to undertake serious research in this area of expertise. I guess that will need to be addressed by the Wellington school of medicine. Reeves and McLeod cannot be allowed to stand. They must be dismissed to the dustbin of history.

Recommendation 13.5: that the findings of the Australian Department of Veterans Affairs and the United States Veterans Administration into the effects of exposure to Agent Orange form the basis for ongoing action. Ladies and gentlemen, let us not pretend that we in New Zealand had the capability or resources to engage in original research. Indeed, we note the following extract from the minutes of the meeting held between Vietnam veterans and the Prime Minister on 9 April 2001: "Decisions announced. Prime Minster and Cabinet had decided to accept the results of overseas veterans health studies conducted on the effects of defoliants on veterans' and their families' health, rather than order new independent New Zealand studies." It is just a pity that McLeod was already in train at that point. He had it—McLeod was released in November 2002, 18 months after Cabinet issued that direction. Did it really take 18 months to prepare? The $90,000 overall cost would suggest a time line to be measured in weeks rather than months. What I'm saying is: did the Department of Veterans Affairs go against a Cabinet direction in commissioning McLeod?

Recommendation 13.6: that Veterans Affairs New Zealand direct their specialist panel to accept as service-related any condition on the American

Veterans Affairs list of presumptive illnesses. We would not dispute that the War Pensions Act, and particularly the provisions providing for the reverse onus of proof in favour of the veterans, is anything else but a leader in its field, but we would also suggest to you that Vietnam veterans and their exposure to life threatening or health-threatening chemicals presents a particular set of circumstances requiring special action, and time will be of the essence.

I want to share a specific case with you. In March this year, a soldier whom I was privileged to command in Vietnam rang me from his home in Sydney to say he had been diagnosed with terminal cancer, a cancer on the American administration's list of presumptive illnesses. I advised him to approach DVA New Zealand for help and pension support. In April he applied for a disability pension. In July he paid a visit to New Zealand. While here he visited DVA in Wellington to check how his application was going. He specifically asked them: did they have all the information they needed to make a decision? He was told yes. On returning to Australia there was a letter waiting for him from DVA, requiring further information. Time passed. In September he was advised that he had been awarded 100 percent disability pension, with the first payment due on 7 October. Gary died on 5 October. Some young kid turns up in WINZ without a job and applies for an unemployment benefit, and he's got that benefit in his hand in 2 weeks. Yet a dying vet has to wait 7 months for action, and then it's too late. But if the_____ panels were directed to apply the same procedure that exits in the United States, a Vietnam vet would have a gate to walk through rather than a barbed wire fence to climb.

I will tell you a story with the express permission of Gary. I spoke to him 2 days before he died. He specifically asked me to say to you that no one should have to go through what he went through in dealing with DVA, and I ask you: if you do not recommend change, how are you ever going to be able to look Vietnam veterans in the eye and tell them the present system is responsive to their needs? Just think on that.

Recommendation 13.7: that Vietnam veterans be offered free annual medical checks. We submit that Vietnam veterans are vulnerable to a whole subset of medical problems different from other veterans. Surely, ladies and gentlemen, it makes sense to put a safety rail at the top of the cliff rather than an ambulance beneath it. Such a move would replicate what is available to American Vietnam veterans. We would suggest a generous estimate might be that 50 percent of New Zealand Vietnam veterans still alive would avail themselves of that offer. On that basis such a programme would cost in the order of $150,000 annually. That is a small price to pay for veterans' peace of mind. Ladies, and gentlemen, that concludes my formal presentation. Thank you for listening. I am happy to answer any questions.

Collins Thank you, Mr Miller, and thanks for your work on behalf of the Vietnam veterans and their families. Can I ask you this: you have made some comments about the Department of Veterans Affairs, and in particular

about the work with Jessie Gunn. You also make comments about the Reeves/McLeod reports, none of which, I have to say, that anyone would disagree with _____ so far today. What information, if any, can you supply to the committee in relation to the role of the Department of Veterans Affairs and/or Jessie Gunn, in either or both the Reeves or McLeod reports?

Miller Well, all right, I am prepared to share this you.

Chadwick Before you begin, can I just point out that any evidence here we have accepted as a committee, in terms of natural justice provision we will give to the people that are cited for a response.

Collins It is privileged.

Miller Judith, in answering that question, I guess I would best characterise it as confusion. I am aware that there is a Vietnam veteran in Christchurch who is so incensed about the McLeod report that he wrote to both the Department of Veterans Affairs and McLeod and said: "On what basis did you conclude that New Zealand veterans were not exposed to chemical defoliants?" I have here a letter to him from Jessie Gunn. He posed the question: did you, Jessie Gunn, or the Department of Veterans Affairs provide McLeod with papers for the report, and she said that copies of research projects that Dr McLeod was unable to access from other sources were made available to her. This was mainly research funded by the War Pensions Medical Trust Fund into nuclear test veterans. So she sounded like she didn't give McLeod _____. McLeod comes back to him and says: "In response to your comments, it is not customary to reference all statements made in the executive summary of a report. You will find the references you are seeking if you read the full text of the report." I can accept that, but interestingly enough, attached to the letter from McLeod to Mr Stewart was an email; an email that McLeod sent to Gunn, and why it was attached to the letter I don't know. Perhaps it was just picked up as it was lying next to it on the table and was included in the letter by—whatever. But it says this: "Jessie, I don't want to comment to this veteran again. In the report we used the exposure information resourced from the documents referenced in the report, and we checked"—and this is important—"with you as to whether there was any additional information available regarding the exposure of New Zealand troops, and you said there was not." I just want to read that again: "We checked with you as to whether there was any additional information available regarding the exposure to New Zealand troops, and you said there was not." So Judith, to answer you query, I think 'utter confusion' would be my answer. And can I just say that I understand that both those documents will be introduced formally, I think, by either Mr Stewart or Mr Masters tomorrow when they give their evidence. But if you want to take them now, you're welcome to them.

Chadwick Thank you. Just hand them to the clerk. We are building up a whole body of information.

Collins Was Jessie Gunn a member who worked on the Reeves report?

Miller Jessie Gunn—and I referred to it in my evidence—at the time of the Reeves report was a serving red-hat colonel with the Ministry of Defence, and she was specifically tasked to assist General Birks on the inquiry—that is, she was the conduit between the Ministry of Defence and the inquiry, providing, I presume, information, except that she didn't bother, and the information she did give them was what concerns you today.

Kedgley Thank you very much for your submission. I have just two questions. The first one: when you've asked us to, sort of, assume about the McLeod and Reeves inquiry, and why the information wasn't given to them, do you have some sort of lingering suspicion that some—one or other—of these reports was really a sort of whitewash; to suggest that everything was fine and we did not need to change our policy?

Miller I guess if the members of the Reeves commission and the authors of McLeod were not given the information, you can't really blame them. That is the first thing.

Kedgley _____

Miller Yes—why it did not get to them? I suggested either massive incompetence or something else, and I can't answer that.

Kedgley OK. The second question is: as you are the Association for the Youth Development Trust, etc, don't you make any specific recommendations about the children of Vietnam vets? I am just wondering if you have any comments.

Miller I am not a medical practitioner; I am not a doctor. But I did—

Kedgley Apart from giving the money to the trust.

Miller No, but I did associate the trust completely with the evidence of Lachlan Irvine, and he has dissected McLeod on an academic basis, and his evidence does point out the linkages with the children. So that's—

Kedgley I'm just _____ whether you have any suggestions or comments, because obviously this is an issue we are going to be looking at, as well.

Miller The applications to the trust inevitably are in excess of the funds available—what we can do. So I have given you a way forward if you want to recommend along those lines. Interestingly enough, many Vietnam veterans have lost faith in the system, for whatever reason. They will talk to the trust, whereas perhaps they will not talk to other agencies that could

give them help. I am always embarrassed about what we can't do rather than what we have done.

Chadwick Can I just ask you about your linkage here for the children of Vietnam vets? In this list of presumptive illnesses, what is missing in our New Zealand list compared to the American list? Are there more that we need to put on there, so they don't go through this threshold?

Miller In that list of presumptive illnesses, we have also noted—this is on page 7 of my evidence, in clause 11.2—that the veterans administration—that is, the American veterans administration—also recognises spina bifida and acute myelogenous leukaemia in the offspring of Vietnam veterans as an Agent Orange related condition, and eligible for compensation, treatment, and rehabilitation services.

Chadwick So you would like them added to our list?

Miller Absolutely. I have used that generic term of—

Chadwick Yes.

Paraone Just in regards to two of your recommendations, and the first one is: where you asked that the two reports be dismissed as having no credibility within the Vietnam veteran community, or having read it, I think I've answered my own question in regards to that one. But 13.7—that Vietnam veterans be offered free annual medical checks. Why—even if you have free annual medical checks, as I have heard earlier on, in terms of the gold card it is a little bit more than that. I think _____ asking for a bit more.

Miller It seems, I think, to us that if we accept that exposure to Agent Orange produced a whole range of illnesses, this is perhaps a really tangible thing that the Government can do to help produce peace of mind among vets. That is why we want to—and it is being proactive rather than being reactive. That is the best way I can answer that, really.

Chadwick Can I just clarify that? I thought now on our list—because I am aware that children of veterans are receiving treatment services and counselling for spina bifida and acute myeloid leukaemia. They are.

Miller That may or may not be the case—

Chadwick We will check that.

Miller —and I acknowledge that, but I think you have to see that in the wider context of what we were saying. It is ongoing. The research in the States is ongoing and that list is updated, and the last time it was updated was just 6 months ago.

Chadwick Yes, and we want to make sure. This is our opportunity to make sure that we have congruity, that's all. But I understood.

Miller If in the States they come up with a new linkage, let's automatically—

Chadwick So that might be the issue, rather than getting disease-based—

Kedgley One of the other issues is that, conceivably, dioxin has a whole range of different effects on different people, and that it is actually not all the effects. We have these lists of illnesses, which are the most common effects, but there might be a whole lot of other effects, which are linked because of the way in which it interacts with each individual, which is something we can ask the Ministry of Health can examine.

Turner Can I just ask—and I'm really asking for your opinion here—given the unusual time line here regarding when the McLeod report was called for and set up, why do you think it was? What sense do you make of why the McLeod report was even commissioned?

Miller I am not sure. But to suggest that a report costing $70,000 was serious research, I think, any of you with any knowledge of medical matters would very quickly come to the conclusion that that was a big ask.

Chadwick Can I just ask on that: in your opinion, was the methodology flawed because we didn't have a big enough sample size of New Zealand veterans, and would it have been better to have aggregated that with Australian veterans and their families, and then have a robust sample size?

Miller I think you've answered the question.

Chadwick That is what they missed.

Miller Right. And the main point was that the information was already there. Why do we continually try to reinvent the wheel?

Chadwick That's what we hoped to come out with for you today. Thank you for coming before us and for the work you have done.

Miller Thank you very much. I appreciate that.

Marakech Jennings-Lowry

Chadwick Now, you've heard how it's gone this morning. So the time is yours, and we do love some time for questions at the end, if you'd like.

M. Jennings My name is Marakech Jennings. I'm the daughter of John Jennings, who served in Whiskey 1 and Victor 1 in Vietnam. I hope to not only represent myself but other children here today—they're either dead, unable, or incapable. I've seen the devastating effects firsthand of Agent Orange in the family—not only physical, but emotional. There's been guilt, remorse, anger, recrimination. I've seen families destroyed through this. Also, another point I would like to make is that I find it a little bit irksome when the Government refuses the children of Vietnam veterans and Agent Orange. We are children, but we're young adults now. Most of us are in our

early 30s. We have minds of our own, and we should be treated as such. As far as I'm concerned, there are few issues that have been so manipulated and the facts so contorted and evidence to support the authority's stance so selectively chosen as the Agent Orange issue.

My father can pinpoint exposure on 15 September 1967, on Operation Ainslie. It was a resettlement operation, and his unit was Victor 1 and he was 2/RARANZAC Battalion. Also he was subjected to Agent Orange through food, water, dust, spray drift, and direct spraying.

I was subsequently born on 5 January 1974. I was born with a heart condition that is very rare, known as tricuspid atresia. For those that wouldn't know, tricuspid atresia is absence of the lower ventricle in the heart and my tricuspid valve. I have pulmonary hypertension. The lower lobe of my right lung has not developed properly, which is known as E_____ Syndrome. I also have three holes in my heart. My heart works on a shunt, and that is how the blood gets around. My parents were told that I would live to 18 months. Twenty-nine years later, I'm still here—I don't know why, but I am. When I was 18 I had my first stroke. I struggled to get to that age with asthma, eczema; my immunity was lowered, so I got anything that was going around, colds, flu—I developed congenital migraine, which has plagued me throughout my life since I was 18. I have to have injections for it. When I then had my first stroke I was 18 years old. I was then told that I couldn't have children. I would never, ever be able to bear children, and I'm angry. That is a woman's right to choose. I developed endometriosis. That consisted of menstruating 3 weeks out of 4, being admitted to hospital with pain, being given morphine for pain, losing the use of my right side with pain. I've had three strokes since. I have had 13 small strokes. I am currently on the waiting list for a heart-lung transplant. It is not done here.

My husband works for us both because I don't work. I do what I can to help my husband at home, and am given no assistance by our Government—none whatsoever. He works from 5 in the morning until 11 or 12 most nights, just so we can keep our heads above water.

In my family, we have several conditions. We have congenital heart and lung conditions. We have vascular derangement and optic neuropathy. I have vascular derangement in my brain, my liver, and my spleen. My sister has developed endometriosis. Her son was born with a condition called infantile esotropia, and congenital cysts of the pupil of the eye. We have non-specific skin rashes, asthma, and depression. I have had two nervous breakdowns; I have seen members of my family have nervous breakdowns.

The cost to my family, financially and emotionally, has been huge, and I'm sorry, whether you like this or not, I hold the Government responsible. I did not volunteer or be sent to Vietnam. For the last 29 years, I have struggled for life. My day consists of getting up, having a shower, pottering around the house, and then, by 1 o'clock, I have to go back to bed, because

I am too sick to do anything else—and I'm sick of it. And I'm sick of telling my story and no one hearing me. No one, I feel, hears me. OK, we've been offered counselling. Well, I've had counselling. I've had so much counselling, it's not funny. There's nothing that has been offered through Veterans Affairs that I'm eligible for apart from counselling.

Also, I would like to point out that the New Zealand law has not been applied to this situation in the sense of the War Pensions Act. It should not be put on the veterans to prove that they were exposed. They should be given, as the law says, the benefit of the doubt.

If I have my transplant—if I don't die when I have my transplant, because I've got a 30 percent chance of dying—I will have 5 years, maybe. And our family has become frustrated with the whole system after 23 years of procrastination and prevarication. I would just like to ask this committee: "What value do you put on the reproductive organs of a 22-year-old?", and to say I am sick and tired of Vietnam veterans and their families being treated as collateral damage, because they are not. And it's time to put the situation right. For the past 18 months, I have been taking legal counsel, and I am proceeding at this stage with litigation against the Crown. Thank you.

Chadwick Thank you for sharing that, and I have a question. I apologise for not having you scheduled earlier this morning. I'm sorry you've had to wait until after lunch.

M. Jennings That's OK.

Chadwick Well, it's not, really. Are you able to answer some questions? Can we open our questioning?

M. Jennings Yes. If not, my Dad will answer them for me.

Chadwick And do you want Dad to offer any other comment?

M. Jennings Yes, he may want to.

J. Jennings I would sort of like to make some comment on the commissions and reports that have been done in the past, namely the Reeves commission and the McLeod report. These reports were done under the context of the New Zealand context. I myself particularly wondered what the New Zealand context was. But if you look carefully in the text, the New Zealand context is nil or very little exposure to defoliants. Now, who perpetrated this mistruth? Because I believe that they should be held accountable for the suffering and the protracted anguish that families have had to suffer through this. I was a member of Victor 1 Company, which was sprayed on 15 September 1967. It's only this year that the Government has finally admitted that. You know, I am fed up with being treated as a fool. We may not be the world's intellectuals, us Vietnam veterans, but we are not fools, and I don't think that any of us would put up with being treated like it any

longer. So, basically, that's what I would like to add, and also to elaborate on what Marakech said. Really, what we've done in New Zealand is we've followed overseas jurisdictions, with America and Australia belatedly—years belatedly, usually—when in fact, our own law says that the benefit of the doubt should be given. If one congenital condition is accepted—even one like spina bifida or cleft palate—then the rest should be accepted. All of these conditions can practically be referred to in medical literature or occupational health journals as related to TCDD dioxin exposure. Endometriosis is definitely linked with dioxin—no doubt about it. The principle of male mediated birth defects is well established. Dioxin can be transferred through the seminal fluid. It can be absorbed by the female partner. It can affect the sperm and the ovum and that's a scientific fact. There were also up to nine other carcinogenic or mutagenic chemicals in use in Vietnam, including some of the insecticides and some of the malarial medications. If you take those substances aging in synergy, then the balance of probability, the likelihood is, that a large number of Vietnam veterans' children who are affected has been caused by their fathers' service in Vietnam and exposure to toxic substances.

Chadwick Thank you for that. We'll open for questions, rather than comment, I think.

Collins Thank you John and Marakech for coming along. Is it the first opportunity that Marakech and John have had to tell a commission, and what—?

M. Jennings No, we told the Reeves commission.

Collins You've told the Reeves commission before?

M. Jennings Yes.

Collins The other thing is, we're trying to come to grips with what we can recommend as a multiparty committee. You have made some comments about Veterans Affairs, and you said that pretty much all they offer you is counselling, so you can feel better about it, or pretty much.

M. Jennings Well, I have my own opinion on that.

Collins What can we recommend in relation to that? Because there's certain amount of blame has to go into this, but, ultimately, blaming isn't going to actually make it better. We've got to try and find a solution. So what—as much as we can—can we do?

M. Jennings OK. Well, I speak for myself and I also speak for others. I would love for all this to have never happened. As I said, I get no financial assistance, none whatsoever.

Collins Do you know, is that because your conditions are not recognised?

M. Jennings Yes, and because my husband earns $100 a week too much. And my medical costs are $300 a month, depending on—I'm normally in hospital twice a week for various things.

Collins So, you'd like to be able to get a pension or something? I'm just trying to tease this out so we've got something. So you'd like to be able to be eligible for the assistance that you should be able to receive, despite what—that your husband's earning $100 too much?

Chadwick And all your medical expenses paid for?

M. Jennings Yes, that would be a start.

Chadwick What sort of medical costs—is it your prescriptions, as well?

M. Jennings My prescriptions, my travel time from hospital. Also, as I said, the operation I require isn't even done here at this stage. I'm going to have to uproot and go overseas, probably.

Mapp And that should be, properly, the responsibility of the New Zealand Government in terms of paying.

M. Jennings Yes. It shouldn't have to be that I have to raise money.

Mapp I understand. Would that operation have to be done in the United States?

M. Jennings No, Australia or Britain. Also the other thing that I forgot, because I became so emotional, I can't work. My education's been affected. I had to stop a degree, and the degree I have got I can't use, because I'm too sick. So therefore—and I've got nothing to fall back on. I have a student loan I'm paying off as well—not a huge one, but it all adds up. I tried to do the right thing. I tried to get an education and make myself more employable.

Chadwick Can I just ask you: you made a comment that you're sick of telling your story. Did counselling—we would be probably recommending that counselling services be available, but you didn't seem to feel they were that helpful?

M. Jennings I go to counselling every Monday at Greenlane Hospital. They've heard it all.

Chadwick But has it been helpful or—?

M. Jennings Yes it has. But, I'm sorry, at the end of the day, counselling's not going to pay my medical costs.

Chadwick No, you want your treatment.

M. Jennings You know, it's not going to pay my telephone bill or my power bill for my home oxygen that I'm on.

Chadwick That's just for us, trying to—we can't cover every single bill. We're trying to recommend the best range of services.

M. Jennings That's fine, I understand that.

Chadwick What about the idea that some of the veterans themselves have proposed, that we set up a register?

M. Jennings Yes, I think that's a very good idea. But I think more needs to be done and, as I said, I am in the stages of seeking—I have, you know, been talking to a barrister who is quite prepared to take a case and we're down that road. And I'm sorry, I know you're not going to like me saying this, but I will sue the Crown. I'm sick of this. I'm sorry; I want compensation. My life has been destroyed because of this. I don't want my last 5 years to be—I don't want to be living, grovelling hand to mouth like I am now. Why should I? My father served his country and did the honourable thing and, I'm sorry, these guys are just treated like rubbish. It's time that you got your act together—to be quite blunt—the Government got their act together.

Chadwick And that's why we're having the inquiry.

M. Jennings Exactly.

Hide You said—and thank you for telling your story again—over 29 years, and noting your father and his comrades' experience, you must have become very cynical. I'm wondering what your expectation is from this committee.

M. Jennings To put things right.

Hide And—I'm picking up a bit what Judith said—"to put things right" means?

M. Jennings To put things right with our health. You know, access to medical care, to put things right for some of us financially. A lot of people—I've read in the paper—"Oh, we're not seeking compensation." That's fine, but I think that should be looked at on an individual, case by case basis. I've had my education affected, as I've said. I'm so—I've had my life destroyed. I can't have children. I didn't even get to make that decision.

Hide It's interesting, though, isn't it, because, with your help, Madam Chair, we're in a situation where we have a Government report in front of us that says, you know, "no, there's no effect". This committee is hearing evidence that, yes, there are people before us and some not before us, who have been affected. So it's quite a jump for a Government that's essentially—through successive Governments—been denying for years and years and years and years and years any responsibility, isn't it?

M. Jennings Yes. It is a jump, but it's—because of that prevarication, maybe they've got to look at making a bigger leap.

Hide So, your thought would be, it would be good for this committee to say: "We've heard this evidence. Here's what we've concluded, and here's what we suggest."

M. Jennings Yes.

Chadwick Could I just add, as the chair, that's the process from here. We do a report that's tabled in the House, and then we get a Government response to that report. The committee can't _____people.

M. Jennings Yes, I realise that. You don't make the decision at the end of the day. I realise that. It was the same with Reeves.

Chadwick That's right. But it is a great opportunity for us.

Collins _____sometimes that we can help, not just talk to people we can't help and can't do something.

M. Jennings But if there's no effect—how come I know eight women of my age that can't have children? That's not normal.

Mahuta Thank you for your submission. You said that you submitted earlier to the Reeves report. Were there questions that weren't asked that you thought, within yourself, were serious omissions in terms of your contribution to that report?

M. Jennings Well, as far as I'm concerned, that report was a total whitewash. There's a lot they didn't—

Mahuta But were there questions that they didn't ask you?

M. Jennings No, they didn't ask half the questions that needed to be asked.

Mahuta Could you give me an idea of what types of questions, in your mind, that you felt should have been asked but weren't?

M. Jennings Well, really, I don't think the forum was correct. It wasn't like a commission like this. We went in—a whole lot of people came in, including Sir Paul, and we were asked to stand up in front of a microphone and tell our story, spill our guts yet again. And they took notes and went off. No such question—I mean, this is going back quite a while, but I have to remember.

Chadwick Did they ask you questions?

M. Jennings No. No questions asked whatsoever.

Collins Can I just ask you, bearing in mind: is there any question that you want us to ask now that we're not asking, that you don't think you've already answered? Because I don't want you to go away, thinking we didn't ask the right questions.

M. Jennings No, that's fine. Not that I can immediately think of. I don't know, you may have thought of some.

J. Jennings Questions that we want asked? Can't think of anything at the moment.

Chadwick We don't want to be revisiting this, and I'm sure no subsequent Government does either. We really want to try to have a comprehensive report.

Yates Thank you very much, and thank you for your submission and for coming. You just mentioned in your report you have an older sister. Does your older sister have any health problems?

M. Jennings Yes, she does. She has endometriosis and congenital migraine. Her son is also the one that has been born with congenital cysts of the eyes, which may turn into cancer or may not.

Hide Just one final question. What do you estimate to be your medical costs each year, and what have they been, roughly, do you think?

M. Jennings Last year they were $4,500.

Hide And that is entirely paid out of—

M. Jennings My pocket. And that was—the only thing I have is a high users health card, and that's got for me through my doctor. And sometimes, when he's known my financial situation, he's just seen me and I've paid him later.

Collins So that's $4,500 after the frequent users card has been taken into effect?

Chadwick That is interesting for us to discover.

Collins Four and a half thousand—unsubsidised.

Chadwick Thank you for that. Any more questions before you go? Thank you for coming before us. It was very brave.

M. Jennings Thank you for hearing.

Elizabeth Lancaster

Lancaster My name is Elizabeth Lancaster. I am the wife of a New Zealand Vietnam veteran and a mother of two intellectually and physically impaired children. My husband spent 7 months in Vietnam during 1965 with the New Zealand Artillery Unit 161 Battery, based at Bien Hoa Airbase with the American 173rd Airborne Brigade in Bien Hoa Province. My husband also confirmed that he was constantly moving around with 161 Battery in support of American forces.

Since his return from Vietnam, various health problems have occurred, including: diabetes type 2, migraine headaches, cyst on his kidney, sleep

problems, low and high blood pressure, and skin problems. In addition, after his return we had two children. The first, our daughter, was born in 1977 with Down's syndrome. Our daughter was adopted into a family at birth. Our son was born in 1978 with a talipes deformity of his foot. He has since had to undergo operations to his foot, and squints in both eyes. He was also diagnosed with having a stroke in 1981. He is also brain damaged. In 2000 my son was diagnosed as having an anomaly of his spine, which could be linked to spina bifida. Neither of our families have any history of these defects having occurred in past or present generations. Independent evidence now shows these problems were likely caused by my husband's exposure to chemicals during his term in Vietnam.

My husband and I separated in 1991 but remain good friends in support of our son, and on the Agent Orange issue. Our son is now 25 years' old and is living on an invalids benefit. I am now the prime caregiver of our son, with my husband's support when possible, and we constantly worry who will care for him when we are no longer alive. I presently survive on a carer's support benefit, with no recognition for the daily problems—including my own health problems—faced by the consequences of my husband's exposure to chemicals while in Vietnam. Being separated, my son and I come under WINZ, who are not interested in my circumstances. I believe my son and I, and other veterans' families in similar situations, should come under the War Pensions Board and receive recognition, respect, and assistance to cope with day-to-day problems associated with the Vietnam War.

I realise the Veterans Affairs department was set up to help families. Unfortunately, after 25 years of trying to seek recognition and help for my family, and other veterans' families, I no longer have any trust or confidence in any Government or Government department regarding the Agent Orange issue in New Zealand.

In 1980 my family, together with another New Zealand Vietnam veteran family, appeared on TVNZ's Eyewitness documentary concerning the Vietnam War and Agent Orange. The first child in each family had Down's syndrome, and the second children had a range of serious but different disabilities. Our families appeared again on TVNZ's Assignment documentary in 1998, four months before the Reeves inquiry into the health status of children of Vietnam and Operation Grapple veterans in June 1999. Yet, this inquiry buried the cause of the problems. Are these children's disabilities just bad luck?

The Health Committee should note that no blood tests looking for chromosome damage were undertaken by the agencies that organised the Reeve's inquiry, or the McLeod review. It is clear that no blood tests were taken from my husband to ascertain the level of dioxin in his blood since returning from Vietnam.

Independent evidence now suggests that Bien Hoa Airbase was the location of an airfield used for storage of chemical defoliants and spray missions. It is reported that spills of chemicals occurred there, and it is one of the most contaminated regions with dioxin. Evidence also suggests that my husband, with 161 Battery, was frequently sprayed with defoliants Agent Orange, Agent White, and Agent Blue in the field and on the various fire support bases.

Further clues that New Zealand veterans were contaminated is shown in my submission as follows: On page 4 of the UK official Government publication, in 1977, entitled *The Safety of Herbicides 2,4-D, and 2,4,5-T* by D J Turner confirms that the first large-scale application was made in the air along a 70 mile highway ending at the US Air Force base in Bien Hoa in 1962. Page 5 in my submission is from *Current Contamination of Southern Vietnamese with Dioxin from Agent Orange is From the Food* by Professor Arnold Schecter, a leading American expert on Agent Orange, published in 2003, and confirms that food eaten in those areas sometimes was contaminated by Agent Orange dioxin. Previous papers showed a high level dioxin in some Vietnamese who ate the food in that area. Page 6 of my submission is from *The Problem of Mutation Effects on the First Generation after Exposure to Herbicide*, by Professor Tong That Tung from the University of Hanoi. Professor Tong That Tung produced a study which compared disease incidence before and after spraying, which showed an alarming rise in incidents of malformations.

Madam Chairperson, other veterans will cover the McLeod report in detail. However, in my submission I outlined briefly several points of evidence of selective and biased comment. It is for this reason that I feel strongly that many things that have been covered up, or omitted in the past, have to be brought out in the open, and fair help and recompense given to those who have suffered from the exposure of those who served in Vietnam. On page 12 in my submission McLeod stated: "The New Zealand troops served with Australian forces in Vietnam between 1964 and 1971". My husband did not serve with the Australian forces. He served with 161 Battery based at Bien Hoa, based with the American 173rd Airborne Brigade in Bien Hoa Province.

McLeod also stated: "… very limited potential New Zealand troops had for exposure to Agent Orange. The information available to authors was that the Anzac troops generally served in Phuoc Tuy Province, where there was no aerial spraying." Madam Chairperson, my husband was based at Bien Hoa in 1965. It was a location for Agent Orange storage and spray missions, as I have mentioned before. My husband frequently moved around with 161 Battery in support of American forces, and there is evidence they were sprayed with defoliant while in the field and on various fire support bases.

McLeod stated also: "The birth of children with a range of defects is unfortunately not uncommon, and 2 to 3 percent of Vietnam veterans

would be expected to have a child with a birth defect. It is understandable that veterans would question whether their exposure to Agent Orange contributed to their child's birth defect." How can McLeod make this assumption when the New Zealand health authorities keep no records of deformity rates detected at ultrasound scans? If these figures were added in, they would undoubtedly push the current defect rate in New Zealand much higher. This is confirmed in the Reeves report. Also, the New Zealand Government has made no effort to locate all New Zealand veterans and their families to conduct a proper health survey. Also, based on our own experience and that of other Vietnam veterans' families, I make the following observations that Vietnam veterans and their families should be entitled to housing assistance, war pensions, medical insurance, life insurance, blood tests, and medical care. There should also be financial assistance for all veterans' children who suffer deformities and health problems, including financial assistance to all children born following an incorrect diagnosis from genetic counselling.

Recently, I was given a copy of a report to the Secretary to the Department of US Veterans Affairs on the association between adverse health effects and exposure to Agent Orange, as reported by special assistant Admiral E R Zumwalt Jnr on 5 May 1990, which has been recently declassified. This report was classified and not for release to the general public until recently. I have given a copy of this report to the clerk. This report summarised numerous independent research, and scientific and vast reports. Admiral Zumwalt reported the following—I have made about four points. First: "Any Vietnam veteran, or Vietnam veteran's child who has a birth defect, should be presumed to have a serious connected health effect if that person suffers from the type of health effects consistent with drops and exposure, and veteran's health or service record established: one, a very high TCDD in their blood test"—which our veterans haven't had—"two, the veterans present within 20 kilometres and 30 days of the non-sprayed area as shown by the HERBS tape and corresponding company records; or three, the veterans present at a firebase areas or brown water operations where there is reason to believe Agent Orange spraying has occurred".

Secondly, she also says: "Any Vietnam veteran, or child of a Vietnam veteran, who experiences a TCDD-like health effect shall be presumed to have a service-connected disability". This alternative is, admittedly, broader than the first and would provide benefits for some veterans who were not exposed to Agent Orange and whose disabilities are presumably truly service-connected. Nevertheless, it is only alternatives that will not unfairly preclude the receipt of benefits by TCDD-exposed Vietnam veterans.

Thirdly, after reviewing the scientific literature related to the health effects of Vietnam veterans exposed to Agent Orange, as well as other studies concerning the health hazards of civilian exposure to dioxin contaminants, I conclude that there is adequate evidence for the Secretary of Veterans Affairs to reasonably conclude that it is at least as likely as not that there is a

relationship between exposure to Agent Orange and health problems, including birth defects.

Fourthly, he fairly concluded that the Veterans' Advisory Committee on Environmental Hazards has not acted with impartiality in its review and assessment on the scientific evidence related to the association of adverse health effects and exposure to Agent Orange. Fifthly, in addition to the wider evidence to support conclusions stated above, this report provides the Veterans Affairs Secretary with a review of scientific, political, and legal efforts that have occurred over the last decade to establish that Vietnam veterans who have been exposed to Agent Orange are, in fact, entitled to compensation for various illnesses and service-related injuries.

Madam Chairperson, this document shows a pattern of deception and bias by Government authorities and manufacturers regarding the dangers of chemicals in Vietnam. It is clear that this has been the case in New Zealand, as well as in the USA, for the same reason. It is urgent that the New Zealand Government recognises the problem as proven by independent research and provides for the affected veterans and families in a proper manner. Thank you.

Kedgley Just a few quick questions. Thank you for your submission and your book, which I have read. You talk about Agent White and Agent Blue, which is new. In a way, are we being too narrow by focussing just on Agent Orange?

Lancaster No.

Kedgley So they were sprayed, but they didn't have the dioxin issue. Secondly, I noticed you have mentioned—touched on—some of those earlier Ministry of Health inquiries.

Lancaster Yes.

Kedgley Is that really to support your claim that there has been this—

Lancaster Other cover-ups. There have been cover-ups in this country as far as other inquiries. You'll see that one particular investigation in 1980, which I have just found out about, concerned an inquiry by the health department into a cluster of children who were born with heart defects. The family were living in a forestry area that was constantly sprayed, and the health department came and—

Kedgley And tested them, and then they said they didn't.

Lancaster Yes.

Kedgley So perhaps we should—I don't know if we should—have a look at those ____.

Lancaster Families of that investigation are still waiting and it has been, what, 25 years? They're still waiting to hear from the health department.

Kedgley You have made an allegation of a pattern of bias. What do you think are the reasons for it? Do you think that possibly one reason could be concern about the link between dioxin and pesticides, and health effects that might have wider implications for the whole of New Zealand?

Lancaster I think so.

Kedgley Is that the main reason, or do you have other reasons as well?

Lancaster No, I think it is the main reason, because I think it would open the door to other people who are not associated with the Vietnam War. If you look at those past inquiries, they are very similar to what has been happening to the Vietnam veterans and their families.

Chadwick So it was the wrong presumption, you're really saying. They based the original reports on a different set of assumptions and it steered us off on another pathway altogether. Is that what you feel happened? Or do you feel it was an actual cover-up?

Lancaster To do with the Vietnam veterans?

Chadwick Yes.

Lancaster I think it has been a cover-up. I think the Government is just waiting for the veterans to die so they don't have to pay out.

Kedgley And what's your view of why the McLeod report—and others have asked us—was commissioned, and some of its reports? What do you think is the most rational….

Lancaster [Silence]

Kedgley Do you think that it was a way of keeping the lid on everything?

Lancaster I think so. And I think the McLeod report just shows the lack of expertise and professionalism—in the way the report was done. I don't believe there's anybody in this country who is capable of really doing a proper study. If we are going to do a proper study on the Vietnam veterans, I think it needs to come from an independent outside person, or persons, from other countries.

Chadwick Can I just ask you on that, too: with the previous opportunities—like in 1990, and then the McLeod report—did people ask for comprehensive blood testing—

Kedgley And health studies.

Chadwick And health studies? Were those questions asked then?

Lancaster I am sure it wasn't from other veterans.

Kedgley Because it does seem to be odd that there hasn't been some survey, a blood test …

Jennings When the Reeves report came around, a lot of veterans and their children urged them to do it.

Lancaster And we heard that it cost $1,500 for each blood test, and they won't pay out because it costs.

Kedgley That's right, dioxin testing is expensive.

Lancaster But it has been done in this country with spraying contractors. So why is it OK for spraying contractors in New Zealand to have it, but not our Vietnam veterans?

Kedgley Do those spraying contractors get their blood tests paid for by the Government?

Lancaster I have no idea. There was a study done by, perhaps, Mr Smith, or somebody.

Collins Mrs Lancaster, thank you for your submission. You're someone who has spent a lot of time on it, in terms of all the books and all the work you've been doing. In the McLeod report there is the statement that 2 percent to 3 percent of Vietnam veterans might expect their children to have a birth defect. It is stated in a way that would make everyone presume that that is sort of a normal thing to happen, that sort of range. Given that you have researched this widely, and have written on it, what sort of estimate would you like to put on the true figure, from your anecdotal evidence?

Lancaster First of all, I find the comment in McLeod's report very patronising. And secondly, I would like to bring you back to my paragraph. I would like to know from the committee, if you had two families in front of you where the first child in each family had Down's syndrome, and the other children had a mixture of disabilities, but the fact that the first children had Down's syndrome, and the fathers were Vietnam veterans—what are you going to say to me and the other family? What is it? What's the cause of it? Just coincidence?

Collins Can you come back to give me an estimate? If you can't estimate it, tell us.

Lancaster I can't make an estimate. I can't make an estimate because no proper study has been done in New Zealand. But there are so many people out there who know of somebody who has been affected—a Vietnam veteran, or family, or a child. But no proper study has been here.

Collins I just want to get from you—I'm a bit concerned that we're hearing that there needs to be another study. I think you know what we think is up. I think you know, OK?

Lancaster OK

Collins If we can accept that there are effects—and significant effects—we don't need another study, do we? We just need to deal with it.

Lancaster As long as what comes from this committee is positive, if it gets followed through and it doesn't—

Collins We have still got to go through the rest of this inquiry. But, if we can come to a conclusion as a committee, would you rather have us recommend a course of action that does not include yet another study—that just includes doing it?

Lancaster Yes.

Mahuta Supplementary to that, thank you for your submission. Do you accept, though, that as we learn more about the effects, there may need to be some further work of research in this area, or are you saying there should be absolutely no more work in this area, and that the committee should have a finite set of recommendations, and that's it? Is that what you're saying?

Lancaster Yes

Mahuta No, that's clear.

Chadwick Can I just ask on that as well—the genetic testing would be work that you would want to see ongoing, wouldn't you.

Lancaster [Nods]

Chadwick Is that a yes?

Lancaster Yes.

Mapp One particular question that I have in relation to the recommendations, which is a consistent theme—and I'm not a regular member of this committee, but I've spoken to many veterans over the years—is the absolute failure, so far, of successive governments to recognise the effects on children. The strongest recommendation we could make would be to state that children ought to have health costs compensated for.

Jennings That's a start.

Chadwick Can I ask too about the benefits that we're looking at—and it is a bit personal—but why did you have to go to WINZ? Was that just because of your separation that you could no longer be part of Veterans Affairs?

Lancaster Yes, nobody else has told me otherwise.

Chadwick Were you sort of cast away because you weren't seen as part of the family anymore?

Lancaster Yes.

Chadwick And yet you've got a child …

Lancaster I went to WINZ the other day, and I'll give you an example about the attitude by some case managers. In particular, one rather rude case manager questioned me about the amount of money that I charge for board for my son, and then he turned around and said: "Nobody charges that. Is he eating too much food?". That's the type of attitude that I come up against.

Chadwick So that's something that is difficult.

Mahuta Just on medical costs, have you got an idea of medical costs for your son?

Chadwick Would we be able to get that through other organisations, like one of the previous submitters? Could we ever get an averaging of medical costs, or do you want it on a case-by-case basis? What would be your preference?

Jennings I think it would have to be case by case because each case is so different.

Kedgley I'm very conscious that we want to keep our focus on the Vietnam vets and their offspring. But, nevertheless, we have already had an allegation this morning that Agent Orange was manufactured here in New Zealand. And if that was so, there may very well be similar sorts of exposure levels—or exposure, anyway—here in New Zealand. Would you think one of our recommendations might be that we might look at the health effects of other people who may have been similarly affected?

Lancaster Yes.

Jennings Yes.

Paraone Mrs Lancaster, do you know of many women in similar circumstances—in terms of being married to Vietnam vets who have children with disabilities?

Lancaster Yes.

Paraone Why aren't they here, appearing before the committee?

Lancaster Because they have given up.

Jennings They have had enough, they have given up.

Paraone If that's the answer, what sets you both apart?

Jennings Because I believe in natural justice. I want natural justice before I die.

Paraone They don't want it? So they've given up?

Jennings They have given up because the issue is so contentious. This issue rips families apart. I know mothers who have had nervous breakdowns through caring for their children and their sick and dying husbands. That's why they're not here.

Mrs Jennings May I speak? I am Marakech's mother. I am here in support of my daughter. I have had two nervous breakdowns and a lifetime of caring for a sick child without any support from the Government, whatsoever. A lot of women I can speak for, on their behalf. They are not here because the Government never cared before. Many committees say the same thing, over again, and the end result is absolutely nothing. I would have spoken, however. I believed that this too could be the same sort of failure that we are always offered. Thank you for hearing me.

Hide How does it work for the children of Vietnam veterans in terms of health insurance and life insurance?

Jennings I'm uninsurable.

Hide You're uninsurable because you are sick? Is that a common experience?

Jennings Yes, I can only get insurance for if I'm killed in a car accident, or killed in a plane crash—accidental death.

Hide And you know of other Vietnam veterans'—I'm trying to think of not saying children—offspring in similar circumstances?

Jennings Yes, definitely.

Collins Can I ask you, as a daughter of a veteran, and you, Mrs Lancaster, as wife of a veteran, what assistance, if any—this is not really to do with the inquiry, I just wanted to know—what assistance has the Returned Services Association ever given you in terms of a welfare fund? Have you received any assistance?

Jennings I received assistance from several RSAs when I had to raise money to go overseas to look at a heart operation, which I wasn't eligible for. Other than that, I have received nothing. And it was only very limited.

Collins Have you asked for assistance?

Jennings No, because I think—I'm probably speaking out of turn here, and I might upset a few people in the room—up until recently the RSA haven't wanted to know the Vietnam veterans, because some of them have the belief that it wasn't a real war. And, even to this day, if I go down to my RSA I get victimised by some members.

Chadwick Thank you very much for coming, and we wish you well. Hope you can get your surgery.

Leslie McCoid

Chadwick Mr McCoid, you know how it runs. You've been here all day.

McCoid Thank you. This is Pete Gardiner, and my name is Leslie McCoid, but as everyone calls me Bill, they'll know who you're talking to.

I served in Vietnam with Victor 4 Company between 1969 and 1970, as a radio operator with Headquarters Company, out in the scrub. I missed 3 days of operations in the whole tour. I was unable to run all bar one small operation. I probably spent well over 250, maybe even close to 300, days in the jungle. We did operations all over Phuoc Tuy Province and _____Province, and we actually did get sprayed. There were a couple of places. One was called the Firestone Trail. There was quite heavy jungle through the place, and they sprayed this track, which went from one place to another—I don't think we walked the whole distance, but nothing grows there, nothing; it's like the table cloth, dust in the summer and mud in the winter—and also other small villages around the area. We used to like it when they sprayed us, actually, because it kept us cool, and they told us it was to kill the mosquitoes.

Chadwick They did tell you.

McCoid Yes, that's why I've got no hair. I came back in 1970. I went away in 1967; I came back in 1970. When I got home I was spat at, argued with, and told I was a baby killer—just a mongrel. I didn't know why, because I was only 21 and had already done 3 years in the army. Our Government since then has let us go, apart from denying everything that we've ever done. They say that we were nobody. The last lady that was here said—and she was dead right—that the RSA did not want to know us. It makes it easy on the _____RSA now. OK?

In Vietnam, when we were up in the scrub, we got tied up with the American jungle eaters, as you will see in my submission. They were sort of bulldozers. I think there were about 30. _____with a big _____crane, and we would make a circle. Then the next one would drop another one, so we would have two, and it would make a bigger circle, then 16, 20, then whatever. We were camped with these guys in the winter. I don't know if you blokes have ever tried sleeping in _____out there, but that's what it's like with mud. It was lovely. We worked with the jungle eaters, hence we had to go out in front of them, because they knocked the bush down and cleared the areas. I mean, if there were any gooks, it was our job to deal to them—take out bunker systems, anything. It was quite dangerous work. Lovely. After they finished pushing all this stuff up into big heaps so that Charlie couldn't have his own way in the jungle, they sprayed all over the place. Nobody cared. I think the worst thing they ever done was _____. We couldn't get anywhere near them._____.

We never got told when they were going to spray us, when it was day aircraft. When we got back to our camp—the longest I had ever been there, I think, was 3 days—some of the guys would put a knapsack on and go and spray the tents, spray the lines. The helicopter would go and spray out the front to keep the area clean, so we could see at night. I never saw it, but I was told that the water truck that delivered water to the showers, kitchen, whatever, during the day, would be filled up with Agent Orange and taken to the helicopters, then it would be washed out and would carry on again. There have been stories of guys saying there was nothing wrong with it, and they actually drank it—drank the Agent Orange. So they will be sitting in _____hill now, or lying in _____ hill, one of the two.

After a while, towards the end of the tour, you'd get the smell of things. You'd know what was going on. You could smell the enemy, you could smell your mate—you could smell anything. Then you get used to the smell of the defoliant—I suppose, a bit like kerosene, or whatever, you know. You didn't give bugger because it was going to kill the mosquito larvae. That's what you put on top of your tank when you have a water tank now, even at home. It's kerosene, not Agent Orange.

Our Government, since we came back—I had done 2½ years overseas. I came home. I had to live _____. I was in civvy street. I've had about 400 jobs. I'm on my third wife. I've got skin cancer. I've got a rash two-thirds over my body. I get the cream from the doctor who Veterans Affairs pays for. It costs $209 for 12 pieces about the size of a postage stamp. I said: "I can't afford to pay that. There's no way." I'm on 110 percent disability, and I don't work. I'm on a veterans pension. I put a lot of people through for pensions, and most of the Vietnam veterans are getting up to 80 to 100 percent, straight up. I have a mate up north who I worked with at Headquarters Company, working as a radio operator. He's had a full heart by-pass, whatever it is. He couldn't come down, because he can't handle the trip. It would kill him. My AC is dead. Our PAC of the company is very crook in Auckland. My C_____is dead. Of all those in company Headquarters, there are only three of us left—out of seven. I thought I might_____ myself. I don't know how you people in the Government are going to go on—what's going to happen out of this select committee—because I don't believe they're going to do anything. I think this is_____, and I say: "Bugger it. Stuff them." It wasn't a real war, according to the Government. They've got rid of our bloody defence force, so they're all going to go up there and play marbles all bloody day. It's about time somebody started to wake up and listen. We're that far behind other nations in the world. There were five nations that were in Vietnam, and they are all getting looked after. The poor ladies, just before me, from the RSA. The RSA won't help. They'll give you a fund for 5 minutes. That's all. It comes from the Government. They are the people who have_____not to lose in this game, not us. I have spoken with Jessie Gunn, and asked her a few things about 49 veterans. "As long as you're living, it means you can carry on paying your tax. Everything is all right in this country." Stuff them. If I was a young fellow, I wouldn't be here any

more. I would tell New Zealand to go and get knotted—big time. It's split two ways in New Zealand—one for the bloody Māoris and one for the workers. That's it. It's quite annoying actually.

I've got another mate down in Queenstown. I don't think he's going to be up here—up to Wellington. I don't think so. He was with me in Vietnam. He was sprayed at the same time I was. He's got it all written here. He could have _____when he got home, too. He's got half a hip. He's got skin cancer. He's got skin rash all over him, caused by Agent Orange. And he's just been given the veterans pension, about 3 weeks ago. He was a farmer. I've buried four mates of mine up north, just recently—all Vietnam veterans. I knew the lot. It's getting quite cheap now. From what I gather, 600 of them are dead now. And from the statistics, I've been told, they'll last 3 weeks. One dies every 3 weeks. I've got a book here. It's called *The Killing Zone*. You can get it from the library, you can buy it, you can do what you like. It's even written in here. Agent Orange was sprayed on us. Right here. Paul Reeves says we weren't. McLeod says we weren't._____ photos. It seems to have changed a lot. Some of the pictures show what it looks like. So are we going to listen to the big boys and not to the people who were actually there?

Chadwick That's why we're listening to you today.

McCoid Thank you. Because as I read this book, I see it. It's in it.

Chadwick Do you have something that you want to add?

Gardiner Yes, if I could. I would like to acknowledge two people. One is Sue Kedgley, actually, who I met on a boat in the Marlborough Sounds, and Graham Sturgeon. Graham is living proof of being genetically modified by Agent Orange. He is just covered in fatty lymphomas—head to toe. No one I know has seen anything like it. Never. I know Bill can get angry—and we can get angry—but I would like to acknowledge Paddy Smith, who was also with us overseas. When Paul Reeves went to Christchurch, Paddy wasn't allowed to speak for too long because he became very angry and got agitated. Paul told him that he would walk out if he didn't quieten down. It just happens that Paddy was dying of cancer, but that made no difference to Paul, at all. So there is a fair bit of anger. So if Bill sounds angry, it is because he is angry. So yeah, I really appreciate the chance we've had to talk to you people.

Chadwick We did expect these open responses from you.

McCoid It's very annoying when you go to a guy's funeral, and he is 52. I used to play football with him. Used to run, jump—we used to run from here to the Harbour Bridge and back, no problem. Now I've got to use a bloody stick to walk down the stairs.

Chadwick Can I ask a question? Based on this level of cynicism, anger, and mistrust, if you got an apology, which some have asked for this morning, would that

make you more angry?

McCoid No. I would like Sir Paul Reeves, or whatever they call him today, publicly, on TV, and in a written submission, to say: "I'm sorry, I made a mistake." Because I think that if I made a mistake in my life, my employer would have sacked me, and I don't have anywhere near the money that he gets.

Chadwick Rather than individuals, is it more constructive that Government as the commissioning agent of the report apologised, or—

McCoid It would help, but how would it be if they just explained it all to the people that they made it_____and let us live the rest of our life now, and let us know that we did do something right?

Chadwick So if we were to do three things that we are not doing now through Veterans Affairs, what would they be that would make a big difference?

McCoid To look after our children for a starter. I've got grandchildren.

Chadwick And you want that done through a register, and genetic testing?

McCoid Yes. My son has a skin rash, but he says: "There's nothing wrong with me, Dad", and he's 30.

Collins Thanks for your submission. I want to ask you about your work as a welfare officer, and the experience that you have in dealing with Veterans Affairs on behalf of veterans. One of the things we are looking at here—apart from the undoubted evidence that you guys were sprayed—is what Veterans Affairs can do, and what other efforts can be made to assist. There have been allegations made today, and I think you might have heard some of them, about the work, or non-work, of Veterans Affairs in relation to these last two inquiries, with which fault has been found. What is your experience? Have you found that with Veterans Affairs it takes months to get an approval? We heard from Ross Miller today about his former colleague. It took 7 months to get approved, and the next month he died. Is this your experience?

? Two days later.

Collins Two days later.

McCoid I've put through a helluva lot of people for pensions and stuff _____refused. They are doing a good job, and I like it. They do take a long time, but the people in Hamilton are excellent, and I also get good feedback from Wellington, from Veterans Affairs themselves. But it does take a long time, from the time the veteran puts it in. I put one in for a guy in May, and he still hasn't got his pension. He still has to go and have his specialist treatment—tests, whatever. I can understand that at a number of times the specialists are very busy, but you know, it should not take any more than 6 months. The taxation department would be straight on to you.

Turner One of the things I've come across several times is that veterans have seemed to need an advocate to work on their behalf to get the process through, as opposed to someone walking into WINZ to get a benefit. They go off their own bat.

McCoid That's correct.

Turner You are doing _____ . It kind of concerns me that it requires the help of other people. People should go in off their own bat.

McCoid The dealings that I've had with WINZ and with people going through for pensions—you can forget about WINZ.

Turner But I'm actually worried a bit more about Veterans Affairs. It seems there that everyone needs support to do it, because it is so complicated.

McCoid It is probably getting the medical files out of defence headquarters. I know how they go about it, but I don't where the time goes. I know it takes a long time. As I said, this guy got his in May, and he still hasn't got it. It is backdated, but that is not the problem.

Chadwick Good questions for us to ask the ministry would maybe be about how we could have a more rapid response.

McCoid I know Jessie Gunn had five people working for Veterans Affairs, and now she's got seven. She is trying to get 10. OK? And there's 23 in Hamilton, and they are excellent. It's just the time limit.

Mapp It's really on the whole issue of Veterans Affairs. You are in receipt of 110 percent disability pension, and I know you're on veterans, as well.

McCoid At the moment.

Mapp That pension is means-tested, though, isn't it?

McCoid No, that's not means tested, but the veterans pension is, and it is also taxed, which I think is an insult. It is all very well to put on a green uniform, go and fight for your country, and pay taxes until you can't work any more, and then they tax you again.

Mapp In addition to the fact that children are missing out, even though they have clear health problems, in respect of the veterans themselves, what would you say—other than a recognition, a formal apology—veterans should get in additional tangible day-to-day support, either by pension, medical services, or whatever?

McCoid I am on a high-user card for the drugs and stuff that I take to stay alive. That starts on 1 February, and I've used up my allocation by April, I think—by about Anzac Day—and from then on it goes on the high-user card, for full medication. But I still have to pay to go to the doctor. I might

go for self-help, but I also have to get some skin lotions and stuff. OK? The doctors are supposed to separate them, but they don't. Why should we pay in the first place?

Chadwick Have you seen the recommendations concerning your submissions? We have some really robust recommendations about the level of services that we will be looking at, and a lot of new ideas.

McCoid It has got to be done and done properly, and this time so that the veterans can actually feel like veterans, instead of being pushed in the corner and hidden.

Mapp Interestingly enough, at the last election a whole variety of parties, across the spectrum, talked about a veterans gold card. But it hasn't happened.

McCoid Yes, that's right. Jessie Gunn said that she's not going to go through with it. Well, I think something has to happen, because she said that we are not going to go like the Australian system. But we want some help, and we want some help for our wives and our kids. I've had an example of a lady who was overseas waiting for her husband who went to Vietnam, and she ended up with skin cancer. She was in Malaya and Singapore. When she came home she could not apply to Veterans Affairs for a pension—for skin cancer. She can't apply for anything, because she was not in the services. She hadn't recovered when she came home. The women aren't—and to this day I still haven't got an answer.

Mapp If there are any other things you might think of, please tell us, because that is what we need to know.

McCoid I've got submissions here from America. There's all sorts of stuff down there. I _____when I was living in Australia in 1984 to _____Agent Orange from America, and this is his reply. It means nothing to us.

Chadwick I think that what Mr Mapp meant was constructive ideas as a submission about what we could look at as part of a range of ideas on how we can move forward to getting solutions.

McCoid Same as we put in the submission. OK?

Hereora Submitters before lunch talked about being in the army and permanently protected, and just being looked after if things haven't gone right—when things have gone wrong—and people feeling betrayed because of what's happened. They also mentioned that they felt sorry for those who were going to Iraq, because they are going to be treated the same way. Do you know—because this is about putting up recommendations, obviously, to make change—whether now there is some more protection there, or is it still considered the same way?

McCoid I think they'll be treated like we are. If they get injured over there, they're in

deep shit.

Hereora So there is no acknowledged process that that protection—

McCoid Not to my knowledge, no. Only through Veterans Affairs and through war pensions. Are they going to class it as a war? I mean, here we're getting blokes killed all the time. But they're only on peace action, according to them. I don't know how many people I picked up and stuck in helicopters in bits and pieces.

Hereora Let's take it a step further. If it were considered to be a war, would there be that protection?

McCoid Only through war pensions, but they would have to change it. After 1977—April 1977—from then on anybody who gets injured, apart from a war or an emergency, they would have to claim from ACC for help.

Collins That's a good issue, though, as to how those first_____

McCoid I will tell you how I feel about it. If there is another war and they had to go along—well, my son is 30, and I am going to get a baseball bat and smash one of his kneecaps. I mean, he can stay home and he can watch everybody else go in and play bloody silly buggers, because when they get back, they're going to get nothing.

Hereora That is the point I am raising, because we should be looking at those issues, as well.

Paraone No, no, our issue is in Vietnam. Agent Orange.

Kedgley We can make further recommendations.

Chadwick Are there any further questions? Well, thank you very much for coming.

Victor Johnson

Chadwick Good afternoon. Thank you for accommodating us with the change of time.

Kedgley Thank you for your comprehensive submission, as well. We are on submissions 27, 27A, 27B, 27C, and 27D.

Chadwick The floor is yours.

Johnson I have some notes here in front of me. It is my pleasure to be here today. It is not my first time before a select committee, and it is not the first time that I have made submissions to other Government committees—particularly to United States congressional inquiries. I have also had interaction with the Australian Government, and such like.

Just briefly, I served in the New Zealand Regular Army from 1963 to 1972, and won military campaign awards: the New Zealand Operational Service Medal; the New Zealand General Service Medal—Malaya, Thailand, Burma; a 1962 General Service Medal—Malay Peninsula, Borneo; the Vietnam Campaign Medal; and the Republic of South Vietnam Medal. Some of my experience includes being the past national secretary and a life member of the Korea and South East Asia Forces Association of New Zealand. It is _____in that way that initiated the New Zealand Vietnam Veterans _____ Agent Orange class action suit in 1981. I am the founding president and a life member of the New Zealand Vietnam Veterans Association, a founding and full-term executive member of the New Zealand Agent Orange Trust Board, an executive member of the Hamilton Returned Services Association, a trust board member of the Hamilton RSA Sunningdale Veterans Trust Home, and am still currently working as a businessman consulting in systems improvement, processing procedures that constantly involve research and analysis.

I fully understand the terms of reference, so I won't go through those. Essentially, my purpose in attending this committee is relative to my past experiences, research, and past submissions. I have also had the experience of interacting with international scientists, both statistical and epidemiological, on a personal basis, and I have always respected their judgments. Firstly, there were some questions raised during the day. If I could perhaps put the issues first, before I get the _____to proceed with those. The first one relates to the Reeves commission, and a submission made to that. The second relates to Jessie Gunn of Veterans Affairs, in relation to her role in the Reeves commission, and also knowledge of dioxin effects known by the chemical industry within New Zealand. Before I proceed with that, I would like to make a clarification in relation to the piece of paper that was right here, which gives an overview.

Chadwick Can I just also state that that would be in your position as a submitter, because we have an expert advisor. That's fine. We welcome that.

Johnson My submission will clarify the fact that a number of issues being addressed today have been addressed in the past. They are in the Government archives. Essentially, the Government and bureaucrats have failed to take action. The response clearly rests with the Government, if you like, in relation to attending to the needs of those individuals who are affected. Firstly, I come back to the handout. It says, in the fifth paragraph down, that New Zealand Defence Force research shows that—I beg your pardon, I will come back a step to the third paragraph down. "Previous reviews carried out by Sir Paul Reeves and Dr Deborah McLeod were hampered in some respects by the lack of information available on the scale of actual exposure by our defence personnel." That is totally incorrect. For that statement to remain is only exacerbating a lie. I will qualify that in my submission, and, in particular, in this document—which I refer to in my submission—"New Zealand Military Forces Likely to Have Been Exposed

to Chemicals in South Vietnam". This was published in 1985. It is in the National Library, and has been there since that year.

Chadwick Which year was that?

Johnson 1985. The reference was in my submission to you. Essentially, the point I'm going to make is the fact that there has been correspondence prevailing backwards and forwards between individuals, groups, and Ministers of the Government. In particular, look at page 6 of this document. During the general debate about an Australian study on congenital abnormalities, persuasion was applied to defeat the bill. We are talking about a bill that was in the House of Representatives in New Zealand in April 1983, which would have enabled a study to be carried out.

The report was sighted by the then Minister in Charge of War Pensions. Members of Parliament were persuaded that the report concluded there was no evidence that army service has increased the risk of the birth of a child with an anomaly—that's a birth defect. The Minister went further: "I am delighted that is so, because at least it puts away the false hope that many such fathers hold—that their service in Vietnam might be the cause of their babes' abnormality." The Minister used further persuasion by saying that he did not just accept the report, but he had given instructions to the effect that official advisers from the Ministry of Defence, the Department of Health, and the War Pensions Division of the Department of Social Welfare should study effects, and gain the opinions of our scientists as to whether it was scientifically valid. The bill was defeated by one vote.

The other thing is, in regard to the Reeves commission, that significant documentation was presented to that commission, and under no circumstances can it be stated that it was short. Essentially, I submitted to that commission in Hamilton a document that encompassed many documents, including submissions to select committee hearings, and so forth, summarising all of the activities that I had been involved in researching. So, I challenge that paragraph, and ask that it be removed. I now come back to this one of the lack of knowledge about dioxin, essentially using the same document from 1985, which has been in the National Library since then, and is easily accessible on the internet. In here, it talks about an international correlation. The important statement is that almost 20 years later—we are talking in terms of dating, if you like—discovery of documents turned up minutes of a secret meeting among rival chemical companies in 1965. One company, Dow, warned its rivals of a dangerous contaminant in one of the chemicals dioxin, which arises in 2,4,5-T during the manufacturing process. The conclusion of the meeting was to conceal knowledge of the contaminants from the United States government. The persuasive argument was to prevent regulations being opposed on the industry. Dioxin is the deadliest toxin poison known to man. It is in the public domain and has been there since 1985. We must bear in mind when we talk about industry that when it comes to matters like that, it is collusion.

Just one other small point I think needs to be clarified. When they were talking about the immunisation certificate and so forth, there was a procedure on military discharge. They sent the international health certificate. It's a personal thing and it was addressed this morning.

Kedgley What you're saying is that everyone would have received that on discharge through the _____

Johnson Yes. I am clearly of the understanding that there was some acceptance in relationship to the matter of defoliation, and such like. But my submission contends that the evidence has existed since 1985 that New Zealand defence personnel were exposed to Agent Orange and other defoliant chemicals during the war. That evidence had been placed before a New Zealand parliamentary select committee, and the evidence had been lodged with the Alexander Turnbull Library's New Zealand Pacific Collections since 1985.

It is statistically significant that the physical number of New Zealand military forces serving in the South Vietnam War was less than the figure quoted by the New Zealand Defence Force of 3,800. Taking into account those serving two or more tours of duty, the physical count was 3,256.

The McLeod report commissioned by the Veterans Affairs office is clear in stating that the South Vietnam province of Phuoc Tuy was not sprayed with defoliants. Again, that is something that must be struck down, otherwise there's a continuation of living a lie within New Zealand.

International studies' results have been presented to successive New Zealand government representatives for nearly 20 years, supporting the contention of health risks to New Zealand Defence personnel from the Agent Orange exposure in South Vietnam. For those who want to keep up with me, I am on page 6 of my full submission.

It is contended that it is impractical to objectively assess current levels of health services for New Zealand veterans and their families who have been identified as exposed to Agent Orange or other defoliant chemicals during the Vietnam War and whether further health services are required, because no provision from the War Pensions Act 1954 provides for unconventional war disabilities. Defining as accepted disabilities, health effects and injuries from unconventional war weapons such as mustard gas, radiation, chemical agents, nerve agents, and suchlike. Defining by schedule to a section of the Act, a list of accepted disabilities and/or health conditions, and injuries arising from unconventional weapons, mustard gas, radiation, chemical agents, and suchlike.

Now, essentially we take into account, of course, that New Zealand forces were exposed. I gave an analysis in 1985, with a tactical operational map, and defined all of the spraying areas for the period that Phuoc Tuy Province was sprayed. I sent that together with other information to Geoff

Braybrooke, who was the member of Parliament for Napier at that time. I haven't seen that note, but I would certainly recognise it once I see it again. So if you are fortunate enough to have it come across your table, when you are finished with it, I would like it back because it doesn't belong to me. I am still reminded of the fact that I lost it. I said that I had not lost it—it is in good hands, somewhere.

Excuse me while I just quickly summarise some of the points that I have made, before I get into some of the major areas in relationship to my submission. It's given within the Phuoc Tuy Province—on page 8 I have included a photograph of outline of Phuoc Tuy Province itself. So there is absolutely no doubt in the minds of the reader of the area in which we are talking about.

The Agent Orange components and so forth have been addressed by many other people, and there is little more that one can say about that. But the other most interesting thing is the lack of understanding—and I'm looking at page 10—the lack of understanding by current members of government and civil servants of New Zealand military forces' deployment in South Vietnam is astounding.

In all cases the forces were attached to and under direct command of other nations' forces, Australia in particular. For example, New Zealand artillery and infantry sub-units were attached to the 1st Australian Task Force, based in Phuoc Tuy Province. They were stationed at Nui Dat, a location inland from the sea port of Vung Tau.

When you take into account the area in particular, what really has to be taken into consideration is the tactical area of operations. On page 10 I make reference to a book, "In the ANZAC Spirit". On page 66, the author makes an observation that: "… moving under the canopy [jungle] was easier and cooler, but much of the operational areas consisted of low scrub, bamboo forests, thick tropical elephant grass or areas that had been defoliated under the American strategy of avoiding jungle warfare by removing the jungle. In these areas there was no relief from the sun, and the thickness of vegetation at ground level prevented any movement of air; with the heat and high humidity levels, movement on foot was akin to playing rugby in a sauna."

The climate of Vietnam is significant in relation to application of Agent Orange and the components of the TCCD; the dioxin if you like. It does not necessarily break down in sunlight; leaching through soil is probably one of the closest ways by which it is removed from the ground cover, but that requires, of course, rainfall.

Again, coming back to "In the ANZAC Spirit"—which is the Fourth Battalion, Royal Australian/New Zealand [ANZAC] South Vietnam Tour 1968 to 1969—the author describes that climate as:

"The province is affected by the monsoon season from May to October, when the rainfall per month averages 8 inches. Between November and April the dry sets in and in 2 RAR's tour there was in fact no rain at all from mid-December 67 until May."

That would have been May 1968. Most of the infantry units in fact kept records of their tour of duty. That included from the time of starting up and all the attached units and the activities and so forth. _____also, I am still fortunate that I have kept one also defined as the operational notes. That is an example of an operation on a particular period of time in an appropriate clime in a particular area, with all the dates, activities, and so forth.

The other important thing, of course, is that the HERBs tapes that were used again identified that New Zealand troops were definitely in areas with the dry conditions and so forth. I can recall—Mr Miller is not here, but we were in the same operation—down in the area of the Firestone Trail, which was described by one of the other submitters, it was defoliated, if you like, and we had a re-supply, and in that was fresh rations, like an apple per man. There we were splitting up the apples and of course the apples are rolling around on the ground and during that process there was a contact that erupted into a company-wide ambush and action. So of course after a while, given the time that it takes, we turned back, gathered up the apples and then distributed them.

What I refer to now is the McLeod report. In particular, the fact is that I have no doubt that the information has been readily available in relationship to the area having been sprayed. The question is, as I have asked on page 14: "Was reference material and other information provided to the researcher on the basis of ensuring a pre-determined outcome that contradicted Vietnam veterans' health conditions, knowledge, and experience?"

Hide Could I just interrupt you there? I wonder if we could instruct the clerks just to have that question asked.

Chadwick Of whom?

Hide Of the Veterans Affairs.

Kedgley Well I think it is interesting that wanting that is your answer to your rhetorical question.

Johnson Absolutely, because we are going round and round and round in a loop. It's not like a group getting together, and someone is the band and some of the others are the dancers, and some of the New Zealanders see and ask, okay what tune do you want? And everyone agrees to that, the band strikes up, and everybody starts dancing and then somebody changes the tune.

Hide So that's a done thing?

Chadwick The committee will resolve _____

Kedgley Shall we let him finish then we can cover those issues—

Hide No, I think it will be good to get that in writing.

Kedgley We want it in writing, as well as _____

Johnson My next statement under that question is that to allow uncorrected information to stand, as in the McLeod report, to the Veterans Affairs office, is akin to supporting falsehood, which is untenable. This is compared against the rapidity with which the Australian government inquired into matters brought to their attention in 1990.

It was at that time that I advised the Australian government of the revealing of 2,4,5-T dioxin scientific studies as having been consistently manipulated within Monsanto Chemical Company. The admission came from the principal scientist concerned during a trial in Sturgeon, USA.

The Monsanto scientist, Dr Suskind, had been a primary advisor to Justice Evatt. On the basis of the inquiry findings the Australian government dismissed a royal commission report into the effects of herbicides.

I would just like to add that there should be a full stop after Justice Evatt. Essentially, in 1990 my airfares and accommodation was paid by US veterans to attend a United States congressional committee hearing on the question of Agent Orange in a bill being submitted in relationship to providing for certain diseases and conditions as being attributed to service in Vietnam. During that period I was given the whole of the trial transcripts out of which I was able to clearly focus in on and define the actual statements and answers to the questions in court, under oath, provided to representatives of Monsanto Chemical Company.

The most important thing in relationship to that, and I look at page 15, is the consistency by which New Zealand government ministers—probably under advice of their advisers or officials—consistently come back and state that according to the Evatt commission, there is no cause and effect relationship.

Essentially, I had written to the Australian government pointing out that I had put together a summary of the trial in Sturgeon. They sent an inquiry team immediately to the United States, looked into the matter, came back to Australia, and virtually overturned the Evatt commission and moved on.

Yet, here we are in 2003 in New Zealand, still trotting that out as good cause and reason why there are no health effects amongst Vietnam veterans in New Zealand.

Kedgley Can I just clarify, what happened to discredit _____

Johnson Let me now introduce this document. This is a document that I have referred to in my submission to you. This is the submission to the Foreign Affairs and Defence Committee hearing on Vietnam Veterans Health Bill. This was on 4 August 1990.

Essentially, what I have done—on page 20 of the master submission I have given you, I have inserted the table of contents for reference. Notwithstanding that, that the Government trots out, no cause and effect relationship, another issue was raised this morning by another submitter in relationship to what she called the Zumwalt report. Mrs Lancaster referred to it. They were saying they were viewing it for the first time because it had been classified.

If you have a look on page 21, part 8.3, it had been in the New Zealand Government's hands since 1990. It is in this submission on August 1990, that I summarised that report. I will not go into detail here, but—

Kedgley What year was that report?

Johnson 1990.

Kedgley No, the American one.

Johnson The section 8.3 is in the parliamentary select committee submission that I referred to. The report was released on May 5 1990. It listed 24 health diseases and disorders as attributed to Agent Orange exposure.

_____a date of the 9th, so I did not copy this or anything else, and I thought you could have people working on it right now, if you don't already have a copy. It goes in quite lengthy. To have listened this morning and this afternoon, to get the run-around, round and round the loop, is quite disconcerting. I realise we are talking to a health select committee, which has no influence over the defence side of it. Because one of the aspects that have also emerged recently since I made the submission was a handout that I have given you in relationship to—I am not quite sure what its reference number is—but for the Agent Orange study, where they have extrapolated a further 10 per cent of defoliation sprayed in the III Corp tactical zone. So it is ever-growing, it is not diminishing. Also of significance _____. There are a wide variety of international studies. However, there has also been the fact that some of the submitters have made reference to the Vietnam veterans' death rate. So I will just turn to an email received this morning. You should have passed out to you a copy of an email to me, dated today's date. I will come back and read that out in a moment, but I will just have a look in here. I submitted that for the New Zealand Vietnam veterans there is a current death rate of about 15.3 per cent of the veteran population. Within my document I had 17 per cent, and that should be amended to 15.3.

Chadwick That's 27C.

Johnson A national database has not been maintained for causation. However, what I did earlier this year is set up a website, using one of my multi-skills, and interacted with another person so that we are independent of each other and able to retain validity.

He collates the information, I double-check it, and then I enter it onto the website. This website is available and it's listed in the submission before you today. However, the most important thing is that when we look at the factor of New Zealand, in this year to date, 40 veterans have deceased, representing 8 per cent of the total of 498 deceased. Those are the figures we have kept collating ourselves, and I can virtually vouch for their validity.

One of the biggest things that I can come to this select committee with is experience. Earlier I stated my past service in Malaya and Borneo, and also as secretary of the Korea and South East Asia Forces Association, and then there is the New Zealand Vietnam veterans association.

A significant number of New Zealand military forces have served in South-East Asia and not Vietnam. There has been no reporting of significance amongst that group of the same health disorders and diseases as have appeared among the Vietnam population. That was an unscientific study, but essentially you ask somebody else who has had the opportunity of experiences to evaluate before we go any further. As far as I am concerned, you can suffer paralysis through analysis, given all of the research results and studies that I submitted in 1990—13 years ago. The time for action has long gone. It has not been heard. I will not qualify that any further because others have made their observations in relationship to that.

So essentially, I just need to ask a question of the chairperson.

Chadwick You can certainly ask a question.

Johnson The submission that I made to the Foreign Affairs and Defence Committee, who held the hearing on the Vietnam Veterans Health Inquiry Bill, that is readily accessible to you.

Kedgley Can I just ask.

Chadwick We can make sure we get it.

Johnson I have it on disk with me, if you would like it.

Hide It would be better if you could make it available to the clerks. It will be archived in the library. It's just a bit of a hassle, it's probably just easier to give it to the clerks now.

Johnson Yes. I will give it to someone.

Chadwick Was the end of your question to me?

Johnson Yes.

Chadwick That's fine. So we will get a copy and then we will get it numbered and distributed to the members of the committee.

Kedgley This particular report—this is the 1990 one you were referring to?

Johnson Yes.

Kedgley You made a submission to them pointing out all these studies, and they still concluded they have failed to produce any conclusive links, no scientific evidence to support?

Johnson Yes.

Kedgley That's the one?

Johnson Yes. I qualify that with the analysis of the Sturgeon, Missouri Coast, with Montana. I compare that with the action taken by the United States government. The Canadian government is also referenced in my 1990 submission, in their challenge about Montana in relationship to some of the not very nice things that were going on at the time right up to the material being produced.

Chadwick Are you now ready for questions?

Johnson I beg your pardon, I just wanted to understand the appropriateness to clarify that.

Essentially, just to qualify what Mrs Lancaster said in relationship to the diseases and health disorders in relationship to the Zumwalt report, I can confirm that. Again, that is in the 1990 report, so I will not dwell on that.

One of the other significant factors—and again I refer back to the 1990 report—is the United States Agent Orange task force. Again, I was fortunate to get an invitation to the United States. I turned up outside the Congress in the United States with emminent scientists, and essentially they produced a report relating to the statistical significance in relationship to the health disorders and diseases from exposure to Agent Orange. This is accepted by the United States government, but it is still not accepted by the New Zealand government. The question has to be asked, not only why, but is there a hidden agenda somewhere that is preventing admission of responsibility by the New Zealand government to its own troops. The troops who served in Vietnam were the only ones to be fully taxed.

Chadwick They'll be questions that I am sure members will ask the relevant ministers when they come.

Kedgley They are certainly questions that need to be urgently made.

Chadwick I'll put it to the committee at the end.

Johnson Thank you for that. I just want to touch briefly on my submission—

Chadwick We would like to ask you questions.

Johnson I know you would, and I am keeping a close eye on the time—on page 33 of the main submission, 6.3 Soft Tissue Sarcoma. This is statistically significant, and again it is a factor that has been overlooked. Soft tissue sarcomas are group of different types of malignant tumours, which arise from body tissue such as muscle, fat, blood, lymph vessels, and connective tissues. That is distinct from hard tissue such as bone or cartilage, and these tumours are relatively rare. Essentially, when we talk about relatively rare, we mean about four cases to 100,000 per population.

The possibility of exposure to phenoxy herbicides such as Agent Orange may have caused rare forms of cancers in humans such as soft tissue sarcomas. This was suggested in 1979 and 1981 by small-scale studies conducted in Sweden. They showed that persons reporting occupational exposure may have a 5-fold to 6-fold higher risk of developing soft tissue sarcomas as opposed to persons without exposure.

The United States of America Department of Veterans Affairs currently presumes that, resulting from exposure to herbicides like Agent Orange—the soft tissue sarcoma. There are certain things relative to that. But if you take the death rate of the New Zealand Vietnam veteran population, we are talking in terms of four to 100,000. If you extrapolate that out, and we are talking about a population base, overall—irrespective of age—it will even out at about probably 160 cases expected amongst that population of soft tissue sarcoma. If we look at the death rate of the veteran population at the moment, notwithstanding natural causes, 498—I don't think there is any deaths today, I certainly hope not—but that is close to 500. Even if we take a statistical analysis of 10 per cent of that in soft tissue sarcoma, that is statistically abnormal to say the least.

I make the point here in my submission to you as the committee, that had this been a death of women in New Zealand—by comparison with cervical cancer, breast cancer—all the alarm bells would have been going. There would be Guy Fawkes time 10 times over. But this veterans' population is totally ignored because nobody has bothered to take into account those people.

Chadwick Okay, could we ask you some questions now?

Johnson I am just finishing off. I realise we are out of time. I am just going to summarise my conclusion. I have made my recommendations in relationship to what I see as being the major factor, and that is a requirement for the acceptance of unconventional war disabilities within the War Pensions Act. I cover that in page 36.

Chadwick Which page are you looking at now?

Johnson Page 36. Essentially, leading into that on 7.2, we have the lead-in there in relationship to the defining of health diseases and disorders for treatment, and so forth, and we think in terms of unconventional warfare. The Veterans Affairs office steps in with the criterion that it cannot judicially determine on a case-by-case basis for unconventional war injury without a schedule of accepted health diseases and disorders. In other words, it needs to see a schedule of health diseases and disorders, otherwise it becomes a hit and miss affair. Dr A versus Dr B, C, E, and Specialist A, and such like. I have continued on page 37, in 7.2, that to ensure subjectiveness does not override science and common sense, the War Pensions Act 1954 needs to reflect accepted health diseases and disorders in an appropriate section. A schedule to such a section in the War Pensions Act 1954 would define the diseases and disorders accepted as unconventional service-related injuries. The provision would ensure certain diseases and health disorders would be immediately treated as required.

Last night I spoke to a Vietnamese who actually served with the South Vietnam Army from 1968 to 1975. Unfortunately he could not be here, but he also had a child born with abnormalities.

In conclusion, common law does not allow New Zealand servicemen to take a suit against the Crown for injuries suffered in the course of service. The following statement was made by an Australian solicitor to members of an Australian Senate inquiry committee in 1991 on the subject of servicemen's rights by common law: "What was presented to that Australian Royal Commission was the independent knowledge by successive New Zealand governments that English courts for nearly 200 years have said that to allow a member of the armed forces to bring an action against another member for an act done in the course of duty, would be destructive of the morale, discipline and efficiency of the service. For that reason, common law does not give remedy even if the conduct complained of was malicious." The solicitor qualified this statement with the observation: "It seems impossible to impart concepts of the law of negligence of safe systems of work and so forth into such situations."

Because of common law denied to servicemen for remedy in cases of injury, the Crown has a sovereign responsibility in the diagnosis and treatment of non-traumatic or traumatic injury, where the injury was a result of service. It could not be likened to an insurance policy. Those servicemen are defending the country. The civil population goes about its lawful business, resulting in profit and prosperity. The insurance factor is that the country must be prepared to attend to and compensate servicemen with injuries sustained whilst doing their duty, enabling their fellow countrymen to profit and prosper.

Kedgley I have couple of specific questions. You raised this very interesting issue of chemical companies, and you've also alleged that there is 30-year cover-up that essentially Monsanto knew about.

Johnson Twenty years.

Kedgley Did they know about those health effects when it was being used in Vietnam?

Johnson The answer is yes.

Kedgley That being the case, where do they fit in to all of this? Why are we focusing so much attention on the question of our government, if in fact they were using a chemical that they assumed had no adverse health effects, but the chemical company itself knew that and was suppressing evidence of it?

Johnson That is the purpose of the class action suit.

Kedgley That was coming from my second_____

Johnson The first step was that servicemen cannot sue the Government. That is the reason why the class action suit proceeded directly against the chemical companies.

Kedgley That class action suit was directly against the chemical companies and you to part in—so you on behalf of? And it was settled out of court?

Johnson It was settled out of court, yes.

Kedgley And part of that settlement—which is probably confidential—was it in acknowledgement that a chemicals factory—

Johnson No, there was no acknowledgement.

Kedgley There was no acknowledgement, but there was compensation?

Johnson Yes.

Kedgley But did that cover all veterans or was that just those who were in—

Johnson Essentially what actually happened in terms of New Zealand joining the class action suit is that we had a meeting in Whakatane, a group attended, and that group determined that yes, they would join that. From there on in they had to sign up as members to that class action case. As time went on it became more global and essentially it was extended to cover all veterans.

Kedgley So there has been settlement for all veterans?

Johnson There has been a settlement, which has been administered by specific trust boards in three countries: Australia, United States, and New Zealand. I was a member of the New Zealand Agent Orange Trust Board and that was not

a monetary sum paid out to individuals. The board dispersed its funds in a prudent way to those people with needs, and in particular we had empathy with children of veterans who had those health disabilities and needs.

Kedgley And was there just one chemical company involved or a number of them?

Johnson Seven.

Hide Are you able to share with the committee what the total sum was and what was a typical compensation payment?

Johnson I can't give a typical compensation payment because it was balanced on case by case and things that were presented to us. It was something in the area of $180 million, of which $750,000 was allocated to New Zealand. The government topped that up by $250,000 to bring it to $1 million. I think the board had a life of about 9 years in dispersing those funds.

Hide So you had a 9 year programme of dispersing $1 million across roughly how many people? What I am alluding to is the technical term: two fifths of bugger all.

Johnson I would agree with you.

Hide So $1 million across how many people?

Johnson I do not have the sums with me. I cannot answer that question because I cannot even recall it.

Kedgley How did you know that all New Zealand vets had access to this?

Johnson Because of the policy of wide publicity. The New Zealand media was very, very helpful to that extent, and one of the main emphases in relationship to the distribution was publicity.

Hide Would it be possible for this committee to have a report from someone on that process? There was must have been records kept, if $1 million is in the trust and goes out. Who would the committee approach to get a report on that?

Chadwick The report of the Foreign Affairs and Trade Committee.

Johnson It had nothing to do with them. It was a private trust and it reported back to the federal judge in New York.

Hide Is there any possibility that someone could explain to us who was intimately involved in that?

Johnson I was intimately involved, but I'd have to give some thought to that because we were bound by certain confidentiality and things like that. Not in terms of numbers. I would have to go back through my records.

Hide It just worries me. One of the things that could come up, for example, is the thought that "Oh well, there was this settlement, money went across, end of story." Whereas, I think what you're suggesting to us is that this was not a satisfactory result, and I think it would be helpful if the committee could have the extent of that unsatisfactory result. If that were possible—do not worry if it is not.

Johnson I would have to go back through my records.

Booth Could I just make a comment on that? By the time my cancer was diagnosed that fund had long dried up.

Chadwick That was what Mr Hide was trying to get at.

Booth What you are getting coming through now are more and more veterans presenting with problems. That fund has long gone.

Yates Thank you very much for your submission, which is very detailed, and for your presentation. It is sort of, where to from here? Other submitters have talked about assistance with health problems, compensation and a range of issues. Your main change, the way I read it, is to have a change in the War Pensions Act. That's the main thing that you want changed, to recognise, as you have said—

Johnson Unconventional war injuries.

Yates Service-related illnesses and to have a list of those.

Johnson A schedule.

Yates A schedule attached to the Act. That is the main thing you want to see.

Johnson There needs to be a new section to the Act about unconventional war injuries, which should have been there since 1915, with mustard gas. The other factor that arises from that is a schedule that does not require any enactments. A schedule can be amended by regulation.

Yates You always amend them with an Act, that's a problem.

Hide The way you would technically do it, I would think, is that you could make it through the legislation by Order in Council.

Johnson It could be done.

Hide There are ways of doing it but through a schedule.

Yates There are problems around that, because an Order in Council could take—it's a technical issue.

Johnson It's what you're paid for.

Collins Thank you Mr Johnson for your submission and the work you're doing and have done. You've made some quite strong comments about the information that clearly was available to Ministry of Defence, and presumably the Veterans Affairs office, about the use of Agent Orange in Vietnam, and which clearly was not picked up by either the Reeves or McLeod inquiries. Do you have any views about what went wrong there? What was actually going on?

Johnson I have the view in relationship to having attended the Reeves thing in Hamilton, and presented quite a substantial document that you can access—I don't know where it has gone. I could not help but get the feeling from past experiences that the outcome was going to be a given. I said earlier, hidden agendas or agendas somewhere were going to prevent any form of acknowledgement. The question was asked today—

Collins What about the McLeod report, which was only last year?

Johnson My concern goes back to the use of Evatt report and findings by the New Zealand Government, which to me is only qualifying a lie. The evidence that I have presented to the New Zealand Government is unquestionable.

Collins And if we get your submission to the Reeves report—

Chadwick And the 1990—

Collins And the 1990 select committee. We will see the evidence in there regarding the Evatt commission. We will be able to access that?

Chadwick And that is what has been missing. The members of the committee have had the McLeod report and the Reeves report, so getting any subsequent reports will be very helpful to us.

Kedgley And thanks for drawing it to our attention.

Johnson I still have the view that selective material has been presented all the way along the line.

Chadwick So it is perpetuated.

Kedgley What is this agenda; what's your speculation?

Johnson I will answer that question because it has been broached, I think, to Mrs Lancaster, and one of the factors that I believe in is that firstly the military personnel are just designated to be a part of a second-class syndrome, rather than the Crown accepting its responsibility relative to what I read out in the conclusion. That relates to money. In other words, the Government does not want to front up and pay its insurance.

The second factor is that over the years I have gained the impression—because there have been a number of things that I have been involved

with—that the denial of acceptance is imperative in order that the chemical 2,4,5-T is not seen to be harmful, thereby we do not end up with a lot of civil litigation. Those are my two views.

Kedgley _____in New Zealand as well as with our servicemen.

Collins So you're talking about the civilian population?

Johnson Yes.

Mapp Two very brief questions. The first question is really from what you have just been saying. You are of the view that there are particular people, individuals, who know the truth and who deliberately and unlawfully ensure that inquiries do not get that material?

Johnson In answer to your question, there's a difference between knowing the truth and knowing. We can know the content of a subject, but we do not necessarily have to believe it. In other words, we can have a bias, unless we have actually experienced it. If we extend that further, and that bias exists, that is when we get the negatives against—if that makes sense.

Mapp The second thing is that I have listened to your suggestions to a change in the War Pensions Act, and I am not sure what that will actually achieve that has not already been achieved. However, you do raise a very important point, which I have had discussions with other veterans about, and that is the recent cash payments—lump sum payments—to the victims of Dr Bottrill, which was not obviously_____. People did not know that they were deliberately spraying _____to harm them, but nevertheless lump sum compensation was paid to victims. Why shouldn't the same knowledge_____

Johnson I have never been involved.

Chadwick It's a good question.

Johnson That question on compensation has already been reported in today's *New Zealand Herald*. I don't know if I can be denied the opportunity to address it.

The most important thing in that path I have followed has never been one of compensation. The intent of a War Pensions Disability Act is to provide treatment, and that is what has been lacking.

If you take the specific diseases and health disorders that my contemporaries have, for them to get on to the cycle of treatment can be pretty impossible without the provision of supporting legislation. I still believe, and I still go back, that that is a sovereign responsibility, not just a governmental responsibility. It is a sovereign responsibility.

Kedgley Just pursuing the point, one of the reasons for denial is because of the reluctance to acknowledge 2,4,5-T as harmful. We have had allegations that

2,4,5-T was in fact manufactured here—in fact I think we were the last country to continue to produce it. Do you think we should make a recommendation to look at that similar issue?

Johnson To me that is an after-event. I look at the here and now. I have been looking at that now for 20 years. You have a list for the moment, because there are still people with needs in the here and now, and those who have gone that have still not received that treatment, which I believe is deserved to them.

Paraone May I just pick up on the last comment about the people in need in the here and now. This is quite a substantial solution, on behalf of an individual—and you are an ex-soldier. Can you tell me why we are not hearing from more servicemen?

Johnson No. The answer to that is quite simple. For me to be able to sit here before you, I have gone through many, many years of research, analysis, and interaction with the subject matter, scientists, and so forth. When I first started it took me quite a while to get my head around it. But it was due to that supportive international team that I was able to develop the knowledge to be able to put that submission together. I have kept records all the way through. On the other hand, you have to deal with the fact that not everybody in all walks of life have experiences of analysis and putting things together in a coherent sort of way, relative to meet select committee requirements and also in such a way that it follows a pattern.

Chadwick Thank you for that very detailed submission. It has put some factual evidence before us that we haven't had previously.

Kedgley Adds a few pieces to the jigsaw.

Booth Madam Chair, may I just mention one thing. Part of the difficulty of being in the system now myself is that when you go to see your medical people, there is a lack of belief that there is a connection between Agent Orange and my cancer and I would recommend that the committee also expand its recommendations to the Ministry of Health as well, to ensure that they are instructed in a way that the medical profession be told that if ex-Vietnam veterans present with problems, that they aren't discredited otherwise they go away again thinking that they are getting no help from the medical people because the Ministry of Health doesn't recognise it either on an official basis.

Chadwick So some education on the cause of—

Booth Yes, it should be included in Ministry of Health guidelines somewhere that these things need to be accepted on the basis of probability.

Chadwick I was going to ask you, Mr Johnson, that the difficulty with the McLeod and Reeves reports, which we challenged, was the fact of the size of the

research population. Do you accept that? We would have perhaps had more robust research had we done it on Australian and New Zealand veterans.

Johnson In the early stages I always said, in 1984, that New Zealand was the ideal base to do a study for one simple reason. As I stated before, we had a significant number of people who have served in South East Asia, but not Vietnam. They are not—that's your cohort group. Your study group was those people who served in Vietnam, and essentially at that stage, when I was thinking along those lines, of course, I was not to know the extent to which the Vietnam veteran population was not displaying the same health diseases and disorders.

Chadwick And could you not have got that amongst the Australian servicemen?

Johnson The thing is that you have to realise that of course the means of communications and so forth—we did not have emails and such like and we really had to focus on our own affairs, and what was concerning the most at that time, of course, were the class actions served in the United States, and interacting with people here in New Zealand. The outcome of that was being a trust board member of the Agent Orange Trust Board, so it was a matter of priorities. I think one of the most telling things is when I requested to make a submission to the Evatt royal commission and the answer to that was "no" from Australia. So I did not pursue that any further.

Chadwick Thank you.

Patricia Nuku

Nuku Kia ora koutou. I would like to read my submission and to make some statements.

To whom this may concern, my name is Patricia Nuku. My father was in the Vietnam War. He served in Whiskey Company during 1967 and 1968. My mother is from Malacca and I have four other sisters, including myself, which is five. I was in born in Christchurch Hospital in 1973, June the 25th, with a deformed left hand. At the age of 5 my father tried to explain to me that I was different from other children. We grew up in a small Māori community. Growing up at school was very difficult. From time to time a lot of the children would laugh and had very nasty names and jokes that they would say to me. It was something that has affected me emotionally throughout my life. As a teenager I was very shy and always had my hand well hidden.

I married young at the age of 16 and had a very emotional and abusive marriage. I never attempted to work publicly, in fear of having to justify my situation, but I am not the only one affected in my family. My eldest sister is half blind and deaf, and my second eldest sister is dyslexic. She can't read or write well, and she also needs glasses. My third sister is partly deaf, and then myself, and then my younger sister is partly blind.

I have written to everyone I could think of for answers—to Parliament, to MPs, to the Agent Orange that was situated in Auckland, RSA, Veterans Affairs. It has been 11 years since my first letter and I say that the Government has done nothing in aid of what has happened to children like myself, and I think it is very poor of them. Our fathers served this country with their lives, and to what avail? Something must be done. I am now 30 years old, with no qualifications because of my low self-esteem of how I am with my hand, and now I think everyone should know how it has affected me and many other children like myself. This is my submission on how I think. Something must be done now.

Chadwick Thank you very much.

Nuku My father also told me stories about how when they had no water they used to drink from pools of mud that looked like they were coffee coloured, and when they were sitting on the horseshoe, aeroplanes flew over and sprayed defoliant over them. My father also states that: "Many of my friends have similar situations for complaints in their families. You will find that after 30 years, most are now expected to be long gone before any results are made." My summary to the panel is to acknowledge the events of Agent Orange in Vietnam and help support the other children and families of the Vietnam veterans.

Chadwick Thank you, Patricia, for coming too, because we've had a range of different submitters and yours is another story—I am sure on behalf of a lot that don't want to come before the select committee. So it might be useful now—is there something that your supporter wants to say? Was there something that you wanted to add?

RP Nuku There was one thing I heard—why didn't more vets do this. I sat there and I listened to that. I made the statement earlier that after 30 years there are a lot of us who don't expect anything to happen, and that's why you haven't got them. We've just given up there. I have listened to this today and I think maybe I should have made some kind of attempt, but I know that there are a lot of my friends who just wouldn't be bothered with it. They have given up long ago.

Chadwick We did have very valuable submissions too though, and some personal stories.

Kedgley We're grateful that some of you did actually.

Collins Excuse me, are you Patricia's father?

RP Nuku Yes.

Collins I am pleased to meet you. When you are talking about how some of your former colleagues wouldn't make submissions because they didn't expect anything to happen, was there any indication that you received that some people thought that the inquiry could actually harm the current situation for

Vietnam vets, or was there just no thought at all that it would do any good?

RP Nuku That's possible. When I heard about the submissions I thought that I could write a whole lot things, but when I think about my own condition and then I think about some of my friends' conditions, I think that maybe I've got nothing.

Collins Maybe yours isn't as bad as someone else's.

RP Nuku Mine is just a ripple in the ocean. Even though it's affected my whole family, it's nothing compared to some of what my family and my friends have got. The other thing that impacts on it is that when we came home from Vietnam we were smuggled back into the country. We weren't brought back in daylight. We had to sit on the tarmac in Sydney for 4 hours to wait for it to get dark before we came home, because if we came home in broad daylight nobody wanted us. So we were abused. So that affected a lot of the guys. I used to think, "Oh, it's OK, it never worried me. It never affected me, so I was all right." I didn't realise how much it had affected me until Parade 98. After Parade 98 I know that I felt differently about what had happened. And yet many of my friends didn't go to Parade 98. Many of them refused to go to Parade 98, and that is another reason why many are refusing to be involved in this, because they just can't believe that anything will come of it.

Chadwick Thank you very much. Are you happy to answer some questions?

RP Nuku Sure.

Chadwick Has anybody got a question? Could I just ask you, nothing has happened, you have written to various Governments and Ministers—

RP Nuku For 11 years.

Chadwick Did anyone put you in touch at all with the Ministry of Veterans Affairs?

RP Nuku I took her to meet Jessie Gunn.

Chadwick How did you know about that then?

RP Nuku Because I was in Wellington, working in Wellington at the time, so I invited her and we said "Let's go", and I took her there.

Chadwick And what happened from that? What was the result?

RP Nuku Jessie suggested that she—at the time I was saying maybe she should go back to school and learn something, get some kind of qualification. There was a suggestion, in fact, it was implied that she could go and do that—that she would get some assistance with that. Well, you know the results. She applied for a course, the course was $2,000 for a year, and she got $200.

Collins So effectively no help at all.

Mapp A lot of people refer to the director of Veterans Affairs, Jessie, who I have known for many years myself, and she is probably of the generation of soldiers immediately following Vietnam. I tend to think that when people refer to someone by their first name it generally means that they have a favourable view of that person. Do you and other veterans feel that she tries her best, or—

RP Nuku Of course I do. Personally I think it was the first time something was actually being done for us. I think she tries very hard, and I acknowledge her role, but my belief is that she hasn't got enough authority to do much about it.

Hide Enough money.

Chadwick We'll be asking some questions directly.

Mahuta Thank you for your submission. We had a number of submissions earlier today from family and children of ex-servicemen. We asked them, basically, if we were going to make recommendations in our report about ways in which we can assist the children, what types of issues would we look at. So do you have any suggestions?

Nuku On what assistance?

Mahuta What type of assistance.

Turner Can I just jump in, because that is kind of similar to what I was going to ask. I will just read you some of the things that have been suggested by previous submitters. There were things like the covering of medical expenses and related travel to access that care, possibly a pension where there was an inability to work, help with their career path—additional assistance for those who want a career—and counselling. There was positive feedback about the fact that it has made a difference. It hasn't paid the bills, but it has helped with things. Do you have anything else that you can think of other than that list, because I think it is very important that we make those kind of recommendations specific in our report?

Nuku Is there education assistance?

Turner Yes, I had career path, but education would be critical. I think extra support within that process.

Nuku Yes.

Mahuta Do you agree with all of those?

Nuku Yes.

Collins Patricia, you have been with your father to Veterans Affairs. One of the things about it today is that Veterans Affairs gives counselling, too.

Nuku They offered it to me, but I haven't heard back from them.

Collins It's been offered to you, and what is holding it up? I am just looking at your submission and you are talking about your low self-esteem, which is understandable given what you have had to go through in life, but I am wondering whether or not, personally for you, there is any assistance that can be given to help you to get yourself feeling—I don't know, is there anything that we can do practically, or that can be done practically?

Nuku She offered counselling assistance, but I haven't heard back.

RP Nuku I think on the counselling side of it, the low self-esteem and all of that happened while Trish was at school. Out of the daughters that I have, she is probably the most able to get around and climb trees and do all sorts of things than any of the others. She was a real hard one to pin down with her physical disability. I think that all came about because of the low self-esteem. She had to try and prove that she could do all right. Trish has played seven-a-side rugby and can catch the ball with one hand, rather than two. So the low self-esteem has already gone and it has passed. I know she is more up to it now.

Chadwick Well we can't make promises as a select committee, but we certainly will write a report and make recommendations.

Hide The thing that has always struck me—you mentioned about being smuggled back at night and what it was like to come back, and we see the pictures of our troops heading off to Vietnam, and they were very, very proud men and very fit men, and I have been told by Australian and American service personnel that the New Zealand soldier in Vietnam was very, very well regarded as a fighting man, as a tracker, and as a good bloke. So I have this picture of these healthy young men—peak fitness, peak training—going off, and then this picture of coming home, smuggled in at night, not a hero's welcome, but, in fact, no welcome, and then their health falling to bits, and then their children's health falling to bits. So it is like the worst scenario possible, from those proud young men we see in those pictures serving their country with distinction. I do not want to go over the pain, but it is hard to imagine a worse turnaround of experience, in the end appearing before a select committee and other bodies—proud people who do not want a handout, actually, but who have served their country. I wonder if, in that view I am summarising—I know I can't do it in words; I can't do the experience justice in words—but is that sort of what it has been like?

Mr Nuku I think when you mention that they went over as fit, I know we were respected by other military. I know many of us would fit well in that description. I think what you miss is that many of us also were very young. I turned 21 a week before I left to go to Vietnam from Malaysia, and I

thought I was the youngest, but I wasn't. There were others who were younger than I was. I turned into a man the day I left here to go to Malaysia, and we were in Malaysia a month before I went to Vietnam. I was still a kid. I was playing at being a soldier, but when I got over there it was a different thing for me, so I became a man quickly because there was no support structure around me except for my mates. Back here there was, there was my family and all sorts of other people, but when I got over there it wasn't there. So I had to depend heavily on my mates. They had to be fit. They had to be able to do their job. So I agree with that part of it, but our age was very young.

The way we were brought home, I know it affected many of the guys in different ways. I think I am one of the lucky ones, even though I have no feeling in one leg, a partial loss of feeling in another leg, I am deaf in this ear, and I wear a hearing aid in this ear, and if I turn it off I can't hear anything. I think I am one of the lucky ones. When I try to understand that and put it into reason, why is it that I was able to feel this way and come home and get on with life and do other things? I have been to varsity; I have got a degree, I have got a master's as well, and I am in a different sphere altogether. I took a complete change in life, yet some of my mates never did.

So I have been looking very seriously at post-traumatic stress disorder. I looked very seriously at the offer that was made by the Government to assist soldiers in that area. Some years ago we were able to get free consultation, free counselling. In fact, I was told to go and be part of that. My comment, after a year, was "What a waste of time". All this money was being spent on these people who were analysing us. We have been around with this in our heads for 30 years. They were not going to make any difference whatsoever. They could analyse us, they could tell us what to do, but we had to put up with it for 30 years. There are things that I know I handle very well, and there are things I know I don't handle very well. When I get into situations that I don't handle very well, I leave, I disappear. As a consequence I have lost a family, and almost lost a second family, because I have had to disappear. Yet, again, I feel one of the lucky ones.

When I look at some of my friends who live on the coast, and some of my friends I have met at funerals, many times over the last 10 years—this year alone, seven funerals I have been to for Vietnam vets. The last funeral was my uncle's funeral, which was only 2 weeks ago. My uncle passed away in Masterton and I went to that funeral. My uncle's call sign was 53. I thought it was a coincidence because he was the 53rd one to die this year of the Vietnam vets.

Chadwick Thank you for that. It's these sorts of responses that are helping us get a much more complete picture then we had before. Thank you for sharing that. Thanks for coming Patricia, and all of the submitters.

Gudgeon Madam Chair, can I say something?

Chadwick Yes.

Gudgeon I know I am not a member of the select committee but I am also a returned serviceman. I actually served with Mr Booth and Victor Johnson in Malaysia and Korea. I purposely did not want to sit there because I probably would have got too emotionally involved, but when he stood up I had to take my glasses off. It never ever dawned on me that I would see him in this situation. He was a proud soldier, he was an excellent platoon commander, and to come back, as I said before in one speech I gave in the House, our veterans will never ask, and that is the situation today. It has taken a lot of courage for these returned servicemen to come back to sit this in this select committee.

I came here today to listen. I will be going down to Wellington tomorrow to listen because I know that Mr Sumner will be submitting tomorrow. I think we should really think about this. I wouldn't like to be in the position of Mr Nuku—I know him very well, also—with his children who have a disability, and all the others who have been mentioned. So we need to really think about what has to take place and what the Government owes our servicemen.

Chadwick I give you the undertaking that we will take it very seriously. Thank you.

conclusion of evidence

Appendix F

Corrected transcript of evidence 26 November 2003

Members

Steve Chadwick (Chairperson)
Judith Collins
Dave Hereora
Sue Kedgley
Mahara Okeroa
Pita Paraone
Simon Power
Heather Roy
Dr Lynda Scott
Judy Turner
Dianne Yates
Bill Gudgeon

Staff

Catherine Parkin, Clerk of the Committee
Philippa Bell, Parliamentary Officer (Select Committees)
Professor Peter J Smith, adviser

Witnesses

Ronald Turner
John Robinson
Trevor Humphrey, National Secretary, RIMPAC Association (NZ)
Frances George
John Masters
Gavin Nicol
Terry Culley, Ex-Vietnam Services Association
David Cox, President, Royal New Zealand Returned Services Association
Margaret Faulkner
Hank Emery

Chadwick — Welcome to you all. We had a very interesting and long day yesterday—it was very useful to the committee. I hope it was helpful to the veterans in Auckland. It is nice to be here in Wellington today. [Introductions].

Smith — My name is Peter Smith. I am the dean of the Faculty of Medical and Health Sciences at the University of Auckland. I have a background in cancer medicine and cancer research. I also hold the rank of Wing Commander in the Royal Australian Air Force Reserve. I am retired now, and moved to New Zealand 2 years ago. The other thing that I think is

relevant to this inquiry is that I'm the chairman of the current inquiry into health effects on Vietnam veterans in Australia. This is an inquiry sponsored by the Department of Veterans Affairs for the Australian Government.

Chadwick Thank you. We have tabled all documents from the submissions, and additional papers, and they are being released as submitters give their evidence today. Thank you Mr Turner, it is over to you. What we try to do is give you full time to get your points out, but we like to ask some questions at the end, too. If your time is running out, I will ask if you can draw it to a close, so that we can get some questions in. Hansard staff are here today, sitting next to Professor Smith, taking a full recording of all submissions.

Ron Turner

Ron Turner Good morning. I should say firstly that Judy Turner is not my daughter. My name is Ron Turner, and I served with 161 Battery in Vietnam in 1968 and 1969. Like all the New Zealanders who went to Vietnam, we were young, fit, and keen to do what we saw as service for our country. Things like Agent Orange were not in my vocabulary—I had never heard of it. We arrived in the country, and went out and served with the guns, or served with other units that we were supporting.

I recall—though with very little of the detail—on one occasion at least, seeing these two Hercules aircraft fly low over us, spraying something. From the ground, we looked up and saw them, and thought very little of it, I think. If we had thought about it, we would perhaps have said that it must be safe, because our Government and other Governments were allowing it to happen. The only thing I might have noticed was that we used to put our hands over the top of our billy—if we had a billy and we were drinking at the time—because it left a little bit of an oily kind of colourful screen on the top of the drink you were having.

I'm not sure whether my particular situation is the result of anything that happened in Vietnam. It's not as bad as that of many people I know. Friends of mine who served in Vietnam have died unexpectedly, and at my age, which is of concern. Others have problems. The noise from the artillery has been credited with causing my hearing problem. About 2 or 3 years ago my doctor said I had diabetes, and someone suggested that this could be an effect of Agent Orange. I certainly did not know. I went to see a specialist. The specialist, I understand, checked information available to him on the web from American and Australian veterans' associations, and as a result, 5 percent of my pension is credited to diabetes—it was war-affected.

On TV last night I heard a statement about stress-related suicide—they were talking about farmers whose land was dry or over-wet, up north. I think the greatest impact that Agent Orange may have had on me is the stress of not knowing. We came home quite oblivious to any impact of

Agent Orange. All of a sudden it started to hit the news, and people started to suggest that nasty things could be the result. I think that's maybe the thing that worries me the most. We don't know. Things like cancer might occur, which wouldn't occur to people who hadn't been to war.

My eyesight is a little bit impaired. My eyes feel a bit gritty all the time. People say that it's because of passive smoking, or some other nasty beast, but other people have said that it could be the result of Agent Orange. I often have skin rashes, and people have said: "Well, who knows what it is—it might be the wrong shaving soap or something", but other people have said that it could be because of Agent Orange—same with the diabetes that I mentioned. My submission is very brief, and that's about it. We left New Zealand as young and fit men and women, and at the moment, now, all of us in our fifties probably have this extra stress of not knowing what it was that we were sprayed with, and the impact that it will have.

Chadwick If we could ask some questions…

Collins Thanks for coming Mr Turner, and for making that submission. You talked about an incidence of being sprayed with something that left a residue. Did you operate in or go into areas where there had been Agent Orange spraying, and did you see the effects of that on the environment?

Ron Turner I don't know.

Collins You don't know?

Ron Turner We went into areas where there was very little foliage—it was pretty open. A lot of it was very old rubber plantation, and some of it was jungle. It varied. There were parts where there were no leaves.

Collins No leaves on rubber plants?

Ron Turner The rubber plants were normally old, and pretty dead and beaten. When we went into jungle, there were areas that had no foliage, and we used to say that they had been sprayed.

Colllins So when you say that you're not sure, or that you don't know, it's because you didn't actually know at the time that it was Agent Orange that had been sprayed?

Ron Turner That's right. I didn't know what it was.

Collins But you were certainly in area of defoliation?

Ron Turner Yes.

Paraone Did you ever ask what it was?

Ron Turner No, I don't think so.

Chadwick You mentioned stress-related suicide. Was that linked with any of your veteran colleagues who you knew were struggling with stress when they came home? Did they commit suicide?

Ron Turner I couldn't answer that accurately. I'm sure there are people who have contemplated it, and talked about it.

Chadwick Are you part of a veterans affairs association, where you get together and talk about this?

Ron Turner I'm part of the New Zealand Vietnam Veterans Association. We have annual reunions once every 2 or 3 years. I don't think this is a subject that's talked about a lot. The subjects we talk about are the silly things that were done, and who you did them with, and how everybody is going grey.

Yates We had a submitter yesterday who suggested that as well as "injuries" in the War Pensions Act, we should have a list of "war-related illnesses". Would you agree with that, given that some things like diabetes may or may not be attributable to the war? Do you think we should have a schedule of what things can actually be attributed?

Ron Turner I think that as soon as you have a schedule of something, then people will always say: "It's not on the schedule, therefore it's not involved". I suggest that every individual, when they go to a doctor or specialist, should be treated as an individual. When the doctor asks: "What's wrong with you?", and you tell him what you think is wrong—and he looks into the background of the person—if there is information that may indicate that something like Agent Orange, or war service, could have been a contributor, then it should be taken into account.

Yates So, case by case?

Ron Turner Yes.

Okeroa You mentioned in your submissions something that I found quite interesting, in that in most cases, there are some number of people who served in Vietnam—whether in the 161 or otherwise—who are no longer here. Do you want to elaborate on that? It's only 50-year-olds.

Ron Turner Yes, that's right. I can think of 3 people: Ray Williamson, who died of cancer; Dave Lough died of cancer; and Hugh Weatherhead was another one—and we served at the same time. They were all my age, these people. They died of varying types of cancer—one was bowel, one was stomach, and one was something else. Other friends who were in the military—in 161 Battery with me—are still suffering from internal or external problems. It is not for me, a non-specialist, to say that it was because they served in the army, or in the war in Vietnam—

Okeroa Do you find that the incidence or percentage of people you know who have died is quite high?

Ron Turner You can read statistics from groups that say that the percentage of Vietnam veterans with diabetes is 60 percent, rather than the normal population rate of 25 percent—these figures are not right, I'm just quoting the differences. "X" percent of people who were in Vietnam may have stress-related mental difficulties, when the rest of the population is half or a third of that. These are people who, back in those days, were the fittest, the strongest, and the most capable. They weren't people who had health problems right from the start.

Chadwick Are you registered with Veterans Affairs? Are you getting any services from the Department of Veterans Affairs?

Ron Turner I suppose I must be registered with it, yes.

Chadwick So you know where to go if you need help?

Ron Turner Yes, if I wanted help, I would perhaps ring Veterans Affairs, or one of the Vietnam services.

Chadwick Because that is what we are trying to establish. Are the veterans getting the appropriate level of services, and could more be done to make their lives a bit easier?

Ron Turner I think I'm capable of going anywhere, if I thought I needed some help from somewhere. I think some of our team—some of my soldiers, and some of other peoples' soldiers—are too reticent about going. They sit without complaining, and without seeking much help, because they don't want to be bludgers on the system. I've heard that from a number of people. A chap in Wellington has recently been diagnosed with epilepsy, and I said to him: "Why don't you go and talk to Veterans Affairs?" He said: "No, I don't want to be a bludger, and bludge on the system". So, there is that problem to overcome.

Collins Yesterday we heard from submitters who said that when they came back from Vietnam—having gone over as young, fit men, who went off to do their duty—they came back in the dead of night, were spat at, were treated as though they were criminals, and were told that they were baby killers. This sort of effect meant that they didn't necessarily want to talk about anything that had happened to them, that things were hidden for years, and that they felt this had added hugely to their stress and inability to access services, or even to shout out about what had happened with Agent Orange. I was wondering if you had any comment on that?

Ron Turner I think I felt exactly the same. We arrived home on a Hercules at Whenuapai Airport. There was no one except the customs and movement staff to meet us. There was no senior officer or interested politician saying "welcome". I thought about how sorry I was for the soldiers I was bringing

home. The impact of being called those names and being spat at—it was something that was very disappointing.

Hereora Thank you for your submission. Yesterday we also had a number of submitters talking about their children, and the effects on their children. We also heard from the children themselves. I've heard you talk about consideration for individuals. Do you have any advice for the committee about how we deal with the children?

Ron Turner I think my advice—if that's the right word—or my suggestion to the committee, would be to ensure that individuals are treated as individuals, and that they go along to their health specialist about the problems they have, be they physical, mental, social, or whatever. There are people who are competent—and facilities are available—to look into the reasons for the difficulty, as Mrs Yates said. I would hate to see a list of things that are attributed, and a list of things that are not. For individuals, their reactions to Agent Orange, their reactions to war, and their reactions to stress, are all different, and should be treated differently.

Chadwick Thank you for your submission, and for sharing those views with us, it has been very helpful.

John Robinson

Robinson John Robinson, Victor 3 Company, 4RAR Anzac Battalion 1968 to 1969.

Chadwick John, are you comfortable? You are welcome to sit.

Robinson Thank you. I would like to thank the committee first for giving me this opportunity. Without my friend here I would never have known about it and I wouldn't be able to be here, so thank you very much. Like my earlier friend, I had closer contact with Agent Orange than he did. I definitely know it was done because I had it sprayed over my body more than once. Not only that, while I was on secondment to the Australian Air Force, I witnessed it actually being loaded by the Australian ground crew into the baby Hercules C123. It was not only Agent Orange; there was Agent Green, Agent Red, and Agent Blue. It all depended what the cocktail was and what it was meant to do. I saw the jungle literally die in front of me. I drank the damn stuff from the water, and I do know that it was done for the whole 12 months. We were actually told it was to get rid of mosquitoes by our commanding officers. They didn't even know what the stuff was actually supposed to be doing. It was rather unusual to see the chequerboard patch as you flew over top of it in the helicopters as the jungle slowly died.

As to what effects it has had on me personally, it is difficult to say. Doctors have refused to talk about it. I do know that shaving is a daily agony. If I can get away without my wife moaning, I won't shave. My skin feels as if there is a series of insects and ants crawling underneath it all the time. It is just rolls and feelings in waves going over my skin, and it is bloody painful.

For 30-odd years I have put up with this. I managed to work until about 5 years ago when I was finally medically made incapable of working because I became a problem to the people I was working with. The older men I was working with helped me out because that was the way they did it. Younger people don't like to do that. If you are a handicap, and I was, because of my hearing and my irrational behaviour—I was diagnosed by one boss as being unstable—it made it difficult for me to work with and made it difficult for me to make decisions, so I was finally medically made unworkable. I didn't even get redundancy; I was just pushed out of the workforce. That is where my wife took up, and she is the one who has been the backbone behind me. She is the one who has done all the investigations and got me into Veterans Affairs, and I am getting some assistance now.

But the big problem is that I cannot get anywhere for assistance for my children. My boys seem to be relatively all right at the moment, but they haven't had children yet, and they are reluctant to have children. My daughter has had, as I know of, three miscarriages, two of which almost killed her. If we hadn't got her to hospital she would have bled to death. She is terrified of having any more. She would be here today except that she is a professional dancer and she is putting on a show, and it is first opening technical rehearsals today. She is the one who has been most affected through earlier life. She has had strange things happen to her that medically cannot be put down. Her body aches constantly. Her muscles swell and become almost cramp-like, then loosen up, for no reason. She was in hospital for 3 or 4 days to try to figure out what was wrong with these—and they are very painful she says. Her periods are enormously bad. They bring on migraine-type pains when she has them, she said. So she is the one I feel the most sorry for. The boys just grit their teeth and pull through it, because they seem to be affected more mentally than physically. She has got the physical problems. My youngest boy—I think he is just trying to forget that I ever went there.

The problem with Agent Orange, as we like to call it, was that it wasn't only sprayed, but it was used by backpack by the Australians around the camps to keep the gorse and the rubbish down. It was used by trucks around the camp areas, as well. So it was definitely beyond concrete doubt that the stuff was there. As to what it was made of—I am ashamed to say it was made by Ivon Watkins-Dow in Taranaki. I am terribly ashamed that it was made in this country. We are blaming the Australians and the Americans. It wasn't. It was done here. The reason why it was done here, I believe, and it is unfortunate—if you ever run across Sergeant Johnson, he is the one who has done the most work into this—is because the other two countries wouldn't make it. It is banned there. Apart from that, I am open to your questions.

Kedgley Could I just follow up—

Robinson I am deaf I am afraid, so you will have to speak up. I half-pie lip read.

Kedgley Sure. Just taking up your last point first, about the fact that Agent Orange was made here in New Zealand, do you have any evidence of that? I mean, a foreign affairs select committee concluded that there was no evidence that it was made here in New Zealand. Do you have any evidence that you can point to?

Robinson Ivon Watkins-Dow pharmaceuticals made it. It was made as farming stuff. They used to use it for getting rid of gorse and stuff like that.

Kedgley That was 2,4,5-T—

Robinson That's right.

Kedgley —whereas Agent Orange was a combination of 2,4,5-T and 2,4-D.

Robinson And several other things, yes. But, you see, it wasn't diluted down. It was used in its raw material as Agent Orange. It wasn't put through water. It was put through with grease, hence the greasy feelings and it sticking to your skin.

Kedgley So do we have evidence that it was made here and sent to—

Robinson We do, but unfortunately I've lost my evidence. Once I got my first medical review and was told that I was medically unstable and that it was all in my mind, I threw it all away.

Kedgley Yesterday during the hearings in Auckland a number of submitters alleged that there had been a pattern of consistent denial of the evidence and the facts, and even went so far as to suggest there had been something of a cover-up about the consequences of Agent Orange and the health effects, etc. Would you share those views?

Robinson Yes.

Kedgley And, if so, what would you think were the reasons why there might have been a cover-up over many years?

Robinson Money. I was involved in a class action suit in the United States, done through Sergeant Johnson—myself and about five others. I believe it was Richard Nixon's daughter who actually discovered that Agent Orange was being used. She brought it to the public sphere through a magazine called *Penthouse*. They have what they call a "Veterans Report" in it, and that is where she publicised this. It was after that came out that we decided—and the Australians were the ones who put the biggest class action suit forward—and money was produced to New Zealand. Unfortunately I never got any of that. I think it was $3 million. Or $1 million was it? Unfortunately I never got anything out of that. I don't know anybody who did.

Kedgley Just on the money, though. When you said that you thought the reason for the cover-up was money—

Robinson Absolutely.

Kedgley —and you got a bit, what does that mean? There is also a systematic pattern of the Government, and various Government investigations, saying there was no evidence to suggest there is a link between Agent Orange and health effects, etc. So what would be the Government's reason for denying that evidence?

Robinson They don't have to pay us any compensation. That is why we are here now. Somebody in the Government has decided that something has to be done. It has taken 30-odd years.

Collins Opposition actually. Opposition.

Robinson Opposition was it? OK. That is even better. I don't know what you people think about it, but I know my feelings of having produced children and placed this sort of horrific burden on them makes me feel ashamed. I am ashamed that the people who sent me there haven't bothered to believe us to start with, when the complaints started coming. You know, where there is smoke there is fire.

Yates Just in terms of the payout we were talking about from Monsanto, it did not admit any liability. Why did you not receive anything? Had you not been diagnosed at that stage? Did your problems come later? Why did you not receive anything at that stage?

Robinson I have no idea.

Yates Did you apply?

Robinson I applied and got refused.

Yates Thank you.

Collins Mr Robinson, thank you for your submission. Thank you for your service to your country.

Robinson Thank you.

Collins Have you had a look at or heard of the McLeod report?

Robinson No.

Collins It's an inquiry that came out in 2001, and was released last year, 2002. It is a Government review of Agent Orange. There is a comment in it that says: "There is only one recorded case where Anzac troops were in an area where they could have been exposed to aerial spraying." What do you think about that sort of statement?

Robinson How would he know unless he was there?

Collins She.

Robinson She, was it? I am surprised a woman would make such a silly statement.

Chadwick Well, actually, it has been corrected since, and there is a report on June 23 that brings us up to date with the Ministry of Defence review, but we are learning as we go, and that is why we're here today. Can I just ask your son if he has anything he wants to air, or your support person? Are you happy if they speak, if they want to add anything?

Robinson Yes, I am quite happy for them to do it, but to answer that lady's question, there was more than one spraying. We have to get that in our minds. It's a fact. It's a fact that I can't prove. I have got photographs that I should have brought with me of them. You see it all the time on the news—of planes flying over. It is no different to top-dressing. We accepted the reasons for it as being anti-malaria. It was better than taking pills, that is for sure. They tasted disgusting.

Chadwick Do your supporters have something they want to add?

Holden I would like just to say one small thing. My name is Kevin Holden and I have known John for approximately 10 years. At the time that I first met John he was an active member of a very good workforce and a very skilled engineer—I think that is the best way to describe it. In that 10 years I have seen his health, both physically and mentally, deteriorate, to the extent that he has outlined in his submission, and I see it getting worse now. Ten years in a man's life of 50 plus is not many, but that is the time that I have known John, and those are the significant things I have seen—his mental health, his ability to cope, and his reliance on drugs in order to remain what is commonly termed as stable. OK. I am free to answer any questions that you have.

Power Mr Robinson, just a comment that you made during the course of presenting your submission when you said that doctors had refused to talk about your symptoms and how they came about. I wonder if you could just spend a moment expanding on that. I wasn't quite sure that I caught what you meant by that. It was a comment that you made in your earlier opening remarks.

Robinson I suppose it's a bit like comparing science to God. If there is no evidence, doctors say there is nothing wrong. They are not as exploratory as I feel they should be. You know, I give them symptoms as I feel, and they say: "Well, there is no evidence to say that this is happening, John." It took my GP, who now backs me very strongly, to finally get me to a skin specialist, who said: "It's just stress, Mr Robinson. There's nothing wrong with you."

Chadwick Did you get your treatment help from Veterans Affairs?

Robinson I am now. I am a member of Veterans Affairs, but that has only been in the last 18 months.

Chadwick How did you get hooked into that?

Robinson My wife. My wife did all the research while I just curled up into the foetal position and wanted to die. I had given up by that stage.

Power Do you mind me asking, when you were talking with the doctors about these symptoms, did you suggest to them at that point that it was your view that it was as a result of the exposure to—

Robinson No. I used dioxin. They understand that. If you use chemical words—I was exposed to weed killers, dioxin, and they said: "Oh, righto then." If you use things like Agent Orange—that doesn't exist as far as the medical people are concerned, because it is just a code name really. As I said, there is Agent Orange, Agent Green, Agent Red, and Agent Blue. They are cocktails, and they were finding out which was the strongest and which was the best.

Power So your experience was that they were reluctant to diagnose your symptoms on the basis that they didn't feel as though there was any concrete evidence. Is that what you are saying?

Robinson Correct, yes. Of course, that is changing now, but there are getting less and less of us. Once again I suppose it gets back to—I suppose some of them put it down to old age. I have been fortunate because I've got a GP who backs me. But it took him awhile, and I gave him all the evidence that we were talking about before, and that is when he started accepting it. But once we hit that brick wall of specialists, I just gave up.

Power I wasn't in Auckland yesterday so it is all a bit new to me at this stage. You said you were in Vietnam in 1968 to 1969. When did you start experiencing the symptoms that you have described?

Robinson Pretty much after I got back. I was in the Army for 7 years, you see, so I didn't go straight back into the civvies. So I was sent to National Service as an instructor. After that, when I got back to New Zealand, I started waking up with these rashes all over my body, finding it difficult to shave, and in the end the military started putting me through to specialists because they started to find that several other troops that came back from overseas were experiencing similar problems.

Power That was more or less immediately upon returning.

Robinson Well, within 12 months, yes.

Kedgley You said you only got assistance in the last 18 months from Veterans Affairs. So what about all these specialist bills that you've had all these years?

Robinson I've been paying them.

Kedgley You've been paying? Right back from when you first came back through till 18 months ago, you've been paying for all your treatment?

Robinson All the medical assistance that I've got has only started in the last 18 months.

Chadwick Is there something more they could do for you? If we were looking at what sort of services you want, is there something missing?

Robinson How do you mean?

Chadwick From Veterans Affairs?

Robinson Understanding, more than anything. I've now got a woman in Veterans Affairs who my wife deals with all the time, with my problems. She is brilliant, but she is a mature woman. Veterans Affairs is becoming young, and they don't understand. They try to—they do their best. My hearing aids, for example, are paid for by Veterans Affairs now. What used to be called "war-pension people"—I've no problem with them. It's only the medical and financial problems that I'm having that I'm striking problems with. Now I'm starting to get help, but we're still a long way off.

Kedgley Would you like some compensation for all those medical expenses?

Robinson Not so much for the medical expenses—it's not only that, but it's the career path that I was in, that I've missed out on because of what's been called "unstable". The opportunities for promotion—I'm not a stupid bloke. I started off in a foundry and ended up as a diesel engineer, but I couldn't practice my trade because as I got older, my capabilities of making rapid decisions in today's age slowed down, and I was starting to make silly mistakes, and losing my temper, basically. I find it very difficult to control my temper.

If there's one thing the military has done for me, it has given me "gritability", and I have worked up until a few years ago. A lot of my friends have gone, have given up, have "gone bush", as we call it. There are still people who are missing who I haven't been able to come into contact with. I disappeared into the woodwork.

Like the former man said, when I arrived in New Zealand, I arrived in Wellington at 2 o'clock in the morning. We were shifted over to where the aero clubs are based now, at Rongotai airport. The customs were there to meet us. Also, we had anti-Vietnam people waiting at the old terminal, so that's why they took us over to the corner.

My father and mother went through hell while I was overseas. My father had excrement and rats put into his locker. My mother had parcels sent to her with dead rats in them, saying: "your son's a rat". My sister refuses to

talk about it. I don't know about my brother—he left New Zealand. They became quite ashamed. I was quite ashamed at the way my parents were treated. When they dealt with me, that's fine. I made the decision.

But, yes, I had all the problems that were talked about before. I gave up talking about where I'd been. Now, I can't talk about it enough, because they want to know. The young people want to know. I go to schools and I talk about my experiences to the schoolboys, and I say that war is not fun. I am getting something out of it now, but my health has been really, really—yes, I would like compensation, whatever you think is—once again, we're coming back to money. Money would solve my problems at the moment. I've spent so much money on medical bills that I'm heavily in debt. I've remortgaged my house twice. Mind you, I'm lucky to have a house I suppose. Thank you very much; I'm rabbiting on, I'm sorry.

Chadwick No, we want to give everyone an opportunity to speak and get it off your chest.

Robinson It really did happen, people.

Chadwick We acknowledge that. Thank you very much, and to the supporters for coming as well.

Robinson Thank you for the opportunity.

Trevor Humphrey

Humphrey It gives me great pride today to bring our people from Wanganui, and from Manaia. Fortunately, today we have representatives of every theatre that has been served, including the Second World War. And we also have with us a rather distinguished gentleman, Mr Allan George, former bomber pilot, Pathfinder, and one of the first persons in New Zealand to ever fly an aircraft the length of New Zealand, looking to find out what the radiological cloud was from the Australian nuclear tests.

Chadwick So it's Mr George sitting here, is it, Mr Humphrey? Good morning. Thank you for coming.

Humphrey He's a remarkable gentleman, and a bag of fun. My reason for being here, ladies and gentlemen, is a simple one. We want—that is, RIMPAC want—one small thing. We want our children, all of the children—we want good legislation passed by good Government, and we want it so that our children are ring-fenced. We want them to be stopped from being exploited. There is little, if nothing, that science or medicine can do for people like me, or for the children already born of my generation. I can ask for a million bucks, Madam Chair, but it would all blow away in the wind before I could get down to pick up five dollars' worth.

There is another part: please don't isolate, please stop the isolation of the unit groups. This is not Vietnam, this is not Korea, this is not World War

II—this is all of the veterans. Ladies and gentlemen, on a regular basis I advocated at Veterans Affairs for men and women of all creeds, of all services, and of all races—the policy is absolutely impossible to work with, for my benefit and for the benefit for my men and women, because the policy states that if it wasn't a place of active service, then it is accepted as nil for pensions. I have to fight them. It's a waste of money, it's a waste of the legal profession's time, and it's certainly a waste of Parliament's time. I want, on behalf of RIMPAC, for that to be rectified.

In this document there are the reports from several other people, as separate to our original written submission. There is also in there the cystochromotoid test, which Governments have denied have been in existence, and they have been available. This hasn't helped my veteran community. Please, if we do nothing else, not for compensation—just ring-fence my kids, their kids, and our grandkids. In there, ladies and gentlemen, Madam Chair, you'll find one of my Mururoa veterans—and he was proud to put it in there—who's very, very ill, and has been exploited by a bank already. Veterans Affairs were notified of this at a panel. They haven't bothered giving it back to him. That's 2 months ago. The man is dying. He doesn't want much. He wants to be stopped from being exposed to big banking, to insurance. Thank you very much. That's not much to ask, but if you can just help me with that, you could make history today.

Chadwick Thank you for that, and I just wonder, before we go to questions, if you could just explain a little to us—how many members do you represent in RIMPAC?

Humphrey In RIMPAC at the present time, I'm very proud, we've got 2,001—and growing every day.

Collins Thank you very much for your submission, and thank you for coming along today, with your support team. I'm not quite sure about what you mean by the ring-fencing of your children and grandchildren, and I think it would be really helpful to us as a committee if you could say exactly what that means, and how you think that's going to—what we should be suggesting through to Parliament about this. So, can you just give us a bit more detail?

Humphrey OK, I will endeavour to. First of all, if the person's child is supportive—I've got to go through this the right way. First of all, he has to be identified as a veteran of a theatre. That's No. 1. The second part of that is that the veteran, Veterans Affairs, or its policymaker has to admit that, instead of it being that he got hit on the head with a hammer, that it was caused by a weapon of mass destruction. So you've got nuclear, biological, chemical, or radiological—it's one of those causes.

Collins So that's the current situation, is what you're saying?

Humphrey No, at the present time—

Collins This is what you want?

Humphrey This is what we want. At the present time—and I can prove this on my own self—the many things that are wrong with me are not put down to my service at a nuclear theatre. They're put down to eeny, meeny, miny, and mo, and smoking. OK, that's not right. They don't mention, nor do they wish to mention, that these were caused, or could have been caused—and this is what this is all about—by weapons of mass destruction that are designed to kill you. The day that they can come up and give my Vietnam veterans or my nuclear veterans a copy of the dosimeter or the piece of equipment that they used—when I say "they", I don't know who they are; some bureaucrat, academic—can they give them the test strip of how much dioxin that they accepted, because in the thousands of case notes that we hold, there is nothing in any of them. In all of the nuclear veterans, from J-Force right through—and I've represented them—there is not one dosimeter strip, not even a reference to it. In all of the K-Force men—

Chadwick Could you just explain what a dosimeter strip measures?

Humphrey It measures the input of rems—I think that is the word—into your system, that could be at a disadvantage. Every time you go for an x-ray, they have—the technologist or the radiologist—two: one that's read often, and one that's read at 6-monthly periods. It's a funny story, you see, Madam Chair. The Mururoa ones, they should be fairly easy to find—if not ours, the Australians have colleagues. In there you'll find, most interestingly—I'd like to dwell on that part in the ring-fencing. Our Australian colleagues didn't even know that they'd been involved in the Mururoa tests. Nor did the people in New Zealand know that the Australian Government intended sending *HMAS Sydney*, the aircraft carrier. Not many politicians wanted to mention it. It's in there this month—new information. Come back to the ring-fencing. If Veterans Affairs, through its policy, do not accept the man's disability, how are they going to accept the child's? At the moment, they're talking about spina bifida, cleft palate; they're minor. And I did watch TV last night, and it was gracious to see some of the gentlemen and their families yesterday presenting evidence, as well. That evidence is there, Madam, and it hurts. When we ring-fence them—we want them ring-fenced so that, if they were identified as a veteran's child and they went for a mortgage, the unscrupulous part of banking, as shown in there via insurance, does not cancel the person out.

Chadwick So they get a variety of services, then?

Humphrey Yes.

Kedgley And are you—I mean, one of the persons mentioned yesterday, one of the children, that they couldn't get insurance. Is that the sort of thing you're talking about?

Humphrey That is exactly right.

Kedgley So what you're wanting is financial and other health assistance for these children?

Humphrey I believe that there's two parts to this, and one comes under human rights. Look, if I couch this the right way: if I have a grandchild that has not one of the cancers, but may have a mental deficiency, that person can't get insurance. They're also behind the eight ball for their health, for their education, but worse still, when the mother and father—my daughter and son-in-law—die, what happens to them? They've got nothing.

Kedgley So, something like a register of all children would be a good start?

Humphrey Correct.

Kedgley Could I just also say—I know you've been fighting this issue for many years. It came through very clearly by some submitters yesterday that they felt that the Government had been unwilling—or successive Governments—to acknowledge the facts, and some allege there'd been something of a cover-up. Why do you think it's been such a long time in acknowledging these issues?

Humphrey Very simply, Ms Kedgley, because it's money—money versus power. I plead my case this way, Madam Chair. You see, each Government—and they go right back to Passchendaele—has denied certain parts. They denied that in the first instance bad military might have created problems for veterans. So, there was a cover-up done then. As time has gone on, the history lesson is that—I've tried to read everything possible—it's become a power game, and New Zealand is only a very small part of the whole international scene. What I really wanted to say is that somebody's been really stopping us from finding all the true points and to get at the truth, and that there have been discriminations made. And those discriminations are continuing to go on. What I've got to say here—I want to plead this way, Madam Chair. I feel that it's policymakers advising Government. I realise Government members change, but the policy advisers stay there. And they pull the strings and tell committees like this later that this ain't a good idea, that it's going to cost money. What I'm asking for doesn't cost money; it just redistributes it in the right way. Is that a reasonable—?

Chadwick Yes, I think we heard that yesterday from many threads, too. And we will be getting the ministries before us in December, so there'll be some questioning then that will be interesting.

Humphrey We run into a difficulty this way, too. I've spoken of this with several members present in this room today, and they have endeavoured to be helpful, but we run into a difficulty in that the system—through Veterans Affairs, to the central processing unit of War Pensions at Hamilton, to the banker—works in strange, unrelated ways. They don't talk to each other, and then they won't talk to us. And that hurts. I can say that—I feel that we get discriminated against. We don't get paid, and then we can't get

decisions, and then we get the run around. So then we write to magazines and we tell them what we think.

Chadwick All right, thank you.

Humphrey Did that help?

Chadwick Yes, thank you.

Kedgley You said you had thousands of case histories—you hold thousands of case histories. Why do you hold thousands of case histories and—I mean, are these things that the Ministry of Veterans Affairs should hold—why do you have them, and what do you do with these case histories?

Humphrey Well, it's like this. They're held under—I advocate on their behalf. If I advocate for them, the very first thing I have to do is know what makes them tick. I'm not a doctor; I'm not a technical person. I'm a stoker. One of Her Majesty's former stokers—that's it. So, what you see is what you get. I then take the case. Now, the man says: "This is what I feel is wrong with me." That's not my decision. He fills in all the pieces of paper that the department send out, and there are heaps of them. Most men, Madam Chair, chuck it in. They don't get that far. They get disillusioned.

By then, we apply for the man's service medical records. They can be hilarious—the reason being that often they've been stripped, wrecked, dumped, or lost. But what you do get gives you an indication of where we can go, because we have to build a case, under section 17(3) of the War Pensions Act, that the possibility arose from being in service. You get lunatic decisions that come back, that the man was at—I won't mention the man's name, but he served at the ice, 1956 to 1957 on the good ship *John Biscoe*, later to be called *HMNZS Endeavour II*, with New Zealand's favourite son, Edmund Hillary. The guy's dying of throat cancer. He was also awarded a medal for bravery. He served a long time in the navy. He can't get a pension. There's a very good possibility that it is a service-related throat cancer, related to smoking. Bingo—there's no problem there, but there is nowhere in the Act that allows him to have a pension, because he served normal service. He wasn't in a war in emergency. But, you know, it's got to be one of the best emergencies that they ever had. We have a ship, but its ex-captain made the statement that it should never have been there. They admit that it was infected with rodenticide and insecticide, and the ship shouldn't have been there. It was rolling through 90 degrees.

Kedgley So you've got lots of these histories?

Humphrey Hundreds—I've got thousands of them. I don't even know what we're going to do when RIMPAC dies. We don't know what to do with them.

Chadwick That's something we can take into consideration.

Turner Can I just clarify something with you here from your submission? From what you've said and what other submitters have told us, particularly about the need to identify children, and possibly even if there were ____and to make sure that their health and needs are monitored—there is the assumption that there may be cause and effect, and we need to take that into consideration. Some of the things that you've put here I want to make sure I understand. I realise that things like getting health insurance—if there's an impairment, home mortgages may be difficult to procure as a service, but you talk here about the safeguard for children from ensnarement, profiteering, unscrupulous or degrading practices, and from financial exploitation. Could you cite some incidences where—

Humphrey Yes, and I've actually presented it in there for you. I do apologise.

Chadwick You probably don't have to read them out, but it's good for you to identify them, because we haven't read it. These are for all submitters. Any evidence brought before us gets tabled and then taken into account as a body of evidence.

Humphrey Page 28.

Chadwick While Mrs Turner's reading that, I just wonder if any of your team had something to add. Are you happy for them to chip in? Would any supporters who have come with Mr Humphrey like to add to what we heard today?

Frances George

George Do I present my submission now?

Chadwick Absolutely. Do.

George You'd like me to read this.

Chadwick Yes. How long is it?

George It's just what I gave to you.

Chadwick Perfect.

George Madam Chair, I welcome this opportunity that I have wished for, and hoped for, over many years. Thank you very much. To introduce myself formally: I am Frances George, born in Australia. My father was from New Zealand and my mother Australian. As an Australian in England I volunteered to join the WAAF there. From then on, as number 2061889, I served on active service fulltime, 5 of the 6 years of World War II, first in 11 Group Fighter Command, whose task was the defence of London in sector ops. Approximately 56,000 people died in air raids in London. After D-Day I trooped east as part of Operation Rangoon. That was _____.

My husband is a former RNZAF Squadron Leader, who served with distinction in the RAF Bomber Command Pathfinder Force. We have nine New Zealand children. It was a long and terrible war that we both experienced.

I wanted to know how, with IG and coal, Hitler almost conquered the world, using hydrocarbon benzene ring organic chemistry. IG Farben was formed by the amalgamation of three giants of the German chemical industry: Beyer, Hoechst, and BSAF. IG represented an enormous concentration of economic power. Germany lacked raw materials and had to synthesise oil, rubber, nitrates, and fibres. IG produced vaccines, serums, drugs such as salvarsan, aspirin, Novocain, and atabrin, sulpha drugs, as well as poison gases and rocket fuel.

Ivon Watkins—in 1944, by the way—showing great enterprise, attracted to New Plymouth the attention of four great international organic chemical giants of Europe and America: Atchem, Behringer, Ciba-Geigy, and so on. These chemists brought benzene ring organic chemistry and formulation techniques of their own feedstock, and new industries called Agrichem, Agriserv, and AgriQual. By the spring of 1959 Ivon Watkins was able to announce to the world that it had produced, and distributed to farmers all over New Zealand, the benefits of 1 million imperial gallons of 2,4-D and 2,4,5-T—the chemical hormone killers. This is New Zealand recorded history from the Industrial Research Library. The recorded history is there.

In 1953, three years before the 1956 Health Act, Crick and Watson had discovered the DNA-RNA double helix—the biochemical carbon ring basis of life on earth, from bacteria to whales. The carbon ring chemistry of life on earth and the benzene ring of industrial chemistry had intersected—and continue to do so. My research work may be outside the limited terms of reference of this inquiry, but I beseech the goodwill and democratic determination of this Health Committee to access available knowledge about Agent Orange—a mix of 2,4-D and 2,4,5-T. This democratic right alone will allow me to table my research, and you to ask me questions. Madam Chair, may I do so?

Chadwick Perhaps we could ask some questions first, before we really clarify what it is you're wanting from us.

George But I don't think you can ask the questions if I can't table my information.

Kedgley She is wanting to table her research.

Chadwick Certainly, you can table it.

George Thank you. I thank you all.

Chadwick We must state that we're not the experts, but anything tabled is evidence before us. We can then put it over to people—

George May I clarify two issues that have been overlooked? Atomic radiation and radiation-imitating chemicals—of which dioxin is probably the most toxic—are twins. They are electrons and protons. We are talking about the particle physics of atomic explosions. Crick and Watson identified particulate imperatives. When they discovered the double helix, they found that the hereditary information of parent and child was in the nucleic acids. The nucleic acids are four: A, G, C, and T. This is the damage done in the haploid state, before even the sperm and the ovum come together.

Chadwick So is that in your research?

George This is what happens in atomic warfare, and it happens with Agent Orange. They were both weapons of mass destruction. There is no other word for them. Agent Orange was produced for war. They knew from 1941 that you could not import, formulate, or synthesize 2,4,5-T without dioxin. Now, where everybody can't get any information is because the atomic information that my husband collected in air filters was taken offshore, and Dow sent the tests of dioxin to the US so that there was no information in New Zealand.

Chadwick Could we ask a couple of questions, because we're not scientists. We're just trying to get our head around this.

Kedgley Just a couple of quick questions. Yesterday, when trying to work out why there had been such reluctance of successive governments and officials to acknowledge the links between Agent Orange and the health effects of veterans, someone suggested that one of the reasons was concern that if we acknowledge the health effects of Agent Orange, that might raise the whole spectre of 2,4,5-T which, as you say, was widely used in New Zealand. That is my first question—whether you think there could be any truth in that. And, secondly, when you talk about the Ivon Watkins-Dow factory, did they actually make Agent Orange, or did they make those separate? We've had different evidence on that.

George The 2,4,5-T was the active principle in Agent Orange. Agent Orange is a mix, 50:50, of 2,4-D and 2,4,5-T. What happened in 1990 was known as the Monsanto fraud. Monsanto was a particle physics group that built the triggers for the atomic bomb, and they also produced Agent Orange. Their fraud was that the only thing you had to look at was "Dioxin is harmless", and that is ridiculous. The damage was over the whole population—mutations that take place over succeeding generations. This is what happens to your babies and it will be a legacy.

Chadwick I think the question was: where was it mixed? Did we put it together—

Kedgley To your knowledge, because you have done an enormous amount of research in this, did we in New Zealand actually manufacture Agent Orange?

George It doesn't matter. Ivon Watkins produced one million imperial gallons in 1959. At no time, in all of New Zealand's history, has the dioxin amount been even considered. They called it phenoxy, and how it came to be called phenoxy is one of the amazing stories of New Zealand. It was during the formulation period, and Ivon Watkins said they had a process called chlorometric testing. Chlorometric testing only tested the T-acid residues, it did not test organochlorines. So, they called them phenoxy, and this document will show that you can find no mention. This is still current.

Chadwick Is that a document that you're tabling?

George Yes. This is a document that was accepted by the Department of Agriculture in 1960. It is current. It carries all the hazards of all the organochlorines. They're not phenoxins.

Chadwick We've just got one more question here from Di Yates.

Yates Thank you, Mrs George. I notice that you appeared before the select committee in 1989 that was looking into Agent Orange. It made the conclusion that there was no conclusive factual evidence provided to the committee to substantiate the claim that Ivon Watkins-Dow manufactured the formulation of Agent Orange in New Zealand. Are you saying now that it doesn't matter whether they manufactured Agent Orange; they basically manufactured the ingredients, and exported them?

George That's right. The whole basis of the discussion is that they manufactured phenoxy—the hormone weedkillers. And this document is still current. RIMPAC has had it You will find on page 15 the new hazards, and a hazard is based on how much phenoxy acid is in the product.

Chadwick You have tabled them in your research, with the agreement of the committee. I think we will hand that over just for it to be looked at. That's why we have advisers to the committee.

George The other thing I would like to bring up is the fact that there is photographic evidence, which is now in the possession of Professor Skegg, about 156 mutations of babies. It was suppressed. This happened at New Plymouth.

Kedgley Can I ask the date of that?

George 1964 to 1970.

Chadwick And that's related to Vietnam?

George There is no legal obligation to report congenital abnormalities. This is because of the Health Act of 1964, which says there is no legal obligation to report abnormalities because, for the most part, the mother produced these children in hospital and the hospital owned the corpse. They could be

bottled, they could be used for research, but they were not labelled as evidence.

Chadwick They're questions that we will put to the Ministry of Health when we get them. Thank you for that. Dave Hereora has a last question back to you. Then any other questions and it will be all brought together.

Hereora Thank you for your submission.

Humphrey Yes.

Hereora You mentioned that in your group you had the aerial bomber with you. I've forgotten his name.

Humphrey His name is Mr Allan George, RNZAF.

Hereora I was just wondering whether Allan might want to contribute something?

Humphrey He's here somewhere. There he is. It's not very often a stoker can do that to a Squadron Leader, is it?

Mr George My small contribution is the fact that Mr Humphrey has mentioned—that New Zealand was subjected to radioactive fallout from the atom bomb tests in Australia. Now, New Zealand has not been aware of that. I am able to produce documentary proof that that was a fact. I'll give you the facts here, and these can be verified if the Air Force and the Government are willing to.

In 1953, on 15 and 16 October, I was operations officer at RNZAF Ohakea. I flew on those two days, 15 and 16 October, in Mustang 2404 and 2422, on both days for two hours each, at a height of 25,000 feet, from Wellington to the north of New Plymouth on an aerial flight. Underneath my aircraft wings were fastened air samplers. I had no knowledge of the purpose of these samplers, and my curiosity was aroused. So, upon landing, I followed the technician into an office and, to my immense interest, I saw the samples subjected to a Geiger counter. Now, no one else knew about this; it was just my curiosity. This Geiger counter performed—and I would say an accurate estimation—about six clicks per second.

That fastened in my memory until years later, and I found out that we had at Ohakea what was known as an RAF Oxygen Unit. It was no more to do with oxygen than I have to do with the local fish shop. It was an RAF unit recording the results of this flight. All this came out in subsequent years. The facts I have given you—1953, October 15 and 16, those aircraft—if you could get the Air Force to produce the flight authorisation books and other documents, and Air Department authority for that test to be flown—it can be verified.

Humphrey Don't forget you still have your own logbook.

Mr George Yes, I can produce my own logbook—which is certified as correct—of these flights. Thank you.

Chadwick Thank you. You're welcome to table that, and I suppose that affirms your comment, Mr Humphrey, about stopping isolation of unit groups. However, we have got terms of reference as a committee, and I think it has been very valuable for us to hear a wider story today. They're slightly outside our terms of reference, but I think they're indirectly related, so thank you for that. Are there any more questions from anybody? That was a substantial submission.

Humphrey Madam Chair, might I, on behalf of my members and my executive, and in particular our very gracious members at Maketu, who send their finest messages to the Māori members of the committee—we daringly, and endearingly, call them the Maketu mafia, but I tell you what, they're one hell of a good bunch of people, and they respect the work that this committee is endeavouring to do—on their behalf, and on ours, might I wish you all the compliments of the season. Hopefully we might get a Christmas present.

Chadwick Thank you very much. Thank you for coming.

John Masters

Masters Thank you, Madam Chairperson and members of the select committee. Thank you very much for listening to me today. I think for most of the people who have come to this table yesterday and today—and it is pretty clear from listening to fellows and ladies talking this morning—that this is very much a watershed for all of us who have got something to say. I am no less in that category.

My submission to this select committee is a very personal one. I'm not really going to talk about myself, but I'd like to say that I don't represent anybody else formally. Probably I have got sufficient ego or arrogance or whatever you like to call it, and I have had sufficient communication with an awful lot of my fellow Vietnam veterans, to believe that what I have to say and what was written in July is representative of the thoughts and the opinions of many people. You will get the strong impression that the people who made submissions to you yesterday, and this morning so far, are working from the basis that this is a one-off shot. We feel that you people have taken a decision to have an inquiry and have given opportunities to veterans, their wives, and in many cases, their children, which they don't feel they have had up until now. I think that sense has come across very clearly.

The other thing I think you will get the sense of, and it's very representative of the group, is that most of these people who have spoken are afflicted—and I count myself in that category—but they are not making pleas on their own behalf. Those things give me the confidence that I wouldn't otherwise feel in addressing you today. This is not a forum in which I feel very comfortable, at all. I am no expert on chemical defoliants, I am no

academic, and I am quite determinedly apolitical. That goes for a lot of my friends who are long-serving soldiers, or have had that sort of career in the services. So I am representative of those fellows.

I am quite certain that everything I say today can be refuted or countered by clever arguments and sophisticated spin, and that sort of thing, but I'm going to have a go anyway. I do not intend to repeat my prepared statement. You have my submission, and you have the submission of my comrade Lachlan Irvine, who I recruited. I say in my submission why I recruited him. It is because I am not an academic, and I felt that the reports that we were trying to debunk and trying to get off, out of, the system were probably not easily countered by people other than people with equal academic status, and I certainly am not that. So you have my submission and you have Lachlan Irvine's. My motivation and qualifications for being here this morning I have laid out clearly, and I am fairly prepared to answer your questions. I would like to speak for approximately about 5 or 10 minutes at the most.

All I want to talk about now is my feelings on this issue, not facts. I want to stick to the terms of reference of your inquiry. The first issue, of course, is whether or not we were sprayed with chemical defoliants. I can tell you what you are going to say to the Government about that. The issue has long been overtaken by far more detailed evidence than the map that I found in my garage some many months ago, and which started probably the successful lobbying for this inquiry today. I don't intend to say any more than that, and say that contrary to Deborah McLeod's findings, we were sprayed as regularly and as often as any troops in the Vietnam War. Other submissions, which will come to you from Government records, rather than my map from the garage, will confirm this to you without any shadow of doubt. I don't need to say any more.

The advisory committee on the health of veterans' children and the McLeod reports are entirely a different matter. They are based—and every word I am saying today I am prepared to prove in court—on limited and discredited research and contain statements which are manifestly untrue. The McLeod report was commissioned after very profound disquiet at the findings of the advisory committee on the health of Vietnam children, conducted by Paul Reeves. It was also commissioned after an undertaking to veterans, and you will hear one of them, Terry Cully, later today, who approached the Prime Minister on 9 April 2001.

I think that you are going to hear other submissions that very clearly show that the Reeves committee was not funded to succeed, and worked to a preconceived agenda. I don't know why that was, and I'm not a conspiracy theorist, but I do not resile from that statement. But of the two, I believe that the McLeod report was by far the greater travesty. It was produced in August 2001. It was peer reviewed by the Ministry of Health in March 2002, and it was not released to the Government until 26 November 2002. That is a very significant coincidence, if you look at your watch today. That

was 12 months ago, and here we are, sitting here, and I am saying those words. I am very, very grateful for the opportunity.

The Government held that report for some 15 months, and in my opinion should have rejected it out of hand. The Ministry of Health gave it only a very ambivalent review, would only release their findings to people like me under the Official Information Act, and declined to publicly name their paid officials who conducted that review. Deborah McLeod and the Wellington School of Nursing also claimed to have peer reviewed that report before it was produced, and they are also totally reluctant to advise the names of anybody who peer reviewed her report.

I say that the McLeod report findings are based on errors of fact, on misrepresentation of the study results, and failure to disclose the important information which we were looking for, which the Prime Minister asked for, and which they were commissioned to find. At the level of the Medical Research Council of New Zealand, I am advised that it is described as an embarrassment. My advice to the Government, and obviously my advice to the members of this select committee, is that they publicly, formally—and that's not just in answer to a parliamentary question on Wednesday afternoon—signal that the findings of these two reports do not represent Government policy. I believe they should do it now. They should beat the gun of your findings—that would be very clever.

George Hawkins has already signalled that 1 year ago today, in his press release when he heralded the McLeod report. He described what was in the McLeod report's findings, and then I quote directly from it—I have it here: "However, the Government will extend additional assistance to the children of these veterans." In other words, "however". If those reports from McLeod were true, were to be believed, and were accurate Government advice, what was Mr Hawkins doing giving extra taxpayers' money to the children of veterans? I believe that discarding these reports would take all the heat out of the whole issue right now. Your findings would be old news, if that were to happen.

What veterans need to know, and I have the arrogance to say that I'm speaking for more than myself—perhaps it's not arrogance, perhaps it's humility; a bit of both—is that they are being treated the same as the Australians, and the same as the Americans that they fought alongside. We're not talking in terms of money. The economies of Australia are different. The exchange rates are different. The cost of living I read the other day is 41 percent different from ours, so we're not talking in terms of "let's have the same money as the Yanks and the Aussies." It's in terms of the acceptance of the disabilities that our soldiers suffered from when they came home, now, as you have seen today, and I'm certain you saw in Auckland yesterday, and will see in the future. The future is more important than dragging up chemical stuff from the past, and who did what, and who spent something. The future is 10 times more important. We are here, talking about wives and children and youngsters.

Australia, after totally discrediting the original Evatt royal commission, which was relied on by both Reeves and by McLeod, has in each succeeding decade, each 10 years or so, produced valid statistics done on very accurate research and has accepted disabilities to veterans and their children as attributable to service in Vietnam. The thing I am sure you know, but I would like to emphasise, is that the next update of their mortality studies—and I wonder if you are getting that—is due in March 2004, and it is based on ongoing, valid research, accepted epidemiology, and has the veterans' respect in all of its findings. They are going to accept it, as a general group of people. Sure, there will be people who will want to fight the system and be agin the Government, but it will have the body of veterans' acceptance. It had in its last one, and it will in its next.

Given the trends that have shown in those previous Australian studies, the ageing of the veterans, and the winding down of the healthy-worker effect, the results of this new study should most accurately reflect the condition of Vietnam veterans and their children today. I say no Government can afford to ignore it.

I have come to the end. I have a simple message. My simple message to you and to this select committee this morning is—give me a second to get control. My simple message is this: New Zealand servicemen and servicewomen in Vietnam fought alongside their Australian comrades. We went where they went. We ate what they ate. We drank what they drank. Today, we are both dying at the same horrific rate. Veterans with disabled children—and I know of one disabled grandson, and I heard of another from John Robertson this morning—veterans with dislocated lives and dysfunctional relationships will always suffer the heartbreaking distress that you had—I am very thrilled to hear—graphically displayed to you, and you are going to carry on hearing it. I say about them that the Government can't do anything else to make them well than it's already doing. The war, not the Government, did that to those people. You're never going to make Devon McKenzie's or John Robertson's families and young people different from what they are.

The New Zealand Government does not need to do anything else but meet the necessities of those people. I'm not asking for more money. There's dozens of different ways you can do it—help them with mortgages, help them with finance, help them with rates, help them with power bills. The Australians do that sort of thing for their veterans. I am saying the New Zealand Government does not need to do anything else except meet their necessities, and I believe to a large extent the War Pensions Act assists them to do that now. The New Zealand Government does not need to do anything else except scrap those offending and offensive reports, which contribute to those veterans' angst and to their dismay. The New Zealand Government needs to embrace the upcoming Australian health study survey as also applying to Kiwi veterans. It would be a fantastic relief for Vietnam veterans if somebody, and there's one obvious person, would say: "When this report comes out in March 2004, whatever it says, we

acknowledge that our blokes were with your blokes, and so whatever it says applies to us."

I can't see, in my simple soldier sort of logic, how any Vietnam veterans could say: "Well, we're still being badly treated." I can't see how that could happen. Sure, in terms of money, but you're not going to recover from the years of expense that people have had. If we could do those things, I would finish up by saying: "Who could complain about that?". Thank you for listening.

Chadwick Thank you. That was a beautiful submission. On behalf of people yesterday and today, you have covered really the sentiments of so many people in that submission so simply. We are open for questions.

Collins Thank you, first, very much for having the wit to keep this map, and for having the wit to pass it on when it needed to be passed on. I want to give it back to you today. Now I want to ask a couple of questions, if the chair will indulge me. You have made some pretty strong submissions in here, and you have attached to it the work of Lachlan Irvine. In here you have made some statements, and you have made some statements today about the Reeves report and the McLeod report, and particularly the McLeod report, that they were based on limited and discredited reports. There has been a statement made yesterday that the previous reviews by Sir Paul Reeves and Dr Debbie McLeod were hampered in some respects by the lack of information available on the scale of absolute exposure to Agent Orange. I was wondering, given your submission and the tone of your submission, and the straight talking in it, if you would like to add something to that sort of comment. Was the information available, and where was it? What are your thoughts on what happened, between the information obviously being available to other people, certainly in Australia, and why it didn't get through here? What's your thinking of that particular point?

Masters I would like to start by saying that I'm reluctant to go down the road, not because I'm going to resile from mentioning names or challenging the motivations of officials in the past, or because I'm reluctant to put some people's positions, perhaps, at some risk. That doesn't bother me, at all. What does bother me, going down that road, is that it deflects from my position. My whole motivation in being here, which is the very long-term one, is that there are kids and wives who have—we haven't got too many veterans left, but there are a lot of wives and there are a lot of kids, and the results of their father's, or their grandfather's in some cases, service is going to affect their lives. Witch hunting, being tricky, tripping up the Government, or something like that, to my way just muddies the waters of that very clear message. So, yes, I am quite clear—

Collins So this is not about tripping up the Government, because let's face it, it was under both Governments.

Masters Two Governments. Two different reports, under two Governments.

Collins So that is not the issue. The issue is you have made some very strong submissions in here about the authors of those reports, and the information they did or did not have. You have made comments where you have used the term "liars". I want to know why you are using that term.

Masters There is no doubt in my mind, because I was serving in the New Zealand Army in 1982 and I was serving in Wellington. I know personally the officer who was our liaison officer in Washington at that time. He's a very close friend of mine. An even closer friend of mine is the officer who was serving as the liaison officer in Canberra. In those two years they both sent reports back to defence headquarters—in fact, I'm not even sure it was called defence headquarters—but they certainly sent reports back at that time saying: "Hey, this is what the Americans are thinking, and this is how the Australians are changing their attitudes and their thoughts."

Collins When was that? Was it back in 1982?

Masters 1981 to 1982. More recently, when I saw that report come out in November 2002 and sat listening to the very rising tide of anger and that sort of thing, I got the key impression that these reports, both the Reeves report and the McLeod report, could not have seen the documentation which has been there for something like 20 years. It didn't take too much networking, let's put it that way, to alert people to the fact that somewhere in defence there's some information that counters what was being said. That was available at that time. Somebody will do some further research. I suggest to you very strongly and closely to ask those questions of the people who owned those papers: did they produce them for the McLeod report, did they produce them for the Reeves report; if not, why not? Don't you think that's what you say on Wednesday afternoons?

Chadwick And these are questions that we need to ask. Absolutely, we would get the valid ministries in front of us.

Masters My message is no simpler than that.

Yates I just want to thank you for your work. You have obviously received an Order of Merit for your work for veterans, so we congratulate you on that. My question is about the inquiry into Agent Orange in 1989. Did you make any submissions on that in 1989? There was an inquiry in 1989 by Foreign Affairs into the manufacture of Agent Orange.

Masters No, and I have to say that I am rather disinterested in that. It is an issue that has been very, very strongly taken up by some veterans. My whole attitude to an inquiry into Agent Orange per se is that, first of all, there are a dozen other agent colours. It's only one thing that we were sprayed with. It's a catchword. Chemical defoliants, what were they? Yellow, green, orange, blue, all sorts. That's one point I would like to make. The second point is that my position is that we can argue to the cows come home about whether dioxin, or 2,4,5-T or whatever it was, is the cause of some of these

people's disabilities. It has not been proven, I believe, to the satisfaction of the Australians or to the satisfaction of the Americans. But over 30 years the difference between the Australians and the Americans and the New Zealanders is that the President of the United States, on 28 May 1996—you have read that, I am sure—made it very clear that if you had cancer and you were in Vietnam, end of argument.

My understanding of the Australian position now is that if you served in Australia for 30 days then there was no issue about this prescribed list of things, and in March 2004 they may add a couple more, or they may—because I know that they are researching children and families—have something else to say about that. I'm not interested in the chemical stuff, and I'm not clever enough to understand it.

Yates Can I just ask you then, and am I right in saying that your main cause in coming here is not to discredit McLeod, but to ensure that service-related illnesses are recognised? The people who are coming here, report or no report, they are worried about their life. What I am saying is, is your main interest to discredit a report or to ensure that people who are victims of an illness are recognised?

Masters I talked in my submission about an article of faith for Vietnam veterans. I would say to you that what we are doing, and you have heard this already in signals given to you, is regurgitating a recurring thing. Lachlan Irvine in his paper shows that this was a fight that was fought in America. All those chemical companies had to be beaten down. It was certainly fought in Australia, with a royal commission having to be discredited. The Hon Frank O'Flynn in 1980 said: "We agree you were sprayed." The Hon David Thomson said: "We agree you were sprayed." What the heck are we doing here? So I am not terribly interested in arguing chemicals. I am extremely interested, and you have got me wrong, Dianne, in discrediting Deborah McLeod and the content of her paper. That's why I got Lachlan Irvine, rather than somebody like me, to do it.

Yates What do you think should be the main action that you would want to come out of that? If this committee said, "yes, the McLeod report was rubbish", what would you want to be the effect on the veterans?

Masters I have said it in my final statement. I would like to see the McLeod report and the Reeves report publicly and formally discredited as Government policy. That can be said at the highest level—not on Wednesday afternoon. I would like to see that happen, because I know that that would take the weight off, the pressures off, people who are suffering at a very, very physical and day to day level. The fact that somebody up there is not clinging to some academic research, and saying: "This is our reason." You've got my point?

Chadwick We've got it.

Okeroa In one of the other submissions, and it is later on this afternoon, an extraordinarily good statement has been made with regard to the McLeod report. You have told the committee that you fought together with the Aussies and the Americans, you probably ate the same stuff and drank from the same source of water. What I find to be absolutely almost unacceptable, in line with what you are saying about this McLeod report—I'll leave Sir Paul Reeves on the outside because he is a close relation of mine, so we will leave him out of this—I quote: "While we understand this report was subject to peer review before being published, at no stage were interested parties, such as the EVSA or the VVANZ, ever consulted during its preparation or given the opportunity to comment on the draft. Accordingly, the EVSA was placed in a fait accompli about a day before the public release of the McLeod report." Could you enlighten, if you can, for the committee as to why that extraordinary event didn't occur.

Masters Why we weren't told about it?

Okeroa Consulted.

Masters I don't think it's my place to do that. In my words I said that it was, I think, finished in April 2001. The Government sat on it for 15 months. I would ask the question: if it was an acceptable document, why did they take so long? Why did they give it out on 26 November, which is why we are sitting here now, because there can't be too much time before Christmas for a lot of publicity to go around this particular situation that we are in today, and there wouldn't have been a year ago, when that report came out. I am saying to you—

Okeroa My point is, colonel, that you weren't consulted.

Masters And I am saying to you that not only were people like me not consulted, but the organisations weren't, either.

Chadwick Those are question lines that we put to the relevant ministries who commissioned the reports, not a submitter.

Masters They will have to answer that question.

Chadwick We note that they weren't even consulted.

Turner Just looking at your recommendations about public retractions and rejection of the reports—

Masters I think I have got high risk of not succeeding, but I was asking for that.

Turner One of the other things that touched my heart yesterday and today, and I wonder _____ for an opinion from you. I am very concerned about the way—and it's a national shame—that Vietnam veterans were treated on returning to New Zealand, and that there was a lack of leadership in that regard. I know we had a parade, but what I'm concerned about is whether

we need to include as part of a retraction and an apology some comments on the fact and a form of an apology to the veterans for the way they were treated by the New Zealand public, and there was no reciprocity to counter that.

Masters That's very hard for me to reply to, because I don't know whether you know, Judy, that I brought the last major group back from Vietnam. We were invited to parade up Queen Street. We paraded up Queen Street, although all my soldiers really wanted to go on leave—in fact, half of them disappeared anyway. We got some more veterans from Papakura. They had been away for a year and they had wives and girlfriends to go and see. But we paraded up Queen Street and we had flags waving and people shouting wonderful things to us. We got to the saluting dais outside the Auckland Town Hall and we were booed and hissed, and blood was thrown, etc. That night on television the only thing that was seen on New Zealand television was 2 or 3 seconds of those people being pulled off by police, in front of my vehicle. I was subsequently charged under the Police Offences Act 1927 for obscene and offensive behaviour, and I attended court in Auckland. For a Regular Force Major in those days, it was a pretty risky thing to be charged with that sort of thing. The Police Offences Act section, whatever it was that I was charged under, is normally for flashing in Auckland City. You have got my feelings on the subject.

Hereora Something that I have been thinking about since the whole thing started. I am taking on board your position surrounding both reports and your recommendations. I would have thought it obvious that the map would have been hard to avoid as a part of that process during that time that they were collecting information for the reports. Was it not presented?

Masters Dave, I am not a conspiracy theorist. I believe quite frankly—and I say that I'm very happy to be quoted—that I don't attribute to MPs or to Ministers of the Crown attitudes of anything other than to do the best they possibly can in the job that they are doing. I have a different attitude to officials, advisers, and people like that who have other attitudes, other than those of elected representatives. That's all I have got to say on the matter.

Hereora The map was tabled?

Turner No, the information was available.

Masters I pinched it. When I came out of Vietnam I put it under my arm. Had I got caught coming out with it I would have been court-martialled. Could I say one other thing: I'm conscious that I have not answered Judy Collins' questions about the word "lies". I would like you to read what I said again. I would like to say to you that—I had some prepared work—basically there are all sorts of non-truths, fabrications, and all sorts of other ways of describing lies. The two non-truths, non-facts—I didn't call anybody a liar, if you read that very carefully, but I don't resile from using the term. The two non-facts, of course, were the suggestion that we were not sprayed, and

we spent most of our time in Phuoc Tuy Province, which we didn't, especially my unit. I think that the biggest non-fact and the biggest lie doesn't relate to the veterans themselves; it relates to the studies in the McLeod report, where she says: "The risk estimates calculated"—I am quoting Lachlan Irvine; I am now quoting the McLeod report, page 4 if you want to look it up—"The risk estimates for all birth defects are remarkably significant and overall show no increased risk for Vietnam veterans in fathering children, when all birth defects are considered." If you don't like the word "lie", you MPs, it's the biggest non-fact and it's in McLeod's report.

He goes on to very systematically use her own research data, using exactly the same material that she used in two or three pages—look at pages 22, 23, 24, 25. He finishes up by saying that the charts that he produces from those references provide the clearest evidence yet that the McLeod report has deliberately set out to mislead. What's the difference between that and a lie?

Chadwick We'll go back to the line of questions. There was another supplementary question from Dianne Yates.

Yates Mine was a supplementary question to Mr Hereora's question about the map. Given that, as you said, you smuggled the map out and it must have been something that you were very conscious of having—

Masters We just pinched what we could put our hands on.

Yates I am just surprised because I know how people keep things and how suddenly you just discovered you had it, after 30 years, and why, when you found it, why did you not take it to the Prime Minister?

Masters This is fair comment, isn't it? Let me just tell you what I think happened. November 2002, the McLeod report was produced, and I've got the press release. Now, from then, all around New Zealand there is only 2,500 of us left, and I would like to talk about mortality, if you give me the chance. It's a very close-knit organisation, and all around, the anger—because we knew people who had children who were suffering. We couldn't believe it. I only watched that until March or April this year and then I thought: I've got to do something about it. How do I do this? I know this is rubbish. Then, I have to tell you Dianne, it just occurred to me. I probably got some maps out and I went and had a look. What did I do with those maps? I made them available to Vietnam vets who were screaming their heads off on the Internet. I sent a message to one of my fellow vets and said: "Hey, I've got a map." He said: "Can we use it?". I said: "Yes, why not." I've got the letter from me to him in my files here. From there on, he took it and did with it what he did and it achieved its result.

Yates Can I ask you, though—

Masters Why didn't I take it to the Prime Minister? At that stage it didn't occur to me.

Yates Because you were part of the Agent Orange Trust Board. I think you must have been involved when there was the issue with Monsanto. I am just surprised you didn't look for it then.

Masters There was no issue then. I was appointed by the Government of the day as one of the four trustees on the Agent Orange Trust Board to disseminate, and we disseminated about $1 million. People in those days were not saying they were not sprayed. It is a very fascinating document, and I have got it here and I would love to put it in your records.

The whole purpose of that trust board, when we sat down, under Judge Peter Mahon—one of the most magnificent fellows I've ever sat under—we had to decide what our rules were going to be. In other words, were we going to convert ourselves into another public service department—social welfare, whatever it was in those days? How do guys come and apply to us? We said: "We will take the assumption that you were sprayed. We will take the assumption that if you served in Vietnam and you've got a disability, then we'll help you." That is precisely what we did.

So what we are trying to achieve today was accepted in a trust deed that was passed to the American federal courts, and that trust deed was accepted. On the basis of that acceptance—and I've got the trust deed here—the American Government passed to us something like $800,000. It grew to $1 million because we invested it. At the same time, because the Australians produced their own rules, which had the same acceptance, they were given $3 million, $4 million, or $5 million—I can't remember—which was their share and our share of the payout. There was no question about whether we were sprayed at that time, because we weren't the Government, we weren't officials, and were representative of the Vietnam vets. We made a decision that we would accept it.

Yates How was that trust board appointed? Was it from the vets themselves?

Masters How were we appointed? The Government appointed some people. I was appointed by the RSA, but all appointments had to be accepted by the Government of the day—nominated and accepted. VVSA and EVSA both had representatives and they were senior officers, like myself, at the time. They were both colonels.

Kedgley Just one little thing, just referring to that trust board account that you have just been talking about: part of that settlement was that the companies themselves didn't acknowledge cause and effect, or that their chemicals may have caused the health effects. To your knowledge, have the companies involved ever themselves acknowledged that these chemicals have caused these effects and that they might have known that this might have been an effect?

Masters Not only have they never admitted it, but there have been very many groups of American veterans since that decision. The decision made was at

the very last minute. There was a cohort of—you know it better than I do. There was a case being put in American federal courts. The day before the court case was due to start, the Americans said: "We admit nothing, but here is umpteen million dollars. Take it or leave it." The decision of the people heading the thing said: "We'll take it.", because when you looked around you saw the problems—that's where the money came from. Subsequently, in my understanding, and I'm sure you know, there has been other groups who have said: "That was a cop out. We still want to have a go at the chemical companies." So there's never been a change from that attitude.

Kedgley My second question. You have talked about all we need to do is meet the necessities of the vets and their children, but how do we compensate, for example, the person who came earlier today whose house is mortgaged, who's in debt because of the medical records that they have paid all of their life and for which they have only received assistance in the last 18 months?

Masters My simple answer to that is, ask the Aussies. I spent August this year on holiday in Cairns and I spent 2 hours talking to a wonderful woman who just happened to be the VSA or VA—whatever it's called in Australia—agent. As I was there, some pretty rough characters came in out of the bush looking for some help. I just saw what happened, and the veterans' association in Australia saw it first hand. I was loaded up with a whole lot of stuff. I discovered that not monetarily, not in terms of "here's another 20 bucks", but in very many other very positive ways the Veterans Affairs organisation in Australia and its political arm meets their necessities.

Roy I think you had some comments to make on mortality. You mentioned that you would like to _____

Masters In doing this, in checking out where we are at, in making the point that there are not a lot of us left—and I make that strongly in my submission—it seemed to me that I had to do some sums. I used four or five very good researchers. There isn't a central body of research that has been done, and that's one of the main points that is being made, as opposed to the Australians who can take their 59,000 or 60,000-odd—whatever it is—people and they can check up on them every 10 years. We've got nothing like that. So it seemed to me I could do my best for this committee, and the paper I've got I will hand over to you.

It's worth saying that there were 3,368 servicemen and women who served, and 186 civilians. I made no attempt to trace the civilians. I don't know how to do that, without any money or without time. But of the servicemen and women, some 511—512, because I heard somebody died yesterday—are already known to be deceased. That's 512 out of 3,368. What I did when I did my sums was to concentrate on the 814 members of 161 Battery, which I commanded. Many more served in 161 Battery than 814, but some did one tour and some did two tours, and quite a few did three.

Of the 814 members, 134 are known to be dead. That is 16.5 percent. Now the average lifespan of those deceased, and those are the ones for whom I have records, was 51 years and 9 months. That lifespan, when I did the sums, includes many long-serving regular soldiers like myself, who were quite senior in age and in rank. I wasn't a 20-year-old when I went to Vietnam. They were quite senior in age and rank before they served in Vietnam. These are the people who have died. I have included nine officers and 19 senior NCOs, whose average age—I took that out—on their own deaths was 59 years and 8 months. That's not very old.

I would like to talk just a little bit about the Māoris. It will take me 10 seconds. Of the 814 members, some 168 members of my battery were identifiable as Māori. I handed it over to Tame Turinui and a couple of other blokes and said: "I'm not sure of all these fellows. I know the ones with the Māori names. Tell me." They identified 168. So Māoris, I understand, comprise 22 percent of the New Zealand population. I think that's about right. Māoris in my unit comprised 20.8 percent—artillery, slightly technical. I think that the infantry units—Eru Manuera would probably tell you; I think he'll be here today—that they were probably about 34 percent Māori. But my outfit was 20.8 percent, slightly less than in the New Zealand population. Out of the 168, 54 are dead, and that means that approximately one-third of the Māori gunners in my unit are now dead, are already dead. I think the actual figure is 32.7 percent, but it doesn't matter—one third. Their average lifespan was 51 years and 7 months. I think I used the words "horrific death rate". I don't know anything else that's killing people faster than their service in the Vietnam War. That's my answer to that question.

Collins I was actually going to ask you about mortality rates.

Masters Did I answer your question?

Collins Yes, you did except I will just correct it. I think the official rates of people identified as Māori in New Zealand are about 15 percent.

Masters My figure is 32.7 percent.

Collins In New Zealand.

Masters Oh, in New Zealand.

Yates I've just got one supplementary question to Sue Kedgley's question, which was about the Agent Orange Trust Board again, and the distribution of around $1 million, which you were involved with. We had a man here today who said he hadn't received any of that, and he was someone who was ill from the time he left the forces. He hasn't just suddenly become ill. What were the criteria for the distribution?

Masters I'm very happy, because these are public documents, to give a copy of them to somebody so you can read the criteria. But, in one sentence, we decided

that because some people are more well off than others, and that sort of thing, there would be no means test, and there would be no requirements to show you were sprayed. If you needed some money and you told us a story and we accepted it—because we were all hard-nosed senior officers—then we gave you some money. We found that as a result of that, there were quite a few people who put it across us. But we took the line that we were not the social welfare, and if we had to sit in judgment on people and have them prove their requirements for something like that, we weren't doing the right thing.

Chadwick Could I just ask, too, have the veterans or people that you associated with ever asked for a comprehensive health survey, such as they have done in Australia? Because part of our problem was that defence report information never went over—the Evatt report never went over to the Reeves and the McLeod reports, so we never had a comprehensive collection of data, researches, and surveys.

Masters Yes, I can say that the organisations and individuals constantly ask for that, because they saw it happening in Australia. There are many New Zealand veterans, many living in Australia, and they tell us what's going on all the time. So the answer is, yes, we have asked for it. I would also like to say it's now far too late. The clever thing for us to do is to say: "Don't even try. Stick to what the Australians say."

Chadwick It is just an opportunity for the committee.

Masters If we do it before the results come out, rather than afterwards, that shows good faith.

Chadwick Thank you very much for coming before us. We gave you a good extension of time.

Gudgeon I would just like to add to what Colonel John Masters said, and to verify the things that he has said. He was the second in command of C Company, First Battalion, Royal New Zealand Infantry Regiment, and I served with him. I know he is astute and professional in the things he has done as an officer of our army, proud of the uniform he wore, meticulous, and I would say, a person of integrity. You have heard his report, right to the point of figures to support him. As a returned serviceman also, I support the report that a former officer of mine has presented today.

Gavin Nicol

Chadwick Good afternoon—Gavin Nicol, Rotorua.

Nicol Kia ora, Madam Chair, and kia ora to the select committee. It is a privilege for us to be here, and a privilege for you to listen to us. That is something that has not happened much over the last 35 years. There is one thing before I start my speech—something happened in Mr Master's speech, and I wanted to correct something. The Agent Orange Supreme Court

judgment in New York—in which I was one of the original litigants, and I did not receive any money, either—but the original summation by Judge Wienstein was that he was going to pay out on the areas that were most heavily sprayed in Vietnam, and New Zealand was going to get $19 million New Zealand and, I think, from memory, $59 million for the Australians, because we were in the most heavily sprayed area. That judgment was in 1981. He went back into the Supreme Court in New York and he said that he was going to pay it fairly out on a population basis of those who served in Vietnam. That was Judge Wienstein of the New York Supreme Court. So that clarifies that.

Chadwick Have you got a copy of that, Gavin, that we could have, or we could get it?

Nicol It's one of those ones that are around. Because we were in the highest sprayed area, New Zealand was going to get $19 million US, and Australia, I think if I remember rightly, about $59 million.

Yates Was that what he asked for in the court?

Nicol When he made his submission he was going to give it out for the heaviest sprayed areas; all the money that he had. It went back to court again and he chose to give it out per head of population in Vietnam.

Yates That was one of the cases, but in the end Monsanto pre-empted that and gave out a payout of $1 million.

Nicol No, Monsanto had no say in the money, and Dow Chemicals, Monsanto, and all that paid their money into the fund on 8 May 1981, the day before we went to court.

Chadwick And we understand that Mr Masters has got some reference material for the committee. Thank you for that.

Nicol First today I would like to commit two names here to our dead. Ben Hetaraka and Eddie Maurice were in charge of a backpacking Agent Orange spraying group in Vietnam in late July 1970. This was reported to the Agent Orange Trust Board. The officer giving the command was A F Clements, 2ic Victor 5 Company, and he wrote to the Agent Orange Trust Board in 1991 and submitted a document that he had ordered members to spray Agent Orange in Victor Company lines in South Vietnam. I am the only survivor of that group. I have a daughter with spina bifida and one functioning kidney. I would like to put their names ahead because they both died of cancer—Ben in 1988, and Eddie Maurice about 1995.

We have many veterans out there with serious health problems, and families suffer because of the veterans' health problems. The health problems are mainly post-traumatic stress syndrome, cancer, and other stress-related illnesses. I speak also for myself. I am a veteran who broke my neck and my back and damaged the speech quadrant of my brain in a fall from a helicopter in Singapore.

I speak for our tamariki, mokopuna, and mokopuna tauroa, for they are our future, and their lives have been affected by our presence in Vietnam. It has been affected by a parent with PTSD. A parent with PTSD will cause a lot of havoc in the family, and those kids have suffered. They have lost relationships because of the suffering of the parent. The wives of Vietnam veterans are angels and peacekeepers. More seriously, a tamariki, a moko who has genetic birth defects—this is serious because they will carry it on to their children and their children's children. A lot of those who have children with birth defects are financially strapped because they don't have the money to spend on the kids. They don't have the resources or the practical help. For the father, the worse thing they suffer is the guilt that they are responsible. It is false guilt, but there is still guilt there. The wives, tamariki, and moko are Vietnam veterans just like the soldiers who served; remember that. They have lived their Vietnam.

The veterans who cleaned up in Japan, cleaning up the nuclear testing—they were the first group to be affected by genetics. Then those who watched the nuclear testing in the Pacific, and the few from Vietnam—that small group of veterans will not die and leave the problem there. The problem will go on, and we pass the problem on to our tamariki and moko.

In the middle of July 1970, I was posted to Victor 5 Company, and before I went out into 3 Platoon Victor 5 I spent some days in camp. One of the jobs was to spray the lines. The guys in charge of that were Ben Hetaraka and Eddie Maurice. We sprayed the fire lanes. We were told the spray was dangerous and we would get another set of greens and boots when we finished the job, and we would also get an extra two cans of beer a night because it was dangerous. I would do anything for an extra two cans of beer a night in those days. The equipment we had to do this job—the equipment we had in Vietnam was a tropical raincoat and it had a big flap at the back and stuff went up there in the breathing holes. So if you got any Agent Orange it went all over you. We had our greens, our boots; it was too hot for a shirt. We had a metal knapsack sprayer and it splashed everywhere. It was used for firefighting. It was made in New Zealand by Hollands in Christchurch. That shows you how good my memory is. The sprayer didn't work well. Spray splashed out and got all over our backs. The 2ic has since confirmed it was Agent Orange that we were using. We had a 2ic who was very clever. He used to get stuff off the Aussies without paying. We call it stealing, but he did wonderful things. But he said that this was legitimate. It came from the Aussies. So it was the right stuff; it wasn't hot. The gloves were issued, but they were useless in the tropical climate. Our hands were sticky.

It was quite miserable working conditions. It was very hot, the air was still, and there was a big stink, and that stink stayed around for days. It took 2 or 3 days to finish the task. We sprayed the whole area. I've got a list of where we sprayed, but that's irrelevant. It was around the whole area. As I said, the two corporals in charge are both deceased.

While in Vietnam we did go into some sprayed areas. On 7 August we went into land clearing, and that was a sprayed area. C123 mini Hercs went around regularly overhead spraying, and you never knew what chemicals were sprayed out upon you. While in the Army, and still now, I still have serious skin problems. I have passed that on to my children. The creams I use are very, very expensive. They are the best you can get. It is the only way I can clear it up. Once it was so bad that in Marton a doctor wanted to put me in hospital because the skin was just weeping everywhere. It was a weeping mass.

One thing though, I found in the 1980s and 1990s I got no help for my post-traumatic problem. I sold my Matamata house and I actually used that money and took my kids and wife around America for over 2 months, and I built some relationships. That did me more good than any of the psychologists that they had available then. That was my way of solving it, because we had no assistance from War Pensions in those days.

Before going to the reunion at Palmerston North this year I rang A F Clements in Wellington and he confirmed that the spray we used was Agent Orange, and it was supplied by the Australians. I do not blame anyone who was in Vietnam, because we were all in the same boat.

There is an argument out there, and the argument is that there are no health issues. There are some senior colonels who have taken that attitude for the last 35 years, and some veterans have died because of that attitude. One of the problems is that many of the officers—senior officers I am talking about here and NCOs—had their children before they went to Vietnam and privates like me had our children after Vietnam. So that is why it hasn't affected them. But don't forget there are a lot of other senior officers who are very helpful to us today.

The thing that worries me is the split chromosome, the genetic changes to our children, and the changes to the make up of their body chemistry, which they will pass on to their children. My daughter has been advised not to have any children. That robs me of mokopuna. You can't replace that. The guilt we have is too much. Katrina Joy was born with one functioning kidney and spina bifida. I am mentioning this because we found this out at the age of 20 and 23. She showed positive signs of not having a functioning kidney at birth. She had jaundice for over 2 weeks. She was yellow as yellow could be. The doctor refused to pick it up. He said there was nothing wrong. Just before the Reeves report we were asked to give her a full medical. It was then that they found that a lot of her lower back pain came from her spina bifida, and she didn't even know. She learnt of that at 23. If that has happened once there must be a lot of other children out there like that.

We lost one child to a late miscarriage, and for Craig Stephen Roy the only problem he has is the usual skin problem. My daughter Katrina is only able to work part-time. She was receiving the dole, but for the last 6 years she

has worked in the office of the Rotorua RSA from 8.30 to 1.00 every day. She works extremely well with older people. We had an agreement with Margaret Faulkner that she was not to go on sickness benefit, she would stay on the dole, and the RSA was to keep her employed. She was working for her dole. But since then WINZ has played some silly games and every 3 months she is hassled. She is now on a sickness benefit against Margaret's wishes, and she is hassled every 3 months by Rotorua WINZ. I am not very happy about that. She has a lot of pain down below and a lot of pain in her lower back. At other times she goes very, very dark around the eyes and she goes very dark and yellow, and other times she will go very white and pasty. The doctors believe her immune system is shot, and she gets everything that comes along.

When we had a meeting with Margaret Faulkner she told me she personally disassociated herself from the outcomes of the Reeves royal commission committee report. You ask, what's my proof? In that meeting was a JP, so I've actually quoted the JPs name. She was head of War Pensions at the time, and I would like to thank her for her honesty.

Chadwick She appeared before us yesterday.

Nicol Did she?

Chadwick Sorry, today.

Nicol I have been a Vietnam veterans' activist since about 1983, after I had come through my post-traumatic, and I thought I could help others. I have been in the Waikato area and within the RSA. I have stayed within the RSA even though I've had to fight it. I have been attacked by senior members of NZRSA for my stance on health issues. I have actually been attacked by senior members of the Agent Orange Trust Board and their employees because of my stance on health issues. I have been proven right. There is one thing—and I wrote this before I heard Colonel Masters this morning, and he really uplifted me this morning—it is interesting that the officers who did not want to know about our health issues for the last 35 years, in the last 18 months are coming out of the woodwork and wanting to do jobs for the RSA and other organisations. I would like to associate that with Mr Masters. I was actually really impressed with what he said and with what he has done. But that is what has happened.

We are all Vietnam veterans, whether a colonel or a baggie like me. The thing that scares me is if the RSA, the officers, and the Government think they can control us again, they are mistaken because our death toll is too high, our sick veterans are too many. We won't be lied to ever again.

In 1991 the Victor 5 Company meeting was told by J D Macguire, ex-CO of Victor 5, to be quiet, and that I didn't know what I was talking about. I had brought home a lot of information from my tour of America and I wanted to offer it to the veterans to give them some chances. The

Americans at that stage had a lot of cancers that were attributable to Vietnam. With Americans it came out attributable to Vietnam, and then it went on to be attributable to Agent Orange. The 'attributable to Agent Orange' came on from Congress about 1994 to 1995, but before that those were cancers attributable to their service in Vietnam. He told me in the meeting, and told the rest of that meeting, that he was a member of the Agent Orange Trust Board and they would let us know if there were any health issues out there. My comment was, 'that the American veterans and Congress must be wrong.'

I was also attacked when I applied for a Churchill Fellowship to look at peer counselling in the early 1990s. Information came from Internal Affairs to some senior officers, and I was attacked for being cheeky enough to apply because I saw a need out there amongst our veterans.

I believe the Government's handling of this issue is wrong, and I am not saying Labour, National, or anyone—all the governments.

Mr Thomson lying to Parliament: I heard: "What's your proof?". Mr Thomson made the statement in Parliament, and in that week two brave officers got up and said that he was lying. They were Evan Torrence and J D Macguire. They appeared on TV and contradicted Mr Thomson. Sir John Marshall's personal attack on Vietnam veterans in those late 1970s suggested—and that generation had one problem: if the problem was too big they attacked. So it suggested that they had some information.

Some Government departments at that time behaved in an unacceptable manner. War Pensions in the 1970s and 1980s behaved in an unacceptable—if not, criminal or fraudulent, it was so close. I had the evidence for that. I have an appeal ruling on that.

Veterans were sent to very old doctors—people in their 80s—not specialists, and they overruled the top specialists in the country. That is what happened. Full medical boards took 10 to 15 minutes. Margaret Faulkner, in a meeting with me, said they had serious problems with War Pensions and their medical personnel in the 1970s and 1980s, but she also clarified it by saying that the next generation on, who were usually sons or daughters of those doctors, were very brilliant and were serving our veterans well.

I believe not all the problems belong to the Government. I believe the veterans and our organisations have to have some responsibility. I'm not going to bring them up here. I've got them in my submission. It's quite clear.

I really want to talk to you about what it is like being a Vietnam veteran. I wasn't going to say anything until we went to lunch and my wife said something to some friends, and they have actually asked me to say this. Our veterans don't know where they are. Some of them don't even have the

guts to put up their hand to say that they are sick. Their families have suffered. So I've just thought about it and I'll give you three little examples.

One Christmas Day there was a knock on my door; I was having a sleep. On Christmas afternoon I like to have a sleep. This gunner came in and he said: "This 49-year-old is interfering with my daughter." His daughter had already had an abortion that year and she was in the third form. He didn't even know how to handle it. He just didn't know how to handle it. I had to talk him through: "Shall we go to the police? Shall we go to social welfare first?" This is the day before the guidelines were set down. He said: "No, I don't want to go to the police. I don't want to go to social welfare." I talked to him and I spent about 4 or 5 hours talking to him. The next day I went out to Totara Springs, as my Christian beliefs—I belong to the Brethren, so I was able to go out there. I managed to get this young lady into the camp for 3 weeks to get her out of the way so we could do something about it. But this guy still didn't know what to do to help his own daughter. So I rung him up and said: "Come in Sunday afternoon or Monday morning with your daughter and we'll get her out of the way for 3 weeks and then we can do something." He told the daughter that and the guy that, and nobody sane would tell that, and they ran off that night. She later had a child to him. I felt guilt that I didn't do enough, but that's what it's like.

To be rung up at school on another incident: "My husband has locked me out of the shop. He has abused me. He doesn't want to live." So I had to go in my lunch time and talk to him. After school I went down there and I spent the next 4 hours with him. Then we took him home, then we did some work about getting him serious counselling. This is not just one or two incidents. There are many of them.

Chadwick Just on that, we would probably like to ask some questions to make the best use of your time. Is there something else you want to say?

Mrs Nicol He's just going to say about this night. He just rang up not so long ago and she was crying over the phone. She said "Come quick, I need Gavin."

Nicol I had just spent 2 hours counselling their daughter and I had spent some time with the husband about 2 hours before and she was scared he was going to commit suicide. So I spent the night with him. I stayed awake the whole night. You don't want to sleep.

Chadwick So they need a lot of support.

Nicol They need a lot of support. We need a lot of help out there.

Chadwick I'm sure we've got some questions, and thank you for that.

Kedgley Just two quick questions. You said the files of the Agent Orange Trust Board are embargoed until 2037.

Nicol Yes, they are, by law.

Kedgley By law?

Nicol Yes. Parliament has declared it. All of our files from the Agent Orange Trust Board are embargoed until 2037. That's what we have been told. That's true.

Kedgley It's true?

Nicol Yes. Colonel Masters confirmed I was correct.

Kedgley That's something that we will follow up. I just want to double check that I hadn't sort of misread that. That seems extremely odd as to why that would be. You were talking about assisting with the spraying, so what you are saying is that quite apart from all the aerial spraying that was going on, you were spraying continuously—

Nicol No, it was only over a few days we did it.

Kedgley You were ground spraying?

Nicol Yes.

Collins Thank you very much for your submission Mr Nicol and for the work you have been doing. Can I just ask you a little bit about the attitude that you and other Vietnam veterans experienced when you got back to New Zealand. You've written quite a bit in your submission about the attitude of some of the senior people in the RSA, the Government, and all sorts of other people and how they looked at some of the issues that you were facing, and it was put down to all sorts of various other things rather than Agent Orange. I want to tease it out a bit. Do you think that there was a general disregard for the Agent Orange effects, because these had not previously been seen in New Zealand so they weren't knowledgable about them? You talked about the older doctors who were disbelieving of Agent Orange. You talked about some of the senior RSA people at the time who were disbelieving about any effects. Do you think it was possibly because it was just so unknown to New Zealand?

Nicol That could be so, but there was an attitude of NZRSA at that time. They went to the real war. The guy I went to his shop to protect—that was over an RSA president telling him he had not been to a real war.

Collins That feeling was obviously very strongly felt. I remember at the time my father talking about it. Can you perhaps just tell us how you felt—because you haven't covered this—when you came back to New Zealand, about the attitude of the people of New Zealand towards you?

Nicol When I came back I was lucky enough to do my first Anzac parade in Levin, and I was spat on.

Collins You got spat on?

Nicol I did my Anzac parades for a while at Palmerston North and that was scary, because being a university town women would walk past in black pyjamas and they would have these signs, especially as we were laying the wreaths, that New Zealand soldiers are rapists and murderers of women and children. That really hurt. That was the 70s culture. That was the culture of the time, and we had to bear it, that's all.

Collins Weren't they kind?

Nicol Can I just make a point there? The report with Dr Deborah McLeod. I was the first person to ring her up after the report was released and I think I've got some information that you should know. I rang Deborah McLeod up and got her straight away. At that stage she hadn't gone into hiding. I was on the phone within 2 seconds. I rang her up, and she gave me this information. She told me that Jessie Gunn had given her all the research material required. I asked her, had she obtained any evidence from the Internet, the press, TV, or even veterans? She said no. She said the only evidence she needed to use came from the most reputable reports: the Suskin report, the Evatt Royal Commission, Operation Ranch Hand, the Reeves report.

I then reported to her that these reports are considered either suspect, flawed, or even fraud. The Suskin report was the basis of the Evatt Royal Commission. Dr Suskin was employed by Monsanto, but was also employed by the Evatt Royal Commission, and he used the same evidence in America and got found guilty of perjury. So that's why it is very dangerous. I then went to tell her about Operation Ranch Hand—in 1998 Dr Richard Allerbice reported that Operation Ranch Hand were cooking the books, and he reported to Congress. Operation Ranch Hand is now under suspect conditions.

So I told her that as the Reeves report was based on the following report, it has no real scientific standing. It's suspect, or even fraud. She told me New Zealanders served in one province, Phuoc Tuy, and the gunners served in two or three provinces. Phuoc Tuy was one of the heaviest sprayed areas, and that is according to the American computer readouts. She said that has no relevance whatsoever. I then said to her that her statement that 600 kilos of Agent Orange was dropped in Vietnam was a lie. She actually got the facts wrong. She didn't know how to express it, and I've corrected it. I have added here that it was 66,000,000 litres of drop. That is between 660 to 750 kilos of dioxin. She was told all this, and she just didn't want to know.

I also told her that I believed that three members of the Reeves commission disassociated themselves from the Reeves commission. Margaret Faulkner did that in front of me, and the other two—well it's up to them to come forward and admit that they had done that. Margaret Faulkner did that in front of a JP, so I can actually quote that one.

Chadwick We've just got one more question.

Kedgley You say that you were obviously a bit concerned about the operations of the Agent Orange Trust Board and you say no audit report has been done. Do you think there should be an audit report? Was it set up by the Government?

Nicol I don't know if you would call it a quasi-Government body, but it was set up for the Vietnam veterans, and it was protected by the Government and the trust deed. We were promised an audit way back in 1995 or something like that, and none has ever been presented. We have been promised and promised. Colonel Masters confirmed I was correct.

Chadwick That's something we can ask with the relevant ministries when they come before us.

Hereora Thank you for your submission and for coming today. You opened your submission referring to a court decision in America and quoted the figures $19 million allocated to New Zealand. We heard earlier that there was a committee that dealt with the distribution of only $1 million.

Nicol That was what his first decision was going to be, and he said that. That was his primary judgment. But when it came down to his final judgment he had changed that submission and went to paying out on per capita of people in Vietnam. That is why we only got US$473,000, which is about $800,000 or something.

Chadwick Just for those submitters: we have had varied amounts of spraying and we are going to try and get that just right for once and for all. We've heard 200,000,000, and we have heard all sorts of figures, so we really just want to get it right.

Nicol Even the Americans haven't got it right. They have changed from 36,000,000 gallons, which is about 66,000,000.

Chadwick We'll try to get it. It's just sort of running all over the place in terms of how much, but that's just a point we will try and get right. Thank you very much Mr Nicol.

Nicol I will hand you an email that I sent over the Wellington School of Medicine book, and what I've said I've kept true to what's been in this book here. Thank you.

Chadwick Thanks very much, and thanks for your preparation.

Terry Culley

Chadwick Good afternoon.

Manuera [Māori Introduction] While I am still on my feet, I was invited to volunteer to identify who we are. Our principal spokesman is Terry Culley, and the submission was written by another person. Terry invited me to come along

to sit on his right, and also here is Ian Duthie, who has a personal tale to tell that affects him and his family.

Culley Thank you very much for giving us this opportunity to provide you with a submission, and for allowing us to come along today and speak over some of these issues with us. We will do our best to just add to the flavour of the submission you have got, and be available then for hopefully answering questions you have at the end. It should not take us long as Gavin—sorry Gavin.

I am a former vice-president of the Ex-Vietnam Services Association. Today I am standing in for Rod Baldwin, who is the current vice-president. I served in Vietnam as the commander of the first of the New Zealand Special Air Services troops that were committed to Vietnam in 1968. So I had just over a year there, from the end of 1968 to the end of 1969. I believe I am in a position to offer you some personal experiences from that service, in particular to offer some of the post-service trauma that has affected my small group, and from my association with the Vietnam veteran community that I have been representing.

First of all, a few words about the Ex-Vietnam Services Association. We represent 62 per cent of the currently surviving Vietnam veteran community in New Zealand, which is a pretty good representation. The association is fairly well structured, and one of the things that they have emphasised is putting in place a network of pension representatives around the country, numbering about 18 throughout the North and South Island. Their main role is to try and find the veterans that Gavin was talking about, who are lost in the wilderness, and getting support to them and getting them to support where they can. This has been very successful. They work hand in hand with the Royal New Zealand RSA welfare and pension organisations, and they work hand in hand with the War Pensions Office in Hamilton as well. So we have got a group of people who are all working together for the one common cause of trying to help our veterans in this case. I thought it was important that you know about the EVSA, because perhaps it is the first time you have been exposed to them as an organisation.

My own personal involvement in Vietnam veterans affairs was highlighted a couple of years ago, back in April 2001, when I got a delegation to Parliament Buildings to engage with the Prime Minister and a couple of her ministers to talk about Vietnam veteran issues. I made a comment to the Prime Minister in passing that the Vietnam veterans were having great difficulty engaging with what was WINZ at the time, due to some communication problems. It was her initiative to get us here to Wellington and sit down around a table and go through some of those issues. I think the results from that first meeting have been widely reported in the media, and there have been some enormous strides forward since those meetings. The veteran community is very much thankful for that. It wasn't just the Vietnam veterans who benefited from those meetings; it was all veterans. I

suppose that engagement that we entered into was the first time that veterans had been invited to come here and talk through some of the problems and issues they had around the veterans' administration system. I think the growth of Veterans Affairs in New Zealand is something that we are looking forward to working with in the years to come. Hopefully it will do a better job for us as we go along.

I think the initiatives that the Prime Minister has introduced are really something that everyone should be proud of—all the veterans should be proud of—and the fact that at last we have a Government that is doing something for veterans.

On top of that, I would like to say on behalf of the EVSA that the fact that the select committee is taking up this challenge this year, to hold this inquiry, is also widely recognised and appreciated by the Vietnam veteran community. But it doesn't stop here does it? There is a lot more to happen and we will be looking forward to the outcomes from this inquiry, and from future activity by the Government to address other issues that the Vietnam veterans have.

I have got one issue that I would like to put to the committee, and that is that when we met with the Prime Minister on 9 April 2001, the very first issue that came up was on the health studies for Vietnam veterans in relation to Agent Orange. She had been to a Cabinet committee meeting that morning and came out of that meeting offering the veterans the option of launching a whole new range of health studies or to accept the results that had been achieved in both America and Australia. My comment to her was that we have been studied to death and we would like them to take up and accept the results from the American and Australian studies. She offered to go back to Cabinet and give them that as an understanding. So I ask you why are we sitting here today, two and a half years later? Not much has happened about that.

As far as our submission is concerned—I know you must be getting tired of hearing these things over and over again, so I will summarise some of the points in our submission. Perhaps, if there is something that I do not cover, you might want to ask questions at the end of it. Based on the clear evidence to date, that you have seen and heard, I believe that the New Zealand Vietnam veterans were exposed. They may not have all been sprayed by defoliants, but they were expressly exposed to Agent Orange and all the other coloured agents that were there. So we ask this committee to accept this as being factually correct. We were exposed to Agent Orange.

I will just take a minute to give you an example from my own experience. My troops operated a little bit differently to some of the larger forces. You might imagine the stories you have heard about the Special Air Services. We operated far away from the main base in Nui Dat, normally beyond the reach of supply lines. We ate or drank what we carried. Consequently, we had to sit in places in the dirt for long periods of time. So we were exposed

to anything that was in the dirt, in the foliage or in the water, more particularly. My submission is that filling up your canteen out of small water supply was as good as taking a cocktail of this dreadful stuff. Taking that straight into your stomach is probably far worse than being sprayed. That is another way that we claim we were obviously exposed. I must say that the army training up to that date was that when you were out in the bush or the jungle, you replenished your water bottle and you had a little kit of pills. There was concentrated chlorine in one, which was designed to kill all the bugs—all the giardia and common domestic bugs—and another tablet, which was to take the taste of the chlorine away. They did not give you a third one to take the dioxin out—not that we knew about that. So I suppose there was ignorance on the army's part that helped us get into the situation we were in.

But we definitely recommend that the Government accept the evidence that New Zealand troops were exposed to defoliants in Vietnam.

The McLeod report I do not want to deal with too much, except to ask that you do accept a recommendation that the Government does not accept the McLeod report as an authoritative official record. I do not want to go into the details, but to just say that we would support that stance of putting something in its place, something that was more widely accepted by the veterans—if that is any help to you.

The next item on the terms of reference was to discuss the wider range of health disorders. I think this was mentioned in our submission. We would like to seek acceptance by the Government that there is a causal linkage between defoliant exposure and a wider range of disorders—far wider than those that have already been accepted. I think other speakers have said the same thing. I would like to introduce Ian Duthie now to give you a personal experience. I know you have had these before, but Ian served in Vietnam and I would like him to give his story about his family's situation, if you do not mind.

Duthie I retired from the New Zealand Army after 40 years' service in 1999. Of that 40 years' service I had just over a year in Vietnam from 1968 to 1969, serving with the Australian task force and then a short attachment with American units up on the Cambodian border and later on the Laotian border.

I am married now with three adult children, now aged 31, 29, and 27, all of whom have suffered serious health issues in later years. My wife and I are concerned that some of those health issues may well be linked to Agent Orange that I might have been exposed to during my Vietnam service. We believe firmly that their conditions and the conditions of all other veterans' children and grandchildren should be surveyed and recorded for the future.

To my knowledge, only one full survey of Vietnam veterans and their dependents was ever undertaken. That survey was done by the then

Director-General of Defence Medical Services, Brigadier Brian McMahon around about 1977. At that stage my children were five, three, and two, or thereabouts. I responded to that questionnaire, which basically asked two questions. Firstly, were you as an individual concerned about anything about your own health that could be linked to Agent Orange? Secondly, were any of your children suffering anything that could be linked to Agent Orange? I have to confess I was rather flippant in the first. I said: "Yes, I believe so because I am balding and secondly because I have three daughters." As far as the response to the second question was concerned, I said: "No, no effects whatsoever." Of course that was in 1977.

The next survey I understand was conducted was for the Reeves report, and that purported to send a questionnaire to all Vietnam veterans seeking information on the health of their children. I was a serving officer at that time—I was a brigadier and I was about the third senior brigadier in the New Zealand Army. I happened to be serving overseas at the time, but, firstly, I heard nothing of the fact that the Reeves commission was even sitting, and secondly, I did not receive a questionnaire. I knew nothing of this until I got home from the UK and retired in 1999. So it definitely was not a full survey.

I will just briefly touch on the health issues that could or could not be related to my possible exposure to Agent Orange. I have three daughters. Two have been diagnosed, finally, with endometriosis. Two of them have had ovarian cysts. One has had a partial hysterectomy due to ovarian cysts and endometriosis. One has had Crohn's disease finally diagnosed. One had severe acne as a teenager. All three have had unexplained abscesses and cysts, primarily in the breasts and also in the sweat gland areas. Were these conditions linked? I do not know. Were they not? Equally, nobody can say that. But I give you just those brief facts of one family with three daughters, many years after the event. A lot of these conditions did not develop until these girls were in to their mid-twenties. These conditions could well worsen. There may be other veterans out there whose dependents have not developed symptoms, but may yet in the future. It may well be dependents of those dependents who develop situations that could be linked eventually. Therefore, I believe it is very important to recognise the requirement to survey, record, and keep data updates.

Thank you very much for your time. I have a brief summary, which I will pass around.

Culley I would just like to finish off that little session on that item by talking about a wish list, if we can. I have heard people around the table asking previous speakers about what they want out of this. I would like to say that the wish list from EVSA against this item is for the Government to provide easier and less costly access for Vietnam veterans and their children to diagnosis, that medical specialists be issued with guidelines for handling such cases, and that specialist treatment be made available for health problems that the veterans face. We know that both the Australian and the American

governments do provide this for their Vietnam veterans and also for their families.

Finally, the last item in our submission there is about a register of veterans' children. Ian mentioned, and a lot of speakers have mentioned, that these problems are popping up and will continue to pop up in future generations. It has been mentioned outside this forum, a number of times, that if the EVANZ or the Government were to establish a register of veterans' children, when any one of them had some sort of disorder or health problem later, they could relate back to this register and see whether it could be related to Agent Orange or defoliant exposure in any way. We recommend that the Government give urgent consideration to establishing a register of Vietnam veterans' children and grandchildren to allow the health problems to be monitored.

In closing, my final wish, if I could put it in a nutshell, would be that the New Zealand Government provide for the New Zealand veterans what the Australian government provided for them.

Duthie Can I make just one more comment? My eldest daughter, who was probably the most seriously affected of my three children, is present in the audience today.

Chadwick It's nice she is here in support. I hope that the hearings are helpful too for young adults—not children, we were told yesterday—of Vietnam vets. Thank you, Terry, for that very succinct summary and also where we would like to go forward. Perhaps we will open for questions now.

Scott Mr Culley, are you aware that it was the Opposition that actually got this inquiry going?

Culley Yes, I have spoken with a colleague of mine who was instrumental in talking with the Opposition, yes.

Collins We must thank you for that kick in the guts you gave us.

Culley Did I?

Scott We do consider this a very serious issue for you. With the survey that was undertaken with the Reeves report and the one back by Brian McMahon, can I just ask whether we have those? Have we seen anything to do with that?

Chadwick We haven't, but we can.

Scott Thank you for pointing those out, because we will request those and see how comprehensive those surveys were at that time.

Chadwick At the end of this we meet with our adviser and that's where we fill the gaps to ask for more advice. We also have the Reeves report—every committee member.

Paraone How many members in your association?

Culley How many have we got at the moment? We are in the vicinity of 1,700 to 1,800.

Paraone You talked about wanting to see a register. Do you have a register yourselves?

Culley I am unaware—

Paraone Did you ever talk about being proactive and getting a register?

Culley I have not heard that being done, Pita, no I haven't. Not to my knowledge it hasn't.

Chadwick Terry, on the register—why, if there have been many requests for it, do you think it hasn't been initiated?

Culley I believe it's somewhere between the highest levels of discussions and implementation. Maybe it is Colonel Gunn's agenda still. It has been raised.

Okeroa The previous submitter gave some stats on the subsequent mortality rate of people, I think in the 161, who gave pretty important figures with regard to the rate of mortality. You, obviously, were part of a discrete elite unit that spent a lot of time—months and months—on the move. Yet you were operating under directives that put you really close to the ground and away from the support _____. You depended very much on your own resources. Have you done any breakdown with regard to the post-Vietnamese war mortality rate amongst the Vietnamese people?

Culley Exactly. My troop was 26 strong and we have lost eight people, all to illnesses that could be related to Agent Orange.

Scott One of the comments that was made when you were talking about your daughters' problems was that you do not know what health-related issues relate to dioxin and what don't. Are you aware of any sort of comprehensive medical evidence, either in Australia or America, that has identified what you can actually determine? A lot of women suffer from a lot of these conditions, and how do you differentiate what is caused by your exposure to Agent Orange and not? I guess that is the hard question. Has there been any sort of substantial medical work in this area that you know of?

Duthie Over the last few weeks my wife has been surfing the Internet searching under Agent Orange, dioxin etc, etc. One of the biggest problems is that there is so much work out there to, firstly, have the time to download it,

secondly, read it and, thirdly, understand it. There is an enormous amount of work. As far as I am aware, we have not, and I do not believe anybody in New Zealand has determined a definitive work that says dioxin causes these things.

Scott That's why I asked about Australia and America, because I presume that if they have a better health plan and a better way of providing for veterans, then they will have done some of this work. Do you know?

Duthie Possibly. There is possible research there, but I refer you back to the comments that have been made by previous submitters that say there is an acceptance in those countries, both America and Australia, that if a serviceman or a dependent of a serviceman has a condition and was a serviceman, then it is accepted as possible cause or probable cause.

Chadwick Some of you may not have been here this morning when we introduced our adviser. There is work going on in Australia.

Scott I just thought they might be able to give us a clue, because sometimes submitters have told us that in the past, things that they know about.

Kedgley In fact, what we should be doing is asking our health ministry, because I am aware of a huge amount of research about the health effects of dioxin.

Duthie If I could make one more response to the question: you have observed that a lot of those conditions that I have reported there are common women's conditions. I would agree on that. It just seems to me that to have three children in the one family affected in that way is not perhaps the norm.

Hereora I refer to page 2 in your general summary, and the last point you make surrounding the youth development trust. Are you able to table some information to discuss that if we went down that path, and how that works?

Culley Personally, I am an ex-officio member of the youth development trust. I think that this person that you spoke to yesterday should have answered that. I think he might have been collaborating when this was put together. I think it was Ross Millar.

Yates You've been here all day and I've noticed that you have heard all the submissions. The previous submitter made some criticism of the Agent Orange Trust Board on a lack of audit, and I already asked a question about their criteria for their payout. Is your organisation happy with that organisation?

Culley I think we're just waiting. We have been told that we can't get anything and we cannot hurry things along. The last I remember talking about this was when I served on the executive in Papakura, and the fact that it was held up and we wouldn't get anything happening overnight. It is just something that we are faced with. They weren't happy that they can't get access to information. As we have heard from the last speaker, the files are

embargoed and there is no way they are going to rush things through to suit our needs. I don't know what that would do anyway, to get the figures—whether the past is going to help the future. But where we want to go now—we would like to see your committee take us forward, not looking back.

Yates There was some suggestion that some of the people who applied to that board may not have been genuine cases. Have you experienced that?

Culley Not personally, no. I think John Masters would be better to answer that. In fact, he answered it earlier. No personal experience, I am sorry.

Collins Can I just ask you, Mr Culley, how many organisations currently represent Vietnam veterans?

Culley Two.

Collins So there is the ex-Vietnam ones and—

Culley The Vietnam Veterans Association of New Zealand, presided by Mr John Moller.

Collins So there is only the two.

Manuera I notice we have gone over time. I would just like to make a brief comment, and it is not about our presentation. It was something alluded to by the previous speaker, who was a bit dismissive of the RSA's position in this particular affair. I have recently retired from the national executive committee of that august body. Sitting at a table similar to this, I quickly ran around the room, and there were six Vietnam veterans. So if the RSA is at fault, then it is obviously the people like myself who were there. I notice that the RSA are here, so we will slip aside and let them come up.

Chadwick That was such a good submission. Thank you. You pulled out some recommendations for us. We can always get people back. The committee has to get our heads together and decide, after we have heard the ministry, whether there is anything else that we need to hear. It is still open.

David Cox, Rick Williams, Margaret Snow

Chadwick Next, we call for the Royal New Zealand Returned Services Association. Thank you, Mr Cox. I will get you to introduce your team.

Cox Thank you, Madam Chair. Next to me is Mr Rick Williams, the district president of Nelson/Marlborough/West Coast RSA, who sits on the national executive. He is also an ex-officer and served in Vietnam. So he is going to be able to answer direct questions. Our senior advisory officer is Mrs Margaret Snow, who handles our pensions and welfare matters at the national headquarters.

I am not going to speak at length. I would just like to thank Eru Manuera for his comments about the national executive. I was going to make some comment myself, and will still do so. Before the Agent Orange finances came from the United States, the Royal New Zealand Returned Services Association—or the New Zealand Returned Services Association as it was then—made a grant of some $20,000 into the kitty. That's going back some 20 years, and $20,000 was a lot more than $20,000 is today. That money was paid in there so that the Vietnam veterans could get on with what they were trying to do. So we have been supportive, and I have personally visited families who have been in distress. We have helped families who have needed help, and we were the only organisation able to do so—and have done so. So I just want to lay to rest comments that I have heard here today, because I believe we have done a pretty solid job with the resources that we have.

I am not going to go into great detail on our submissions, but I would like to draw your attention to our recommendations on the last page of that submission, and put those to you, for you to take back in your deliberations, because that is where we are coming from. We are here in the main today, I guess, to show our support for the Vietnam veterans' concerns, and we will continue to show that concern in whatever shape or form we may be able to make. Thank you.

Chadwick Thank you, and I wonder if any of your other colleagues have anything they wish to add?

Cox Mr Williams would like to speak.

Williams If I may, Madam Chair. I have suffered three strokes, yet I have a full, albeit slowed-up, processing ability of my mental faculties, but I am emotionally unstable and I need to refer to notes. May I just read a brief statement please, and if I falter or have to leave, Mr Cox will read it.

I am the elected district president of the Royal New Zealand Returned Services Association for Nelson/Marlborough/Westland district. I am a Justice of the Peace, retired, and live in Nelson. I am aged 57. During the period May 1970 to February 1971 I was a forward observer, a lieutenant, in John Masters' 161 Battery, Royal New Zealand Artillery. During that period I patrolled extensively in the jungle, on 4-week to 6-week long operations with Australian and New Zealand infantry in Phuoc Tuy Province in South Vietnam. On several occasions I distinctly recall operating through defoliated areas. I know this because live jungle is green, and defoliated tracks are barren and lifeless, devoid of vegetation. I lived—that is, ate, drank, slept, patrolled, ambushed, and fought—in such defoliated areas, although I do not recall ever suspecting that I was physically aerially sprayed.

In a 1-year tour of duty, the battery command element—that is, the battery commander, a major; the battery captain, his second-in-command; the

battery sergeant-major; and two gun position officers—would return to New Zealand, and their changeover rotation was staggered to afford continuity of experience. Both my battery commanders and one battery captain have had major bowel cancer. Additionally, one of those battery commanders has prostate cancer. Three fellow—then junior—officers have since died, one from leukaemia, one from a cancerous brain tumour, and one from bladder and bowel cancer. Another has a severe dysfunctional bowel condition following bowel cancer, and a reversed colostomy. One battery sergeant major is deceased from cancer. There may be other cases I am unaware of. With absolute certainty, I can say that 60 percent—that is, six out of ten—of a 1970 command element in 161 Battery alone, have died from cancerous conditions. Surely this example sounds an alarm bell. My radio operator has leukaemia. A close friend who was an infantry officer and, later, a decorated army pilot, has severe bowel polyps, which are a cancer precursor. My best man, who was an infantry officer, had testicular cancer. At least a further two fellow artillery officers and two artillery warrant officers have died from cancer. Of two fellow artillery observers, one has skin cancer and bowel polyps, and one has prostate cancer. A fellow RNZRSA district president has prostate cancer. Bowel disorders are commonplace amongst Vietnam veterans, and the list goes on, and on, and on. You will mostly hear it from their wives or partners.

I am pessimistic as to these apparent coincidences and the relativity of Vietnam veterans' cancer incidence against that of the general New Zealand male population of similar age. Only a comprehensive New Zealand survey of New Zealand Vietnam veterans will allay that misgiving. I now have a dysfunctional bowel and rectum, and am faecally incontinent; ostomy is inevitable. I receive, in total, a 90 percent war disablement pension, but consider myself lucky for; to the best of my knowledge, I do not have cancer. Thank you, Madam Chair.

Chadwick Thank you for sharing that with us, and reading it out for us. You got there. Thank you. You didn't have anything, Margaret, did you?

Snow No, not especially. I would like to add to Mr Cox's comments that we do have any number of welfare applications through from Vietnam veterans—not only for themselves but also for their children. We also deal quite frequently with Vietnam veterans at appeal boards and that sort of level.

Collins Can I ask you further about that, any of you. First, I thank you for your submission and coming today. With the money we pay in for the poppies—that goes to the welfare fund. From that, Margaret, you're saying—

Cox Every cent.

Collins Yes, I know that. That's why I give so well. I want to know if from that funding, that money, does some of that go to Vietnam veterans, who are RSA members, and their families?

Cox That will depend entirely on the local association. The national body does not get a cent out of the poppy day appeals. It all goes back into the community in which it is collected. So if a Vietnam veteran applies to their local association for some assistance, then that local association will use those funds.

Collins Can I ask one tiny question, just to clear up a matter. I noticed that a lot of the submitters had tours of duty of 1 year. Was that sort of standard?

Williams The first tours of duty in the mid-60s were of 6 or 9 months, depending on whether a person was married or single, and they were later standardised to 1 year.

Collins Significantly less than in World War II, for instance—

Williams A large number of folk did two tours and some fewer did three—just one, four.

Collins That's fine.

Chadwick I have a little question to you on your recommendations here—that the Government establishes a scheme whereby all vets receive an annual health check. Is that all that you're asking for? Would the annual health check—is that sufficient?

Cox We tried to get the Government to look and produce for all veterans a veterans' health card, which would give them access to medical facilities pronto, so that they weren't hanging around for 12 months. We have gone back to this because Government just doesn't seem prepared to make available the veterans' health card.

Collins But this is your opportunity to re-ask for it, so that we can put it in our select committee—

Cox Well, yes. We would certainly look for a veterans' health card. That is the track that the national—

Collins Something like the Australians had, maybe—

Yates Their gold card? A gold card, do you think?

Cox Absolutely right!

Chadwick And the only other clarification here—you wanted to make sure that the War Pensions Act remains, you know, as it sits in the world. Are there recommended changes to the War Pensions Act?

Cox There are some aspects, and these are still being investigated, of whether accident compensation legislation actually deprives veterans of facilities that would be available to them under the War Pensions Act. But that's—

Chadwick So you haven't got recommended sections of the Act that need an overhaul?

Cox No. I have not.

Chadwick OK. That's just to be clear.

Williams May I please clarify? This is speaking from a personal point of view about terms of reference. The New Zealand war pensions descriptive model—rather than a prescriptive model adopted by Australia and the United States of America—affords New Zealand veterans the opportunity to receive the benefit of the doubt for any claimed conditions by war pensions' claims panellists. Whilst this select committee may perceive that to be a Pandora's box situation, it is a tenet of the War Pensions Act, and reflects that compassion held so important by New Zealand servicemen, and the generosity of spirit of the civilian population for their fellows.

Many of the Vietnam veterans' health issues remain unanswered, as per my brief statement. Personally, I have known Jessie Gunn for many years. She is an old and valued friend, and I personally believe that the veterans' community at large is well served by an extremely compassionate woman who runs a most efficient organisation.

Chadwick Thank you for that. We are also exercising natural justice provisions. There have been some allegations we are putting back to individuals who have received negative comment in the committee.

Turner I'm not so much asking this in relation to your own organisation, but just as people who obviously are passionate observers of the conditions in which soldiers can be treated in New Zealand. Are you concerned at the climate—I guess—and attitude of New Zealanders to vets, in particular Vietnam returned servicemen, as opposed to perhaps other times when soldiers returned to New Zealand?

Cox Absolutely so. If I have got time to give you an example?

Chadwick You have.

Cox One chappie that I visited has three children. Well, they were children, of course. All three have some form of disability. When I went to see him, he sat on the floor, cross-legged, just like they would in Vietnam. He went on to explain to me his lifestyle and about his wife. In the building they were living in, the scrim with the wallpaper on would blow in with the breeze. There was hardly any cover from the elements, at all. She would light the fire in the evening to heat the water, and this was the type of environment they were living in. We assisted to get that put somewhat right, but he told me that the worst thing that happened to him on his return to New Zealand was when they landed at Whenuapai and were given a chit to go to a hotel in Auckland. Then they were told to go and get lost. Nobody wanted to know where they were until such time as they wanted them back.

And that was the situation those men came back to—in New Zealand, supposedly a caring nation. Yet, all those people were confronted with that type of thing. It was something terrible. It really was.

Chadwick We heard a lot about that yesterday, too.

Collins I wonder, Madam Chair, if perhaps the way in which New Zealand people treated Vietnam vets, whether or not that was the _____

Cox I think it's a little bit late now to address that part of it, but I believe, well, stress is something—it certainly doesn't give too much for your health, does it?

Collins I'm just wondering, Mr Cox, that given what we have heard the last few days, and what some of us remember—it was the environment, and the fact that some of your members still experience negative comments, no doubt—whether or not we could recommend something to do with that? Because we are talking about the health effects. This has actually become a health effect because of the stress, and I am wondering if you have got any suggestions. You might not have them right now because I have just sprung this on you, but if you thought of something you could send it through to us.

Cox All right, yes.

Snow If I may, please? I'm working through war pensions appeals, and I'm seeing quite a number of Vietnam veterans and other veterans. The main thing they want is recognition—recognition that something happened, and that something has got to them and to their families.

Chadwick Which is part of the whole inquiry—that we acknowledge. That is part of the process. Anything else that you would like to add? No? Thank you very much for coming before us.

Margaret Faulkner

Chadwick Good afternoon.

Faulkner Good afternoon everybody, and thank you for the opportunity of being able to present to you. You have my written submission, and there are one or two things that I would like to carry on from there. I really need to say at the beginning that the opinions expressed in both my written and oral submission are my own, but are based on my professional qualifications as a registered nurse with a nursing degree, as a social worker, by observation of the interactions between Vietnam war veterans and the returned services community, and my work in War Pensions Services over about 14 years. My reason for making the written and oral submissions to this inquiry is to outline the history of the war pension provisions available to Vietnam veterans, and several issues that have occurred related to the provision of such assistance. You know what my written submission covered—some

background work that had been related to in War Pensions, and also my work as a nurse in a general practice, where I first started being extremely interested in Vietnam veterans and the outcome of their health, and especially their families' health. There were certainly some things that were happening in that small group of veterans that I would not have expected to see in any family.

Today I wish to highlight two of the items covered in my written report, and one is the relationship between the war pensions and the Agent Orange Trust Board and the war pension entitlement process; and the other is the inquiry into the status of veterans' children. The relationship between the war pensions system and the Agent Orange Trust Board—this country has had war disabilities pensions, allowances, and related treatment costs for service people who have suffered a disability of any kind as a result of their service in a war or an emergency since the enactment of the Military Pensions Act in 1886. It is not a new system that we have by any manner of means. The current law, the War Pensions Act 1954 and the War Pensions Regulations 1956, contains a provision referred to as a reverse onus of proof and presumption. That is where the deciding body, like Veterans Affairs or anybody else, cannot actually make the person, the applicant, prove their case beyond reasonable doubt. Any decision has got to lean in the applicant's favour. This presumption was reinforced in the High Court in 1993 when Justice McGechan, in considering a war pension case called *Nixon* v *Auld*, noted that the War Pensions Act was a very beneficial act, and the current decision-making process must reflect that notion.

Vietnam servicemen have had eligibility for the provisions of the War Pensions Act and the regulations since 1967, when the Government accepted service in Vietnam as an emergency as defined by the law. The war pensions awarded to Vietnam veterans between 1967 and 1989 mainly related to physical disabilities, and this was certainly—when you look back on previous board decisions—the way that war pensions had been awarded over the years. Physical disability was the main award. In April 1989 changes to the War Pensions Act came into effect. Prior to that there had been a very centralised decision-making process, with one board of three people sitting in Wellington hearing cases, taking many, many months to make those decisions. So that board was disbanded in 1989, and the decentralisation of all war pension administration was undertaken to 21 district offices of the Department of Social Welfare. War pensions claims panels became the decision makers for war pensions, and the two-person panels comprised an RSA nominee and a Department of Social Welfare officer. The panels had the support and advice of a medical officer if they required it, and Vietnam veterans have been involved in this decision-making process as claims panellists.

The position of National Review Officer was created by the 1989 law changes, and the role of this officer was to hear cases that had been considered by the claims panel but did not meet the approval of the war pension applicant; to adjudicate on cases where the claims panel did not

agree; and to reopen cases that had been previously declined, where there was new evidence or where there was injustice. I filled that role for several years. The two War Pensions Appeal Boards, the final judicators on war pension cases, remained, and 2 years later they merged into one war pension appeal board.

In the 1980s the director of Social Welfare was Mr John Grant, and he was also the Secretary for War Pensions. He had a total commitment to the New Zealand war pensions system, having worked in war pensions many times in his very long career in the public service. He assisted in developing the trust deed that on 20 August 1985 established the Agent Orange Trust Board. The board was to receive, as you know, the American court settlement. Mr Grant monitored the process of the settlement and obtained tax exemption status on the income that the trust earned, and also to the distributions in the hands of their recipients. He ensured that the travel and related costs of the chairman of the board were met from Vote War Pensions and planned the working relationship between the Agent Orange Trust Board and War Pensions, and the reason for doing this was to maximise the use of the War Pensions Act and the war pension provision before the actual funds of the Agent Orange Trust Board were tapped into. The Secretary for War Pensions delegated the National Review Officer the responsibility of establishing a close working relationship with the Agent Orange Trust Board. As the National Review Officer, I spent quite a lot of time working with the Agent Orange Trust Board to actually develop that working relationship.

When we started this process, about 1990, there were 399 Vietnam veterans receiving war pensions and two surviving spouses receiving surviving spouses pension. In the year 2002, there were 1,073 veterans receiving war disablement pensions and 40 surviving spouses. War disablement pensions are very comprehensive, and they are not always easy to understand. They are not subject to constant review and uncertainty, as is apparent in ACC or the insurance industry. The pensions payment may cover one disability or a range of disabilities, and many Vietnam veterans have a pension for a range of disabilities. So I think you would say that the norm prior to 1990 was that a lot of war pensions had one, two, or three disabilities that related to things such as a dislocation of a knee, or a back injury, or something like that. So it was quite a change to actually have many, many applications from one veteran. War disablement pensions are paid at the level of the war disability, so it can actually be a nil percentage pension (treatment only) or it can go right up to 160 percent pension. I have put most of the detail of this in my submission. But if you actually translate it to dollars: for example, a veteran who received a war disability pension at the maximum of 160 percent rate from March 1968 to April 1998 would have received over $179,000, plus free medical care for his accepted disability and other allowances such as a car loan, or whatever else was related to his disability. In the same time period, a war disability pension payment set at 100 percent would have paid over $108,000. With each of the awards of pension go the payments for the disabilities, so that if you have an amputation as a result of

war, you get your artificial limb and everything in that area free. Mr Nicols was talking earlier about having a skin condition. If that is accepted as a war disability, all the treatment for that disability is also paid.

There has been a lot of talk even in the short time I have been here today about what is available in other countries, and certainly there is inter-country variation, because each country has made its own commitment to how it covers war related disabilities. The New Zealand system allows quicker recognition of new medical evidence and new medical conditions than other countries. If a medical examiner notes that there is a doubt in the case as to cause, then the war pension applicant gets the benefit of that doubt immediately without complex legal argument. For example, the New Zealand war pension system relating to myeloma was awarded at least 3 years before anything in Australia was awarded, and longer there. But, of course, if we had the combination of some of the already accepted cases from overseas and the New Zealand system we would have a faster award system, which would be a great win-win for all veterans.

One of the things that is always disturbing, and has been referred to today, is that while there appears to be wide knowledge of war pensions out in the community, through the RSAs and the various groups in the community, there are still Vietnam veterans who don't know about their eligibility or who don't wish to test their eligibility. That really is a concern because there is help there if you could actually just get them to come and test their entitlement. I think that some of those people do not realise that it is a simpler process than they envisage, or they might have envisaged, many, many years ago, and they have not tried the water since then. I also need to say at this point in time—when Mr Duthie was talking about the list of children and the survey, and that register—that register is held by Veterans Affairs New Zealand, or it was when I left there in 2000.

Kedgley A register of children?

Faulkner This is for the children.

Chadwick Well, carry on, and we will ask some questions. That is a surprise to us.

Faulkner Well, it was certainly there when I left Veterans Affairs in 2000; the register for the inquiry into the health status of children of Vietnam veterans in Operation Grapple. The key factor in the continuing debate over the health of Vietnam veterans and their families is that while the War Pensions Act provides the same disability pension coverage for Vietnam veterans as for all other service people, there are family and intergenerational aspects of Vietnam veterans' service that are not recognised in the War Pensions Act or in other heath provisions. The inquiry into the health status of Vietnam veterans, now called the Reeves report, was intended to investigate some of those intergenerational health issues. In order to understand the issues surrounding this inquiry, it is necessary to understand the process of war pension policy system changes during the 1990s. There are two main events

in the Returned Services calendar in New Zealand. One is Anzac Day and the other one is the June meeting, the annual national council meeting, of the RSA. If I sound a little cynical I make no apologies, because over the years I have seen this very quick process of developing something 'new' for those particular days, and it does not lead to sound consultation, and it does not lead to very good decision making. There is a New Zealand law, something on the statute book now, that has come from Wellington, and it is airport versus the Wellington City Council over meaningful consultation, and it really does outline very well what meaningful consultation is. Regrettably, such consultation did not happen with setting up the terms of reference for the inquiry into the health status or for the early change development of the Office of Veterans Affairs.

With the inquiry into the health status of the children, once the terms of reference were announced in July 1998 it became very clear to the people that had been put onto that committee, with the time frame, that there was no way that we were going to actually meet some of the terms of reference, and it did become a disappointment. The second factor in that—as well as the time limit, and we would only be reviewing existing research on the topic—was that the Government had set how the funding of that project was going to be managed, and there was no additional or new money supplied. We were expected to find the monies out of our existing departmental budgets, and there certainly was not a lot of money there to do that. I am not saying that the committee members did not undertake their role to the very best of their ability. But what I am saying is that there were simply a number of restrictions that put limits to the outcome. In hindsight, I think, as a nurse and as a social worker, I expected very different outcomes into the inquiry, and this is mine—this is not the baggage of the committee or anything else. But my expectation was that we would give better recognition to the fact that service people swear allegiance to the Crown and take a solemn oath to serve their country, and by taking that they submit themselves to two levels, two judicial systems. And the special nature of service has a profound but often unrecognised effect on families. Section 14 of the Reeves report looked at some of these issues, and a short-term project funded by the Health Department in about the mid-1990s looking at the health needs of families highlighted the need for ongoing family support. This was a short-term project that was funded by the Ministry of Health.

My second expectation in this was very much my own, and that was based on my concepts of fairness and equity. Service people are given the benefit of the doubt in award of their war pensions. Surely, in the interests of justice, any disability suffered by the children as a result of their father's service should also be judged by the same law. With New Zealand's continued involvement in international service commitment, the risk of intergenerational disabilities is a reality. Many of the future service commitments will involve small numbers of service people that will make research of only this country's service people almost impossible. There is a need to ensure now that every New Zealand service person benefits from

sound international research, and New Zealand could well benefit in the future and learn from the very hard lesson of the Vietnam experience. Thank you for letting me present.

Chadwick Thank you for that. That helps us with some of the gaps that we've been trying to put together.

Collins Mrs Faulkner, thank you for giving us all that information. It will be very helpful, particularly in relation to Veterans Affairs and what veterans currently get and what maybe they should do. You have given us your views about the need to look at the intergenerational health issues, and why. You have also given us your view on the Reeves inquiry and why and how it was set up, and your views about why it did not particularly come out with the result that a lot of people expected. Have you had a look at the McLeod inquiry, and the report on that which came out just last year?

Faulkner I have read it, yes.

Collins What did you think about that?

Faulkner Again, I think we are going back over old, old, and old data. If you go back over the same things time and time again, all you're going to get is various versions of the same thing.

Collins So you think it wasn't much chop, either?

Faulkner No, I don't think so.

Scott I note from previous submissions that there were 3,368 servicemen, and 511 are now deceased, leaving 2,857, and your data here says that 1,073 plus 40 surviving spouses are receiving a war pension. Can you tell me what sort of things they are receiving it for, and what your view is about why the other 1,000-odd war veterans either have not applied or don't know that they may be entitled to a war pension, and therefore health services that go with that.

Faulkner I think there are some people who don't seem to be affected by their service in Vietnam—maybe it will change as they get older, and you will see in my written submission that my partner is a survivor of the Atlantic crossings during World War II. If I had asked him 20 years ago: "Were there any effects?", I would have got—well, I won't repeat what sort of answer I would have got. But I can tell you now it is a very, very different story. So I think, with some of these things, as people age they will change. The second part of your question was about treatment.

Scott Yes—why they have not gone on to apply now, because obviously the numbers have gone up considerably since 1995, and those that have applied, what they are receiving pensions for.

Faulkner I think you would get clearer definition of that if you asked the Secretary for War Pensions, if you asked Jessie Gunn. And that will give you a breakdown. She will have up-to-date information— I left that department 3 years ago. So I don't have something that's really up to date to give you. But Ms Gunn could give you that information broken down on what are the main disabilities. There is a wide variety. If you had actually looked at what war pensions were awarded for 20 years ago, you would have found, as I said, a lot of physical disabilities, apart from, say, anxiety and neurosis, which was a psychiatric condition of those days, whereas now there is a wider variety of disabilities that are accepted. A lot of cancers.

Chadwick Yesterday we heard of a partner of a Vietnam vet who had separated or divorced, but because of that she had to then go and become a WINZ beneficiary and yet she was the wife of a veteran who was profoundly affected because of the relationship after coming back, and the children were, too. But what was said? Nothing.

Faulkner That seems a real shame, because that shouldn't be.

Chadwick We couldn't work that one out at all. OK. So that should not have happened?

Faulkner I would suggest that you ask that one be investigated, because it sounds a little bizarre to me.

Kedgley Our next submitter, Mr Emery, makes, I think, a very important point. It is sort of what you have just touched on, so I'd like to raise it with you as a nurse and a member of the Reeves commission. It talks about the period of latency, which some medical experts talk about; the fact that they predict that some of the effects of the chemicals they were exposed to have a latency period and that it might be 30-odd years before they manifested. I am wondering if this is not one of the things that seems to be emerging—some of these earlier studies were done before, if you like, that period of latency and that we actually see more effects, if you like, in recent times. I am wondering if, in that Reeves report, when you were looking at that, did you consciously—were you aware of that, what they call the latency period? Did you consider that as part of your investigation?

Faulkner I don't think it was considered nearly enough. I think it was just one of those things in research that people looked at, and I think that that is very true; there are more and more things coming out all the time about those periods of time it takes for chemicals to actually be manifest.

Chadwick Was that part of the flaws in both the reports?

Faulkner I think so.

Chadwick We have had submitters that did not get their first symptoms until 20 years later, so when we are actually doing things like the Reeves report and

subsequent McLeod, we are not allowing for the time lapse of which conditions emerge.

Faulkner That's right.

Chadwick It's a key issue, isn't it?

Faulkner I think, too, there is also this thing that if you were exposed, then everybody would have the same symptoms. Now no two human bodies are the same, and you're not going to get that.

Chadwick Did you find, just from your perception on this—and it is linked with this—we have heard so much about endometriosis and cancers. What were the majority of the sort of conditions that you found you were working with as a nurse?

Faulkner I think the thing that raised my attention first when I started meeting these people in general practice was that there was no pattern to this. When you actually looked and did said: "What's your family history?", there was no family history. If you actually talk with some woman about endometritis, you actually find someone else in the family who had that, or something else that had happened there. With a lot of the Vietnam veterans, it is right out of the blue. There is no tie to any sort of family history, at all. One particular veteran family that I worked with had one child that was perfectly normal before the father went to Vietnam, and they had four other children when he came back, two of whom were physically handicapped and two were mentally handicapped, with no family history. That really says there is something very, very different happening here.

Chadwick So how did that reality not ever go into this previous report? Because everything we've heard—there just seems to be such an overwhelming correlation. Yet that gap never ever seemed to be put in. Was it because we didn't talk to vets?

Faulkner Well, I really believe that a lot of the knowledge that I have about talked, that other people are not always willing—or haven't been over the years—to accept has been because, again, of that lone veteran voice. We hear these things and we read this, but don't talk to veterans and they don't really listen. There are some most amazing stories out there if you actually listen to those.

Okeroa I am just reading a summary of your submission, and you correctly quote; it is not all yours. Say, as part of New Zealand's involvement in Vietnam, there is a legacy of damage to the genetic framework in the children and grandchildren of veterans, which is the most powerful statement on reading it. Thank you for highlighting the trend of how questions are going at the moment, where something totally uncharacteristic has visited itself on a family that has never had the genetic history. Now, the damage is in the genetic framework, so it is going to go beyond to the grandchildren.

Faulkner Yes, it is. And this is why to actually say we will judge the children by a different law to the father, to me, as a nurse, simply does not make sense.

Chadwick I think we are feeling that from today, too.

Collins Mrs Faulkner, just further on from the last few questions: when you were on the Reeves commission, the information you got from Veterans Affairs or Defence—no Veterans Affairs was not set up then, was it?

Faulkner No.

Collins It was set up later, in 1999. The information from Defence and the Ministry of Health—was there anything that said to you, as an experienced nurse who had been working in the war pensions area, the veterans area, that you needed more information? Was there any difficulty accessing information?

Faulkner From Defence—

Collins Or Health or whoever it was. Did you ask for any further advice?

Faulkner The main review of all the literature which was done, was done through the Ministry of Health, and I think you will meet with Dr Colin Feek as part of this, and he will probably be able to better answer those questions for you, with people that he employed through the Ministry of Health to actually look at all those reports. Again, as I said earlier, I thought the reports we were getting were just more of the same old, same old, rather than—

Collins So did you ever say that?

Faulkner Yes.

Chadwick Did you ask for the study to be broadened? It seemed obvious to us, and we've asked other submitters, if New Zealand was such a small population size, why didn't you pump it up with Australia, then we would have decent statistical size to produce a more robust report.

Faulkner Actually, about 2 years previous to the Reeves report, as the manager of War Pensions, I had actually been in Australia and tried to work through some of these issues about combining efforts. And Australia was not happy to do that at that stage. Now I know that since then Ms Gunn has investigated this again, and I don't know where those investigations are.

Chadwick It would be a good question for us to ask.

Faulkner Yes.

Chadwick That was one of the reasons why the reports that came out were not really satisfactory.

Faulkner If anybody from the select committee is in Australia visiting those Vietnam veterans' counselling services are really quite an experience, to go and see

what they are doing there. Of course, they have the numbers to make something like that possible, but we don't.

Kedgley Why do you think there has not ever been any serious study of the health effects on veterans in New Zealand?

Faulkner I could probably talk about that just about all day. I think there are a whole lot of things that have happened in that picture. I think also that there are other parameters—people who use dioxins, and a whole series of things like this in the community, too. So I don't know that you can actually have that debate without having that debate about all people that are exposed to dioxins. But I think when you actually do that, you then have to come back to the special nature of service and actually look at why this group of people might be treated or should be treated differently.

Kedgley And the intensity of their exposure.

Faulkner Yes.

Turner Do you think that that could be the reason why perhaps there has been no study done? That it is because it's a can of worms?

Faulkner I think it could well be one of those things.

Kedgley That is what others have suggested.

Chadwick Thank you. I must say that is another perspective we did not have.

Hank Emery

Chadwick Good afternoon. So we don't rattle papers and disrupt you we will give you time first to present your points and then we will ask questions.

Emery [Māori introduction].

Greetings to you all. First, I pay my respects to those who have passed on—farewell, farewell, farewell to you all. To the world of the living, and especially to those in authority and the speakers here today and in Wellington I also pay my respects. Greetings, greetings, greetings one and all. My name is Hank Emery. I come from Tainui, my tribe is Ngati Maniapoto. However, through my links to Taranaki Tuwharetoa and Kahungunu I am connected to the rest of the country. Therefore, greetings, greetings, greetings, and good health to you all.

By way of introduction, Madam Chair, honourable members of the select committee, thank you for providing me the opportunity of the video-conferencing facilities to enable me to address this inquiry. Greetings also to my fellow comrades in arms who may be watching and listening in to this presentation. Seated with me is a fellow friend and fellow comrade Bill Broughton, who also served in Malaya, Borneo, and Vietnam. Whilst God provided me with an instinctive ability to put words down on paper,

unfortunately for me he balanced things out a bit by blessing me with a rather monotone voice, a somewhat battered face, and at the moment a rather loose front tooth that tends to get in the way when I speak. As I do not want to start singing that rather famous song *All I want for Christmas is My Two Front Teeth* until after this coming Christmas is over, I hope that you will bear with me and the odd lisp or two that may escape my lips.

Similarly, Madam Chair, I hope that at this end of the link up I am able to hear clearly what you are saying and asking of me, as I have a hearing loss caused by machine-gun fire during combat operations in Vietnam. In saying that, may I also take this opportunity to wish all who are gathered here today the best of Christmas wishes to each and every one of you.

If I may I will begin this presentation with an extract from an article in the *Guardian*, and I quote the article known as "Spectre Orange". "Nearly 30 years after the Vietnam War, a chemical used by US troops is still exacting a hideous toll on each new generation. Kathy Scott Clark and A J Levy report. Saturday, 29 March 2003. Hong Hahn is falling to pieces. She had been poisoned by the most toxic molecule known to science. It was sprayed during the prolonged military campaign. The contamination persists. No redress has been offered. No compensation. The super power that spread the toxin has done nothing to combat the medical and environmental catastrophe that is overwhelming her country. This is not northern Iraq where Saddam Hussein gassed 5,000 Kurds in 1988, nor the trenches of First World War France. _ Hong Hahn's____ story and that of many more like her is quietly unfolding in Vietnam today. Her declining half-life is spent unseen in a home, an unremarkable concrete box in Ho Chi Min City filled with photographs, family plaques, and yellow enamel stars—a place where the best is made of the worst. Hong Hahn_____ is both surprising and terrifying. Here is a 19-year-old in a 10-year-old body. She clatters around with disjointed spidery strides, which leave her soaked in sweat. When she cannot stop crying soothing creams and iodine are rubbed into her back, which is a lunar collage of septic blisters and scabs. My daughter is dying, her mother says. My youngest daughter is 11 and has the same symptoms. What should we do? Their fingers and toes stick together before they drop off. Their hands wear down to stumps. Every day they lose a little more skin, and this is not leprosy. Doctors say it is connected to American chemical weapons. We were exposed to it during the Vietnam War.

"There are an estimated 650,000 like Hong Hahn_____ in Vietnam suffering from an array of battling chronic conditions; 500,000 have already died. That thread weaved through all their case histories as defoliants were deployed by the US military during the war. Some of the victims are veterans who were doused in these chemicals during the war. Others are farmers who lived off the land that was sprayed. The second generation are the sons and daughters of war veterans, or children born to parents who lived on contaminated land; now there is a third generation—the grandchildren of the war and its victims. This is a chain of events bitterly

denied by the US Government. Millions of litres of defoliant such as Agent Orange were dropped on Vietnam, but US Government scientists claim that these chemicals were harmless to humans and short-lived in the environment. US strategists argued that Agent Orange was a prototype smart weapon, but the non-tactical herbicide that saved many hundreds of thousands of American lives by denying the North Vietnamese army the jungle cover that it allowed it ruthlessly to strike and feint.

"New scientific research, however, confirms what the Vietnamese have been claiming for years. It also portrays the US Government as one that has illicitly used weapons of mass destruction, stymieing all the independent efforts to assess the impact of their deployment, failed to acknowledge cold, hard evidence of maiming and slaughter, and pursued a policy of evasion and deception.

"Teams of international scientists working in Vietnam have now discovered that Agent Orange contains one of the most virulent poisons known to man—a strain of dioxin called TCCD, which, 28 years after the fighting ended, remains in the soil continuing to destroy the lives of those exposed to it. Evidence has also emerged that the US Government not only knew that Agent Orange was contaminated, but was fully aware of the killing power of its contaminant dioxin, and yet still continued to use the herbicide in Vietnam for 10 years of the war, and in concentrations that exceeded its own guidelines by 25 times. As well as spraying the North Vietnamese, the US doused its own troops stationed in the jungle rather than lose tactical advantage by having them withdraw.

"On February 5, addressing the United Nations Security Council, Secretary of State, Colin Powell, now famously clutched between his fingers a tiny phial representing concentrated anthrax spores—enough to kill thousands, and only a tiny fraction of the amount he said Saddam Hussein had at his disposal.

"The Vietnamese Government has its own symbolic phial that it, too, flourishes in scientific conferences that get little publicity. It contains 80 grams of TCCD—just enough of the super toxin contained in Agent Orange to fill a child-sized talcum powder container. If dropped into the water supply of a city of the size of New York it would kill the entire population. Ground-breaking research by Dr Arthur H Weston, former director of the United Nations Environment programme, a leading authority on Agent Orange, reveals that the US sprayed 170 kilograms of it over Vietnam."

To continue on, a recent update by the Hatfield group since the report by the *Guardian* now puts the figure for TCCD dispersed over Vietnam at around a staggering 600 kilograms. If one wanted an example of chemical warfare since the First World War, there can be no doubt that they need look no further than Vietnam. Given the scale and the countrywide use of the herbicide and TCCD, in the spraying programme during the Vietnam

War, it is but a short step in wondering whether or not this is truly an example of the use of a chemical in a mass destruction role. I shall leave that up to you and your honourable committee members to ponder over.

To bring it back to New Zealand, this country prides itself on its clean, green image. For me as a Vietnam veteran, I am ashamed of what has taken place both here and in Vietnam in terms of herbicide spraying in the name of freedom, so-called advancement, and, of course, the almighty dollar. The damage that we have done to Papatuānuku Te Whaea, our mother the earth, along with her many different children in the environment, such as the trees and other plant life, animals, and fish is unforgivable. Her streams and rivers are representative of chemically poisoned tears falling from the face of a distraught and forlorn mother who now fears the thought of giving birth to still more infants who may well be deformed in some way or the other. The damage that has been inflicted across this nation and in Vietnam, on us, and especially on our children, be it knowingly or unknowingly, is to my mind a crime. The fact that data, information, and statistics may well have been skewed, falsified, or worse, perhaps kept hidden from public and independent scientific scrutiny, or, totally ignored to suit some hidden political agenda, is reprehensible to say the least.

This sense of shame is heightened by the fact that so many of my brothers in arms have sickened and died from the same cocktail of chemicals used in Vietnam, albeit on a vastly greater scale than was ever used back here in New Zealand, and at vastly greater strength, as noted by Stellman and others in April of this year, than has been previously admitted in the past intervening years since the war in Vietnam was officially declared at an end. This sense of shame goes even deeper when I think of the children who have been born deformed, both physically and psychologically, and experienced excruciating pain before death has given them the final welcome respite from their short miserable lives. This sense of shame turns to both frustration and anger at the way successive Governments here in New Zealand have continually washed their hands of the whole affair and abrogated the responsibilities not only to the men and women who served in Vietnam, but also to the young men and women back here in New Zealand who at the time were working in the rural heartland of this country, and who were also put at risk with the widespread and ignorant use of chemicals containing TCCD or dioxin. Those young couples, too, now grown old like us have had their lives and livelihood obliterated with the ongoing burden of looking after deformed children or weeping over that child's grave—all in the name of progress, and, once again, the almighty dollar.

Over these past 2 days I have no doubt that the committee has heard from other veterans concerning facts and figures related to the use of toxic chemicals sprayed on unsuspecting soldiers, both enemy and friendly alike, as well as on the civilian population of Vietnam. Whilst one can get some idea of the horror behind those figures, one needs to observe the situation first hand to share the very human emotions of deep sorrow, fear,

frustration, anger, and financial worries as yet another veteran or child succumbs to the internal damage and havoc that has been wreaked by dioxin and other chemicals that have been playing merry hell with that individual's genes.

Just as in the *Guardian* article quoted earlier, New Zealand, too, has its own Hong Hahn in children born of New Zealand veterans who served in Vietnam. For example, like those children of Evan McKenzie or Marakech, the daughter of John Jennings, who served in Victor Company at the same time that I was there in 1967. I venture the observation, no doubt, too, as suggested by a study done in the late 1970s by the Waikato Hospital Board and screened on television, that deformed children were also born to couples from the rural community of this country who used the chemical to kill gorse and the like, totally unaware of yet another characteristic of dioxin—that is, that it propagates itself when it is burning. Yet still more children lie long buried in graves dotted all over this country. These then are the legacies that no one wants to admit to, let alone confront, deal with, and compensate for. So much then for the clean, green image that this country depends on so much for a lot of its revenue.

With that in mind, I would pose the question: does the committee plan to visit Vietnam to see first hand the state of things in that country in order to truly understand the magnitude of the suffering that Agent Orange, along with all the other chemical cocktails, can cause to those afflicted by it, as well as ravaging the countryside and rendering it both dangerous and useless from an economic point of view?

I am of the opinion that previous studies done on herbicide use in Vietnam by the United States and in Australia are so suspect in their findings to date, a Vietnamese view would be enlightening to say the least in terms of geographical and environmental information, as well as medical and demographic information, noting the fact as to how whole communities of the Vietnamese people have been affected down to the third generation. Of course, this suspicion about the accuracy of findings in various studies extends both to the Reeves report and to the McLeod report, given that much of the information contained in both of them relies on reports that have been discredited in one way or another.

In keeping with the children, of concern to me is the fact that only spina bifida is recognised by this Government as having a link with dioxin. As such, a child is compensated for it. Unfortunately, children of Vietnam veterans born with other defects and deformities, including chromosomal damage while still foetuses in the womb, are either barred from such assistance or the parents have to continually fight against the system to get justice for their children.

Unlike the children of Vietnamese veterans, where a lack of finance appears to be the main reason to getting further help to them, our Government continues to hide behind so-called experts to deny our children, born with

defects and deformities, access to pensions of a sort and an improved quality of life. Like their Vietnamese counterparts, these children continue to suffer while all the bureaucratic ignorance and political indifference here in New Zealand continues to bar their way to a quality of life that they are morally and possibly legally entitled to by law, and basic human decency. Many of these children are now in their middle 20s or approaching their 30s. They have been locked out of the normal and enjoyable pursuits of life and in many cases are turned inwards towards their families, as well as being turned inwards into themselves. I speak of children born of bipolar disorder and the like. I am aware of a mother in Christchurch who has two children living with her, both of whom were born with chromosomal damage done while they were still in the womb. A third child—she, too, I believe, has a birth defect of some sort. She is now also a mother in her own right, and, quite naturally, is fearful of the shadow that dioxin casts over all her family members. Their father was a Vietnam veteran.

If this is no longer the case, and help and monetary assistance is available to them by way of some sort of pension from Veterans Affairs or War Pensions rather than the normal sickness benefit, then I will be the first to stand up to be corrected immediately by Jessie Gunn and her Office of Veterans Affairs. However, if this situation still persists, as I have described it, then may I suggest that a pension along the lines of the American Veterans Affairs department be instituted for children born with birth defects other than spina bifida.

To move on to the veterans. In my submission dated 6 July 2003 I noted at the time that some 28 veterans had passed away since November last year. At last count I believe that this number is now nearer the 50 mark, if not higher. Since our return to New Zealand, exact figures for Vietnam veteran mortality rates are unclear. Some estimates put them around the 800 mark. Against the 3,000 plus figure that is often quoted as the total number of New Zealand Vietnam veterans, that may seem like the normal attrition rate, given their age. The true number of veterans who served in Vietnam is lower as many soldiers completed two and three tours of active service duty in Vietnam with different companies or units. So it seems to me the ratio of dead, ill, and dying among this group of veterans would indeed be much higher than other groups of veterans of a comparable age group when they arrived home.

I suppose the only way you could accurately verify the figures would entail a search through the records of death against an accurate list of veterans who served in Vietnam. Whether this is possible or not from a legal standpoint, I do not know. In my submission I have also noted that one of the problems for many veterans is getting past the starting gates when applying for a pension. It is my hope that the select committee will come up with a course of action that will standardise this procedure and alleviate problems encountered in one locality of New Zealand that do not appear in other localities when veterans submit claims for war pensions. Perhaps then we will see a better delivery of health services to veterans and their children

and an improvement in the quality of those health services that politicians in this country like to rave on about, especially during Anzac Day speeches to the multitudes gathered in the RSAs around the country. Knowing my fellow comrades, I feel that by now at this stage of the inquiry it would only be fair to have it all on record as to why the McLeod report and its contents need to be revisited to ensure its accuracy, and as to why smacks on the hand are due all around to the authors, Veterans Affairs, the Ministry of Defence, and others who were tied into the compilation, checking the accuracy of the report.

I have no doubt that by now you will have heard in great detail from my comrades that the report is wrong in at least one of its assertions. That being the case, I will not dull your senses by repeating the same arguments dressed up in a South Island version. Suffice to say, the authors of the McLeod report got it wrong and incurred the wrath of the Vietnam veterans of this country. However, I will say thank you to them for the error that they have made, for without it there would have been no response per se, and therefore no select committee hearings on our plight as a group of war veterans. This is the favour that they have done for us collectively and individually, as a population group of war veterans.

To close, and to end this presentation, let me leave you with thoughts and word pictures, courtesy of a further extract from the *Guardian* article referred to earlier, and I quote: "By the time the war finally ended in 1975, more than 10 percent of Vietnam had been intensively sprayed with 72 million litres of chemicals, of which 66 percent was Agent Orange laced with a super strain of toxic TCCD. But even these figures contained in recently classified US military records vastly underestimate the true scale of the spraying. In confidential statements made to US scientists former Ranch Hand pilots alleged that in addition to the recorded missions, there were 26,000 aborted operations, during which 260,000 gallons of herbicide were dumped. US military regulations required all spray planes or helicopters to return to base empty, and one pilot formerly stationed at Bien Hoa Air Base between 1968 and 1969 claims he regularly jettisoned his chemical load into the Long Binh reservoir. 'This herbicide should never have been used in the way that it was used,' says the pilot, who has asked not to be identified.

"The science of chemical warfare fills a silent white tiled room at Tu Du Hospital in Ho Chi Min City. Here, shelves are overburdened with research materials. Behind the locked door is an iridescent wall of the mutative and the misshapen—hundreds of bell jars and vacuum-sealed bottles in which human foetuses float in formaldehyde. Some appear to be sleeping, fingers curling through their hair, thumbs pressing at their lips, while others with multiple heads and mangled limbs are listless and slumped. Thankfully, none of these dioxin babies ever woke up. One floor below it is never quiet. Here are those who have survived the misery of their birth—ravaged infants whom no one has the ability to understand; babies so traumatised by their own disabilities, luckless children so enraged and depressed at their

miserable fate, that they are tied to their beds just to keep them safe from harm."

Madam Chair, thank you to yourself and to the honourable members of the select committee for allowing me to appear before you. Thank you for the opportunity you have given to me to express some of my thoughts verbally at this hearing today, and also in the written submission that I put forward earlier. It is my hope that the information so gathered throughout the whole course of the inquiry will lead to a better understanding of the issues involved in dealing with the question of toxic chemical poisoning both here in New Zealand and for those who served in Vietnam. That understanding needs to be based on a position of trust on both sides—namely, the Government and its agencies, and by us as a group of veterans, together with our families. Only then, I believe, can we develop an all-encompassing policy and strategies to confront and deal honestly with the impact on those directly affected by the likes of Agent Orange, pesticides, and the anti-malarial drug Dapsone, to which I referred to in my written submission. It is indeed a personal hope that this understanding will certainly lead to the settled actions that will ease the plight of my fellow comrades, their children, and the rest of their families. Nō reira, tēnā koutou, tēnā koutou, tēnā koutou kātoa.

Chadwick We have a question first from Sue Kedgley.

Kedgley Kia ora, and thank you for your submission, which was very powerful. I am just wondering about when you said to us that the US knew that it was contaminated and they knew about the Agent Orange and its health effects. I wonder if you had any evidence of that, because that's not something that we have had presented to date, and what has been presented to us is that the Americans were spraying just to get rid of the foliage. But are you suggesting that they were almost deliberately spraying something that they knew was a poison? Is that what you're suggesting? Secondly, I want to ask you about the—

Emery There is a lot of background noise coming through the set. I am not sure what the question was, but I will rephrase it back to you, correct me if I'm wrong. The first part of the question is that you're asking about whether the Americans deliberately used dioxin as a weapon. This article that I've got that information from is only recent. When I first read it I was actually shocked by the implications of what it was getting at. But as a Vietnam veteran, having been in Vietnam in 1967 and again in 1971, I often think to myself since I've read that article whether the Americans were deliberately using dioxin as a killer in its own right.

Kedgley There was a couple of other points. You have suggested that data was falsified and hidden and so on, and ignored over the years. Why do you think there has been the systematic pattern that you talk about, and that other submitters have also commented upon? Why do you think this is so?

Emery Can I repeat that back? You are asking why I mentioned the fact that I thought that data was falsified, skewed, or deliberately left out? Is that correct?

Kedgley Why is that over so many years?

Emery I suppose, myself, after reading several reports and reports of reports—I return to my statement that I made in my submission about the San Diego Tribunal investigating the Ranch Hand study. That study was worth US 280 million dollars. It was given by the Government to the air force to try and get some answers. The San Diego Tribunal Investigative Report has come up with several allegations that some of the statements being made in the Ranch Hand study were deliberately falsified. After reading that report right through—although I only put part of it through as an attachment, not the complete report because it was too long. Some of the military personnel involved in the Ranch Hand study screwed results around on the basis that it was terrible to inform the American people that women were likely to have deformed children if they married Vietnam veterans. Whether that was done out of the goodness of their heart, the fact of the matter is data was deliberately skewed.

Kedgley But what about in New Zealand? Why did this happen in New Zealand?

Emery I include the Reeves report and the McLeod report in that same category, because a lot that is included in decisions made here were based on information contained in both of those reports, which came from American or Australian reports that have been discredited.

Scott I have a question to ask you about your war pension. How difficult did you find it to get that pension? We've heard that if someone does have a war pension, they are entitled to health benefits, and yet there are quite a large number of Vietnam vets who have not sought one. They may not be affected, but there was the discussion about whether there are Vietnam vets who are affected and have not claimed a war pension. Could you comment on that for me?

Emery At the moment I am entitled to a 145 percent war disability pension. I am actually being paid for that. Some of the conditions that I medically claim for include the bottom of my feet, my ankles, my knee—I am carrying 100 percent titanium steel in that at the moment and I am still trying to get used to it—my back. I've had a heart attack, I suffer from PTSD, and I don't sleep very well. In fact, I haven't slept since yesterday. That is normal for me. Hopefully, by the time that this is all over I might go down the RSA and have a beer as a sleeping draught and probably sleep through all the night. It depends on the driver. I suppose in claiming for a pension, in my own case, one of the things I would like to mention is the fact that I'm deaf and can hardly hear the word "no". In that sense I'm stubborn. The sad part about it is that while I've learnt to go through that process of claiming for pensions, there are other people in this city who do not have the ability

to carry it through, and sometimes when they are knocked back at the starting gates they just turn around and walk away from it. So it is those sorts of people who, when they come to me asking for help, I give it to them based on my own experience.

Chadwick We've got one more question from Mahara.

Okeroa [Māori greeting]. You are saying that in your submission there are a significant number of specific types of cancer that appear to be showing us some kind of picture. Are you talking about cancer of the bowel, prostate cancer, lung cancer, leukaemia, plus a few other things? Have you done a breakdown or an analysis on this?

Emery No. As a group of war veterans on the Internet we keep a table. This is amongst ourselves. When we get emails coming across the net informing us that people are ill, dying, or have died, that is then listed up on the database. It is an anecdotal thing only, but what is coming through on that is the fact that many of our guys are dying with the diseases that are listed in my submission. For example, right now in this city we have another guy who in actual fact was my machine gunner in Vietnam, he has been diagnosed terminally with bowel cancer. Another one has Hodgkin's disease. In the last year to my knowledge there has been at least four or five veterans die from bowel cancer alone. If you include the heart attacks in there, then the figures fly up.

Paraone Tēnā koe Hank. Just one question—we have heard that a number of Māori soldiers were included in those who went over to Vietnam. You're the first one, and the only one so far, who has come before this committee. What is the reason for that?

Emery Let's not just focus on the Māori soldier who has not submitted, and take it right across the board. When the McLeod report was first aired on the net and everybody was jumping up and down and saying that we've got to get in and sort this mistake out, there were a lot of soldiers who were Vietnam veterans, both Māori and Pākehā, jumping up and down about it. But when it comes to actually doing things they all pull back and let other people do it for them. I suppose part and parcel of what being in the Army is all about, is that if you were in the Army and ordered by the ranks above you to do certain things, your thinking was done for you, and, sadly, that sort of attitude still lasts today, even though the guys may now be in their mid-50s.

Chadwick One remark you made about the children of Vietnam vets—we've been notified that services cover cleft palate, cleft lip, spina bifida, adrenal gland cancer, and acute myeloid leukaemia, so it was a bit bigger than the ones that you mentioned. Do you think people don't know about that?

Emery No, Madam Chair, my concern is that there are children with defects that are not included on that list.

Chadwick So have a good look at it.

Emery For example, I know that the American Veterans Affairs Department include all birth defects, but on a separate table, so to speak, as opposed to spina bifida, cleft palate, and whatever.

Chadwick Thank you very much for your submission. It was a bit difficult but we heard you very clearly. Thank you very much for coming before us.

John Masters Madam Chair, you allowed Bill Gudgeon a few minutes at lunchtime to speak after I had finished. I would just like to suggest to the select committee that they have just heard the most articulate presentation they are going to hear. I would like to say to everybody that he won't tell you this, but Hank Emery was a very fine, highly regarded lead scout, which is the epitome of an infantry soldier in battle in Vietnam. He served in the Victor One company of Sir John Mace, the company commander of the day. I would also like to say that a disability that he didn't mention was an obsessive compulsive behaviour disorder, which afflicts him enormously. He married a Pākehā West Coaster very late in life, and he nursed her till her death because they didn't want to part. It was a death from a very horrible cancer. He is probably one of the most honourable men I know and a personal friend.

Chadwick Thank you for that. There are lots of stories coming out here for us that need to be recorded. I would like to thank all submitters today and to those of you who have sat right through the day it was a bit more comfortable physically today than yesterday and a better environment for us. But thank you and we will do our utmost as a committee to get a report out.

conclusion of evidence

Appendix G

Corrected transcript of evidence 3 December 2003

Members

Steve Chadwick (Chairperson)
Judith Collins
Dave Hereora
Sue Kedgley
Nanaia Mahuta
Pita Paraone
Mark Peck
Simon Power
Heather Roy
Dr Lynda Scott
Judy Turner
Dianne Yates

Staff

Catherine Parkin, Clerk of the Committee
Philippa Bell, Parliamentary Officer (Select Committees)
Professor Peter J Smith, adviser

Witnesses

Jessie Gunn, Director, Veterans Affairs New Zealand
Dr Colin Feek, Deputy Director-General, Clinical Services Directorate, Ministry of Health
Dr Pat Tuohy, Chief Advisor, Child and Youth Health, Ministry of Health
Dr Barry Borman, Manager, Public Health Intelligence, Ministry of Health
Colonel (Rtd) Raymond Seymour, New Zealand Defence Force
Brig. Rick Ottaway, Deputy Chief of Army, New Zealand Defence Force
Captain Jason Dyhrberg, New Zealand Defence Force
Lt Col Steven Taylor, New Zealand Defence Force

Veterans Affairs New Zealand

Chadwick — Thank you and welcome to the committee. We've all read your submission and we'd like an overview of the submission and then time for questions would be most valuable.

Gunn — Basically our submission has addressed terms of reference 2 and 4, in terms of the inquiry's terms of reference. Basically, if I could talk to number 2: "evaluate the McLeod report and the current status of the Reeves report".

In 1999, the inquiry into the health status of the children of Vietnam and Operation Grapple veterans, chaired by Sir Paul Reeves, made several

recommendations relating to the support that should be made available to the children of Operation Grapple and, indeed, Vietnam veterans. These recommendations have been implemented. One of the recommendations made by that report was that there was a need for more information on the health of the Vietnam and Operation Grapple veterans' children. In order to gain that information, the Wellington School of Medicine was commissioned to conduct a comprehensive and critical review of the available international research on the health of Vietnam and nuclear test veterans' children. That was done so as to identify the range of health conditions for which there is an elevated risk for the children of veterans in those groups.

The report they produced, now known as the McLeod report, concluded—as had, in fact, the Reeves report—that there was limited suggestive evidence of an association between spina bifida and paternal exposure to dioxins, pesticides, and herbicides. In addition, the McLeod report concluded that there was a slight increased risk of childhood acute myelogenous leukaemia after paternal service in South-east Asia and after exposure to pesticides.

The McLeod report also highlighted the fact that Vietnam veterans are more likely to suffer from post-traumatic stress disorder than civilians. That is, living with a parent with a mental disorder can affect the family environment—that there is a heightened risk that the children of veterans will have mental health issues. This issue had been highlighted to us by Dr McLeod in the early stages of her research, and the programme to support veterans' children had been put in place as part of the initiatives instituted by Government in April 2001.

As a result of the Reeves inquiry, the McLeod report, and international comparisons of assistance provided to the children of Vietnam veterans, the New Zealand Government made fully-funded counselling and genetic counselling available to the children of Vietnam veterans, and it provides additional assistance to children who suffer from spina bifida, cleft lip and/or cleft palate, acute myeloid leukaemia, and adrenal gland cancer. This maintains parity with the support offered to the children of Vietnam veterans by the Commonwealth Government of Australia.

The current list of conditions for which additional assistance is provided for the children of Operation Grapple and Vietnam veterans is not conclusive. Rather, the Government has made a commitment to monitor the programmes and the entitlements made available to the children by other Governments. The Government has also made a commitment to monitor research, and if other conditions are identified as having an elevated risk for the children of Vietnam or Operation Grapple veterans, then consideration will be given to providing additional support.

Veteran Affairs New Zealand maintains a register of the children of Vietnam and Operation Grapple veterans. Families and children are

encouraged to register. The register we have is currently under review, so that we can ensure that all the available information is recorded in a way that allows us to provide effective analysis of the information and the research that is being undertaken.

I now address terms of reference number 4; that is, the current levels of health services for New Zealand Vietnam veterans and their families. First up, I have to say that there are no statistics on either the morbidity or the ethnicity within New Zealand's Vietnam veteran community. No morbidity statistics have been kept, and the New Zealand Defence Force did not start gathering ethnicity data until February 2002.

In addition to the health care that is currently available to Vietnam veterans via the public health system, Vietnam veterans are able to access additional health care through the war pensions system. This covers GP visits, specialist visits, prescription costs, and private hospital care if the need is urgent and where public hospital care is not available. It also includes treatment from a variety of providers and appliances or equipment that is needed to overcome a disability and to enhance the veteran's quality of life. In the year April 2002 to April 2003, 10 percent of all the war pensions medical spend was spent on Vietnam veterans.

Vietnam veterans and their families have accessed additional care through the case management service that is run by Veterans Affairs New Zealand. There are currently 195 Vietnam veterans being case managed at this time. This represents over 25 percent of all the veterans under case management at this time. Through case management, Vietnam veterans have accessed a variety of services, including mental health support and treatment, palliative nursing care in the home, section maintenance, home help, home modifications, gym and fitness programmes, special foods, and dietary supplements.

All Vietnam veterans' children have access to fully funded counselling and genetic counselling. Additional assistance is provided to children who suffer from spina bifida, cleft lip and/or palate, acute myeloid leukaemia, and adrenal gland cancer. Top-up funding is currently being provided to two children who have spina bifida. Veterans Affairs New Zealand is in contact with another two families who have yet to decide on the assistance they require.

There are 27 children of Vietnam veterans currently being case managed. Ten of these are receiving counselling for mental health issues. Three children of Vietnam veterans have made inquiries about genetic counselling but they have yet to determine whether they wish to proceed, and perhaps at this point I need to explain that in many cases, the children of Vietnam veterans are indeed themselves adults, and it is up to them to make their decision in an informed way about whether they wish to progress their health issues.

Six partners of Vietnam veterans are currently receiving counselling through the case management system operated at Veterans Affairs New Zealand. In addition to that assistance, veterans under retirement age who served in Vietnam and who aren't able to work due to mental or physical infirmity, whether that infirmity is related to their service in Vietnam or not, may also qualify for a veterans pension. This is an income support payment, and in these circumstances it would be paid in lieu of the invalids benefit, but it's paid at a higher rate because it is benchmarked against national superannuation. The veterans pension also confers an automatic entitlement to a community services card for both the veteran and the veteran's partner. Unlike the rest of the community, a veterans pension recipient is not asset-tested in terms of entitlement to that card. Veterans pensions, similarly, are not reduced should a veteran require long-term hospital care.

If I could talk now about war disablement pensions, and basically explain that Vietnam veterans currently comprise 4 percent of the estimated New Zealand veterans population. Vietnam veterans comprise 6.7 percent of the veterans who are currently in receipt of a war disablement pension. Under the New Zealand war disablement pension systems, veterans can make a claim for any—and I repeat, any—disability that they believe to be attributable to, or aggravated by, their service. There are no restrictions on what can be claimed. There are no restrictions on how many disabilities can be claimed, and there are no restrictions provided in terms of the level of percentage awarded for a disability. Rather, a war disablement pension is a tax-free entitlement that is paid for life.

The decision-making process for the grant of a war pension is based on the reverse onus of proof. That is to say, if a link between the disability and the service cannot be disproved, then a pension must be paid. The percentage awarded can be reviewed at any time, and that means upwards only, and that is when and if the veteran feels that his or her disability has deteriorated. The process of awarding a war disablement pension is individualised, and decisions are made about the specific impact that a specific disability has on an individual veteran's quality of life. The decision are made by panels that include a veteran representative. Currently, 35 percent of all the war veteran claims panel that makes decisions on war pension entitlements include a Vietnam veteran.

As at 30 June 2003, 1,191 of New Zealand's Vietnam veterans were in receipt of a war disablement pension. Vietnam veterans have made a total of 5,407 claims for war disablement pensions, of which 81.1 percent have been accepted as being either attributed to, or aggravated by, service in Vietnam. The largest numbers of claims that are being considered are for hearing-related disabilities, followed by orthopaedic conditions, followed next by psychiatric conditions.

From an international perspective, the New Zealand war pension process is unlike those in Australia or in the United States. In the United States, there

is a list of described conditions which, for compensation purposes, are presumed to relate to service in Vietnam. If a veteran suffers from one of those prescribed conditions, the veteran is automatically awarded a pension. If Vietnam veterans want to apply for compensation for any other disability that is not on the list, then the onus is clearly on them to establish positive proof that the condition is attributable to their service. The incidence of those US-prescribed conditions in our New Zealand veteran population is low. The rate of acceptance, however, of war pensions for those disabilities is high, except in the case of diabetes mellitus, or type 2 diabetes, and it is quite likely that that is due to the fact that there is a high rate of occurrence of type 2 diabetes in the New Zealand population.

The Australian war disablement pension works on the basis of a statement of principle. Specific disabilities are defined, and when claims are made, these definitions are used to decide whether a claim will be accepted. These definitions include factors relating to service, including where served and the nature of the war or the emergency. Disabilities that are not included in the statement of principles are not accepted. Once a disability is established, the percentage of a disability is defined using a guide to determine the degree of incapacity. You will note that this system does not allow for the medical examination of an individual veteran.

There are also differences in the provision of health care. As medical care in the United States is privately funded, health care is provided through the Veteran Affairs health care system. In Australia, all Vietnam veterans receive medical treatment for service-related disabilities. In addition, veterans who have reached the maximum rate of disability, and who are totally and permanently disabled—that is to say, bedridden or equivalent to our 160 percent disability—receive full-funded health care for health care needs.

In closing, therefore I would have to say that there is little doubt that the New Zealand war pensions system is more generous than that available in Australia and the USA, insofar as it allows a veteran to lodge a claim for any disability the veteran believes attributable to, or aggravated by, service. We have no predetermined limit as to the amount of pension that can be awarded, nor is there any limit on the number of disabilities a veteran can claim. It is easier, therefore, for the New Zealand veterans to obtain higher levels of pensions and, inherently, of disability.

There is perhaps a perception that Australian veterans have access to more, and a more comprehensive range of entitlements, but this is not the case. There needs to be perhaps an awareness that the Department of Veterans Affairs in Australia actually pays out a number of income support entitlements on behalf of Centrelink. In addition to their war pension entitlements in New Zealand, our veterans are also able to access similar income support payments, and, except in the case of those veterans who are totally and permanently disabled, New Zealand entitlements are paid at a higher weekly rate. Equally, it is not widely appreciated that the Australian

war disablement pension is counted as income when assessing entitlement to income support – related payments, including national superannuation equivalent. That is not the case in New Zealand.

The assistance available to the children of Vietnam veterans is provided on the same reverse onus of proof philosophy that is afforded the parent. Unlike our overseas allies, we do not require genetic proof of the causal linkage to the parent's service. Furthermore, the additional services we provide are not capped. Quite apart from the disabilities we cover, no child, or, indeed, any veteran has ever been turned away for any service or support from Veteran Affairs New Zealand. While the veteran or child may not necessarily get precisely what they want, I can give you an assurance that they are given ongoing support in seeking and accessing the services that they need.

I think the only final comment I would make is that we are constantly reviewing the war pensions process, and I am also confident that the enhancements that are currently under consideration will lead to a far more proactive monitoring and, indeed, treatment of veterans' holistic health needs.

Chadwick Thank you for a very concise submission to the committee.

Collins Thank you for that submission and for coming along today. You will know from veterans that one of the most offensive parts of the McLeod report was a statement that there was only one recorded case where Anzac troops were in an area where they could have been exposed to aerial spraying. It's on page 42 of the McLeod report. Dr McLeod has consistently claimed that she only used information on exposure made available to her in her report, and that she checked with you as to whether there was an additional information, and that you said there was not. You have written that Dr McLeod sourced all research material considered in the report through medical and research databases. Which statement is correct?

Gunn I can assure you—and I have provided for this committee a complete list of the bibliography quoted by Dr McLeod in her report, and in that bibliography I have highlighted the 22, of the 520 references made, of what information was sourced only from Veterans Affairs New Zealand.

Collins Perhaps it would help Mrs Gunn, Madam Chair, if she had a look at some of the Ministry of Defence maps that they have tabled with us in evidence, showing the exposure areas of Agent Orange, Agent White, Agent Blue, Agent Purple, and some other agents as well, during the time that our troops were in Vietnam. Would that be of assistance to you?

Gunn I have seen the maps.

Collins You've seen the maps?

Gunn Yes, I have.

Collins So have you made that information available to Dr McLeod, and did you make it available to her?

Gunn I have seen the maps since the report was published.

Collins Right. At the time of the Reeves report—you were involved in both reports—you were at that time a senior serving officer with the New Zealand Army, were you not?

Gunn I was.

Collins And our understanding is that you provided secretarial services to the Reeves advisory committee.

Gunn Correct.

Collins A considerable body of detailed information was at that time available in Defence that would have confirmed once and for all that New Zealand troops were exposed to Agent Orange and other defoliants. Why did you not access all of the related files in the New Zealand Defence Force and make them available to the Reeves inquiry?

Gunn In terms of accessing, I literally went and picked up the Defence files that were related to Vietnam and delivered those to the committee members.

Collins So you're saying that the Reeves inquiry didn't actually use the information given to them?

Gunn That's not for me to comment on.

Collins What about the McLeod inquiry? You no doubt gave her all the information, as well.

Gunn The McLeod inquiry was about the children of Vietnam veterans.

Yates Thank you very much for your submission, and I must say that many of the submitters have commended you very highly to this committee, and have been full of praise of the work that you do. In your first submission that we have here, your first submission, you've got proposed developments 47, 48, and 49, and you make some comments there—because we've had submitters who say that perhaps there should just be a list of illnesses and defects and so on—that's a tick-off box—rather than case-by-case analysis, and I just wonder if, in relation to what you mentioned in 47, 48, and 49, if you would give us your opinion. That's the first question, and my second question is, there's been some criticism about the amount of information and publicity of what's available to veterans, and I just wondered if you would like to comment on that, as well. Do people know what's available, or how are they informed, and so on? You said you had a list.

Gunn Perhaps if I start with the last question first and say that yes, there is information readily available, and I think we've also got to be mindful of the fact that Veterans Affairs New Zealand was established in 1999, and its first permanent director—that is, me—was appointed in 2000, so we have been constantly trying to increase the available information that is out there for veterans. I am pretty confident, in terms of the literature that is available, and is widely available throughout New Zealand—also the fact that I would spend at least a third of my time travelling around New Zealand meeting veterans' group and non-aligned veterans' group and talking about their entitlements—that the word is out there. We are also in the process of getting a website developed, and I am sure that, too, will facilitate access to that knowledge. But certainly, I would say that the level of knowledge is certainly enhanced, and that is backed up by the fact that the number of war disablement pension claims that have been made in the last 12 months has over doubled.

In terms of a pre-described list, there would be advantages in it. If we took either the American or the current Australian schemes and applied those, I would have to say that the majority of Vietnam veterans and, indeed, all nuclear test veterans would suffer a decrease in the amount of pensions that they are currently paid, and, indeed, the number of claims and the types of claims that they are able to submit. At this point in time they are unlimited as to the nature and numbers that they can put forward, but by predetermining them, I would have to say that by far the largest number of veterans would incur a decrease or some taking away of a pension entitlement.

Yates Would that apply to the children, as well?

Gunn No, that's quite a separate entity, basically.

Scott I'm getting somewhat confused here, because you're talking about the access under the war disablement pension, but if there's been a denial of the level of exposure to defoliant and chemical agents, surely that then would cause a reduction in the war disablement pension. Because if you're saying, well, they weren't exposed, and the McLeod report's saying they weren't exposed—or very limited exposure—then surely—

Gunn No, we are not proving attributability to Agent Orange or to any other dioxin, pesticide, or herbicide. We are, by law, required to consider attributability to service.

Kedgley I'm a little bit confused, because we have the principle of reverse onus of proof applying to veterans, which says that if a link cannot be disproved, then a pension must be paid, and I accept that. But then you suggested that that same principle applied to children, but yet you accepted the evidence from the Ministry of Health, which we will be challenging subsequently, that there is no conclusive evidence to causal association. And you've also said that no child or veteran has ever been turned away from service or

support, and yet you said in your report that children basically are—seem to be—only entitled to genetic testing, counselling, and some treatment if they get spina bifida and cleft palate. Perhaps you could start by answering, what is the case? If anyone turns up with other than those four, can they get assistance?

Gunn We will certainly assist them, and we will—

Kedgley In what ways?

Gunn In terms of facilitating their access to organisations within the community that are established with qualified people to assist them. It may be in many ways also that the children are requiring some kind of educational assistance to help them—

Kedgley Do you provide financial assistance to those children who present themselves with other than those particular things?

Gunn For medical conditions?

Kedgley Yes.

Gunn No, we don't.

Kedgley You don't?

Gunn No.

Kedgley Then that is my question. Why do you accept the principle of the reverse onus of proof for veterans but not for their children?

Gunn We have taken a generous approach in terms of the conditions that are available in terms of the cleft lip/cleft palate, the spina bifida, the myeloid leukaemia, and also adrenal cancer. They are the conditions that we pay for—the medical conditions that the Government is currently accepting.

Kedgley Are you aware of international evidence which says that if you expose a father to mutagenic chemicals at some time before procreation, then you're likely to get mutagenic offspring, and are you aware of the potential of dioxin in particular—TCDD—to produce mutagenic effects? If so, why didn't you just apply the same principle of reverse onus of proof to the children?

Gunn I guess I would first of all have to say that the children would first of all have to come forward to seek the assistance before we can determine or offer any support and assistance, and basically the children that have come forward now, in the main, are requiring the counselling for mental health issues and general counselling in terms of, I guess, life issues, more than the very limited number that have come through for medical conditions.

Kedgley My final question is that we have had several children here before our committee, and certainly they have had to pay all of their medical bills. They would certainly want financial assistance, not simply counselling or genetic testing, and I'm still not satisfied with the fact that you're not using the reverse onus of proof and providing them with financial assistance for their medical conditions.

Gunn Without going into individual details of those people, I don't think I could actually answer that, in terms of the issues—

Chadwick Can I just give an example—and it was public—we had one submitter in Auckland who's incurring considerable costs. She's got tricuspid atresia, and she's waiting for a transplant and incurring ongoing costs as they go. At the moment, is the current status of her treatment cost excluded for children of Vietnam vets?

Gunn In terms of the assistance that the Government will provide, yes, it is.

Kedgley On what grounds?

Chadwick Well, that's policy, I suppose.

Hereora In relation to your opening statement, you referred to comparison between us and Australia—the provisions—and you referred to the fact that there was no capping, but I'm picking up that there is a capping, in terms of which things—

Gunn There's a cap in terms of what we cover, but not in terms of how much we will pay.

Hereora And just another one on that—do you know whether there's any difference to how the Australians treat their veterans' children?

Gunn We are providing equitable, if not more, service.

Chadwick Could we have a comparative table on the children? This would be helpful for the committee when we get into consideration.

Collins Mrs Gunn, can I take you back to the McLeod report, please? As I understand it, this report was held in your department for some 15 months before it was released. Did you have any concerns, having no doubt read the report, as to its contents, and did you advise the Minister accordingly about those concerns? If so, what were they?

Gunn The report was given to the Minister.

Collins It's your concerns, really, I'm after.

Gunn My concerns? I guess overall my concerns were—I'm not sure that I had any concerns, to be quite honest.

Collins So you weren't concerned about the statement about only one recorded case where Anzac troops were sprayed when you've already told us today that you had access to the Defence—so you're not concerned about that?

Gunn Putting it within the context of the 149-page report that it was, and recognising that Dr McLeod had consulted widely in terms of international research and far beyond that which I had made available to her, no, I was not.

Kedgley Do you have any concerns now—you may not have had any concerns then—or do you stand by the statement that basically you would accept its findings? Or do you now question the basis of that report?

Gunn I stand by the report, in terms of I have yet to see other international research to tell me that there are additional disabilities or medical conditions that can be attributable to the parent's exposure during service.

Scott Do you accept the report in relation to the exposure that New Zealand Vietnam veterans had?

Gunn I actually can't comment on the exposure that Vietnam veterans had, in my role as Veteran Affairs. That is a matter for Defence to comment on.

Scott But do you think the report was accurate in that regard?

Gunn If it is taken within context in terms of the exposure of New Zealand veterans versus American veterans, yes, I would probably have some concerns but I would still accept the report.

Scott What would be your concerns?

Gunn That, perhaps, Dr McLeod didn't consider the depth of the exposure of the veterans, basically.

Scott Do you know if Dr McLeod actually consulted veterans before she made her report?

Gunn Yes, I am aware that she did consult veterans' organisations.

Scott Veterans' organisations.

Gunn Dr McLeod is, of course, herself a Vietnam veteran's child.

Hereora To facilitate your concern, would Dr McLeod have had to go outside the terms of reference? Given that the report was—

Gunn To go outside the terms of reference that I gave her in terms of this study? No, because Dr McLeod was asked to look at all international research pertaining to the children of Vietnam veterans and Operation Grapple veterans. No.

Paraone Do you know whether or not the McLeod report was peer reviewed, and by who?

Gunn Yes, it was. It was reviewed by two medical persons who both asked not to be named. One of them has since died. And it was subsequently reviewed by the Ministry of Health.

Paraone What was their qualification?

Chadwick Perhaps we could ask them; they're coming. Any final questions, because we must move on. What the committee would like to, I'm sure, is when we get into considering, when we've got everyone, we may have to come back for more questions.

Collins There's just one brief one. Do you believe that servicemen in Vietnam were exposed to Agent Orange and other chemical defoliants?

Gunn I have no doubt whatsoever that there were herbicides, pesticides, dioxins, whatever, in the Vietnam environment.

Collins So, were they exposed, do you believe?

Gunn In whatever way, yes, they were.

Kedgley And you accept that those could be exposure not just through aerial spraying but in the food, the water—

Gunn Most definitely, and that is recognised in the fact that we pay war pensions.

Paraone We've heard from you your view that the services that the department provide for ex-Vietnam soldiers is far superior or better than that in Australia, and yet a majority of the submitters who have come before this committee keep referring to the Australian experience, and they want something like that. Why would they be ____ that?

Gunn I think first of all there are fundamentals in terms of the fact New Zealand itself has a public health system, whereas the Australian Government operates a private insurance scheme in terms of health for Australians. The other thing, I guess, is it's apples and oranges in terms of the cost of living in New Zealand versus the cost of living in Australia. But there's also a perception that while some of the monetary values may be indeed higher, that what is not understood by many people is the impact that considering and viewing the money received from war disablement pensions as income has quite a negative impact on the amount of money that veterans receive, whereas New Zealand veterans are not penalised in terms of having their war pension entitlements subjected to income and asset testing.

Chadwick Thank you very much for coming before us. It was very helpful for us to get that overview of the current range of services.

Ministry of Health

Chadwick Could I just say that to save a bit of time, could you give us your overview—or perhaps your conclusions, because we've read it—and the most value will come from us asking questions.

Feek I agree. Very briefly, the Ministry of Health has only been involved in this to give advice to Cabinet on two occasions. One was to get involved with the Reeves report, and secondly with the Wellington School of Medicine report. We've seen our role, really, to give epidemiological and other advice. The Reeves report and the School of Medicine report, I think, are both hampered in intelligent inquiry by the fact that there are only a few children in New Zealand who are children of veterans, and that makes any epidemiological or statistical inquiry incredibly difficult.

We used Mark Elwood in the Reeves report to see whether we could come to any conclusions. In his report, attached to the back of the Reeves report, we considered whether we could do a case control study in New Zealand, which would actually generate more information for us. The advice was that it would take at least 2 years, and probably wouldn't come up with a conclusion, because the numbers wouldn't be big enough. So that is the difficulty we have. At the end of the day, we have a fundamental problem in actually proving a negative, which is always, always difficult in science. We have an open mind, and I have no doubt, even after the select committee has come to its deliberations, that there will be further evidence over the years which will come in, and I think we need to keep that in an open mind.

Chadwick Pat, do you have something that you wish to add?

Tuohy I would agree with Colin, but I think the important thing from the point of view of the School of Medicine report—it's called the McLeod report—is that the aim of the report was to review the evidence around birth defects and problems in children, and that was not predicated on exposure. In other words, it was to look at, was there evidence in servicemen who served in Vietnam, irrespective of exposure, as to whether there was an increased risk of certain birth defects. To me, that's the critical issue, and it takes out of the equation the issue of how much exposure, or whether people _____ exposure occurred.

Chadwick So that wasn't an assumption that was put into the terms of reference.

Tuohy The evidence that was examined looked at relationship to service in most of the studies that were in place.

Kedgley The first question is that I'm just slightly surprised by your comment that you've only ever been involved in this issue twice, by giving advice to Cabinet on Reeves and McLeod. The Ministry of Health is tasked with protecting the public health of New Zealanders, and I do find it somewhat astonishing that you have not taken a proactive stance on this issue at any stage, and, indeed, that your submission seems to be entirely referring only

to term of reference No. 2. You don't seem to have addressed any of the other terms of reference, so I'd like comment on them specifically. If I could just follow up with my second question—my second question is: you peer reviewed the McLeod report—

Tuohy Yes, Dr Borman and I—

Kedgley Both of you?

Tuohy Dr Borman and I, yes.

Kedgley The two of you. Did you not pick up inaccuracies such as the rather fundamental one on page 42, where it said that 2,4,5-T is frequently contaminated by small amounts of dioxin, when in fact it's an inevitable contaminant of 2,4,5-T. Something fundamental—a statement that 70 kilograms was sprayed on Vietnam when in fact we know it was in excess of 70 million. How did you not pick up those what seemed to be quite fundamental errors of fact in your peer review?

Tuohy It comes back to the statement that I made before, which was that we reviewed the methodology—whether or not there were references that the Wellington School of Medicine had accumulated on the medical effects of it, and the way in which the analysis was done—and our view was that it was done appropriately. The data, as I said before, relating to exposure or the amount of dioxin in Agent Orange and that sort of stuff, from the point of view of the epidemiology, is irrelevant.

Kedgley But it's not irrelevant whether there was—my second question was about whether in fact 2,4,5-T—that was a fundamental error of fact. Why did you not pick that one up—about "that it is sometimes contaminated by small amounts of dioxin"?

Tuohy We didn't consider that to be one of the issues relating to the epidemiology of birth defects. That related to an issue of exposure, as I just said, which we considered was irrelevant to the prevalence of birth defects in veterans.

Kedgley Can I just ask you, before we eliminate the first question about why you've never, ever taken a proactive stance on this issue—for example, done a health study and so forth—why have you only ever responded to two papers that have been done, and why is your submission only addressing one term of reference?

Tuohy Because that was the area that we were asked to address by the Minister.

Kedgley So you never take a proactive stance? You just wait to be asked by Government? You don't regard this as being a public health issue, that you should have some responsibility—

Feek That _____ the public health people, but from our point of view we were asked to give scientific advice, and that's what we did. Once again, in

terms of doing studies, you're still back to the fundamental question that the numbers in New Zealand are going to be so low that you'll have incredible difficulties. In terms of some of the surveys that we did, which were relatively crude, nothing stood out at us as showing a major problem. That doesn't mean to say that we can't say there isn't one.

Chadwick Could I just ask that question: as the experts in your field, or having access to experts at the medical school, was there ever the suggestion that the small population size—that the report would be more robust if it included children of Vietnam vets in Australia? Or was that something that was never considered at the time?

Feek We did consider it, and if we were to do such a study, as I said at the time of the Reeves report, the advice would be that it would take probably at least 2 years, and that wasn't in the time frame of what we could do. So we could come back to you—and we discussed this—about whether a case control study would be of use involving Australians. If you actually look at the numbers that have been quoted for the American case control studies, to get a reasonable level of confidence, they're quite a large number of children, and that's why we've actually looked at the international evidence to see what other countries are saying. So I suppose the implicit assumptions that we made are that the New Zealand veterans were exposed at the same rate as American veterans or others, and what was the result of that in epidemiological terms.

Scott Just to follow on from two points you've made there, Colin—one about exposure and one about the numbers—surely if you're doing epidemiological studies, then you can look at the evidence that has mounted around the world, and that evidence has been quite substantial. But to do that, you would then have to accept the premise that New Zealand's veterans were exposed, and on page 83 of the McLeod report it states: "the mechanisms by which male exposure can affect the development of offspring conceived some years later is unclear." That's patently not true. That's very clear. It's been identified in literature around the world. So you'd have to accept exposure, and then look at the international evidence. Why did that not happen?

Feek And, indeed, the Reeves report, if you go back to it, makes that assumption. We made the assumption that New Zealand veterans were exposed. We didn't think we had the time or it was necessary to look at whether they were exposed. Let's assume they were exposed, for the purposes of an epidemiological study, because it was in the environment. We couldn't say whether or not they were exposed. Let's make that assumption.

Scott You assumed they were exposed?

Feek Making that assumption, you then look at the epidemiological evidence to see, abroad, where there were links. We used the Institution of Medicine framework. You can criticise that framework, but that is the one that we

used, and we think that is the basis for going forward in inquiry.

Scott But then you peer reviewed the McLeod report and said they weren't exposed. You didn't challenge that?

Tuohy Dr McLeod believed, obviously, that there was very little exposure from the information that she had. Irrespective of that, the reviews looked at the outcomes for children whose fathers had been veterans. It didn't look just at those who had been exposed, which is what you're trying to get at. It looked at the whole group. If they'd all been exposed, or if none had been exposed, the outcomes would have been the same. The observations of the groups would have been the same. It didn't require them to be exposed in order to see the outcomes for the children.

Scott I'm sorry, I can't accept that. That's just nonsense. The fact is that if you've got defects, if you've got cancers, if you've got cleft palate, if you've got spina bifida, why? And it's got to be based on the exposure.

Tuohy No.

Feek No, because you have to run the argument that those rates are higher than the natural background rate.

Scott Yes, absolutely. Why?

Feek No, but you have to argue that.

Collins A question on the same one—when you're saying that—

Chadwick Let him answer Lynda first.

Scott I think he has. They're saying two different things.

Collins Are you aware of the fact, or did you take into account the fact that the servicemen that went to Vietnam were at peak physical fitness, had been screened for genetic illnesses and diseases, that they were, in fact, the elite, physically—and mentally, often, because they were checked for mental incapacity and everything else—that they went there as absolute prime examples of New Zealand manhood and have come back crippled. You don't think that should be taken into account?

Feek I could not draw the conclusion that these were the elite of New Zealand—that they were genetically pure or not. I do not think that's a scientific premise. I don't have any evidence for or against. The only premise and assumption that you can work on is that you have to show that the children of veterans had a higher rate of birth defects than the background.

Chadwick And do you think they have? A simple question from what's come forward—

Feek All we can see from the international literature in the Institute of Medicine is that there is a possibility for spina bifida, for example, and that is the framework we suggested that was used in the Reeves report. If that is the case, then that is the framework—by all means, change it if the select committee wants to—by which you can actually start to work on. The evidence will change. It's not our evidence. All we're doing is interpreting the science as we see it. The select committee are free to interpret the science as they see it.

Kedgley Do you accept that the statement that Lynda referred to earlier—that the mechanism by which male exposure can affect development of offspring etc. etc.—do you accept that it's wrong? Do you accept that if a father is exposed to mutagenic chemicals before procreation—do you accept that the statement on page 83 was wrong, and that, in fact, you can get exposure, and do you accept that dioxin is a potential mutagenic, particularly TCDD; and why on earth didn't you have in your report something about dioxin, about TCDD, and about its health effects, as a fact? In 1982 you did an inquiry and you concluded then that cumulative exposure to dioxins does not have significant adverse health effects. So you got it wrong, and you've got it wrong again now.

Tuohy I refer you to page 82, the last sentence just before the bottom, where it says that a study fed TCDD dioxin to male monkeys for long periods and found no increase in teratospermia, which is abnormal sperm, no reduction in reproductive capacity, and no defects in offspring. That's one study, but it does indicate that there is uncertainty. Here's one study that fed significant amounts of a known carcinogen to these monkeys—which are as similar to humans as you'll get, as opposed to rats or whatever—and found no defects in their offspring. So I think it does suggest there is lack of clarity.

Scott Do you accept that in some of these things there's a real latency effect, and, if so, is the Ministry of Health responsible for following up the epidemiological studies around the world to determine the extent of that latency effect?

Borman Yes, we're constantly reviewing the literature that comes out—for example, the updates of the Institute of Medicine. We keep in contact with that, as well. So we're continually monitoring those reports.

Scott So what do you think the evidence is showing about those latency effects? What do you think the ongoing evidence is showing?

Borman I think, as we've said before, that there are elements in doubt in this, and that's one of the reasons why we must continue to keep monitoring it—to continue to accumulate the evidence.

Scott What do you think it is beginning to show? Is the evidence still totally equivocal, or it is mounting that there is a latency effect and ongoing effects

for children and veterans?

Borman What's your definition of latency? How long is that?

Scott I asked you that.

Kedgley It could be 20 or 30 years.

Borman That's right. That's one of the reasons why you've got to continue to monitor these things.

Scott What's the monitoring showing, I'm asking? Can you just answer me? What is the monitoring showing?

Borman As I said, from an epidemiological point of view, it's inconclusive. That is the problem, that we've got—

Scott You still say that.

Borman Yes.

Turner At the risk of sounding like a conspiracist, I have a concern that separating the conditions that would look at veterans away from Agent Orange and just putting it on to service, and not being specific about the reasons why, can kind of move us away from another public health issue, which is the use of these chemicals in the agricultural sector in New Zealand. We do have a sample group, in some respects, beyond veterans, to the agricultural sector, and I guess I'm a bit concerned that we've avoided going down that path and just stuck to servicemen and the fact that they have had active service, rather than actually getting to the real causes. Do you think there's a case for that?

Feek I think if you go back even to the Reeves report and to what the epidemiologist advised us then, he looked at the Ranch Hand study, so all that is valuable data to collect. At the end of the day, with the Reeves report and the conclusion from the School of Medicine, what they concluded is that, actually, it's still equivocal. There are some conditions that we're very suspicious about but, from our point of view, the jury's out on both sides.

Collins I bring you back to your written submission and your conclusions, particularly Nos. 12 and 14. In there, Dr Feek, from the ministry, you've said that the McLeod report was unable to identify significant exposure of New Zealand service personnel—I'll just paraphrase—to toxic chemicals in Vietnam. You've then said that this is the crucial first step in the link to the chain between cause and effect. Later on you've said that there is very limited evidence of exposure to the relevant toxic chemicals. You had a role in the Reeves inquiry—

Feek Yes.

Collins You were actually a member of the Reeves inquiry team?

Feek Yes.

Collins We've heard today from Jessie Gunn, who said that she gave all relevant Defence files to the Reeves inquiry. How can you, after having seen those files, come to that conclusion, when we have here today a huge amount of evidence from the Ministry of Defence saying that there was repeated exposure of our troops to Agent Orange and all the other chemical defoliants?

Feek If you actually read the Reeves report, what it actually says is that all the people—

Collins It's this I'm looking at.

Feek Hang on, I'm reading the Reeves report to you—all the people who served in either theatre in official capacity could have been exposed.

Collins "Could".

Feek The effect of these initial working hypotheses was to bias the analysis in favour of those claiming causal links, but we felt that the concessions were necessary in the early stages of our work. We made the assumption that they were exposed in the Reeves report.

Collins So why have you got in here that there is very limited evidence of exposure, when clearly there was significant evidence of exposure held in the defence files?

Feek That is what the Wellington School of Medicine report concluded, not the ministry.

Collins This is your conclusion.

Kedgley It was in your submission.

Feek From the Wellington School of Medicine report. I will go back to what we said in the Reeves report.

Collins I'm sorry, we've got here your submission—page 1 is the heading—and then you've got "Report on Vietnam Vets", and then you've got your conclusions. These are your conclusions. It's got here: "Ministry of Health reviewers believe that it would be difficult for this issue to progressed any further." This is not the McLeod report. This is your report.

Tuohy That's fine. What's your question again, sorry?

Collins Dr Feek has made a statement that this was the McLeod report.

Tuohy The conclusions are based on our review of the McLeod report. Now, we

didn't consider it necessary to go back to Defence or anything like that to look for further evidence of exposure, because of the previous assumption from the Reeves report that all servicemen had potentially been exposed. However, we did note in our conclusions that Dr McLeod had stated in several places—that one that you used, mainly—that there was limited evidence of exposure—

Collins That there was only one recorded case, actually.

Chadwick That presumption was made. I think that's what we've heard in response.

Kedgley I just ask, why is there no effort to conduct a proper health study, or track down all Vietnam vets, for example, and monitor them?

Tuohy Firstly I think that following up veterans of the Vietnam War is something that is already being done to some extent by the Department of Veterans Affairs. The other issue is that we have a health system that provides services for all people in New Zealand, and it provides services for children of Vietnam veterans, as well as other children.

Kedgley I actually asked why hadn't you conducted a proper health survey of veterans.

Feek In the Reeves report, we felt this was a function of the Office of Veterans Affairs.

Kedgley So what you're saying is that because of the Reeves report, you didn't feel there was ever a need to conduct a proper health survey of veterans.

Feek We think that's a function of the Office of Veterans Affairs.

Kedgley It's not your responsibility as the Ministry of Health—

Feek No.

Kedgley —which does have public health responsibilities.

Chadwick Could I just ask—one of the comments made by Veterans Affairs, which I'd value your response on, was that they have no morbidity statistics. Would you recommend that those be kept? It just is a concern to me. They've collected ethnic statistics since February, but there's no morbidity.

Feek I'll let Barry reply, but to do that we'd have to have all the NHI numbers of the veterans. That's not impossible, I would have thought. Theoretically it could be done.

Chadwick So it's not impossible.

Feek Theoretical. I'm saying it could be done.

Borman It can be done.

Chadwick My question was really not "could it be done" but "should it be done", in your view?

Feek It would be a useful tool. Once again, I think you may be stuck with small numbers problems in epidemiological terms, but unless it's done you won't know the answer. What these things would show is that if there were something glaring, you would see it.

Chadwick Thank you for coming before us, and as with the previous speaker, if we're stuck and need some questions, we will ask Dr Feek back.

Feek Thank you very much.

New Zealand Defence Force

Chadwick Welcome. Don't worry about the time. We will go for as long as we can. Thank you very much for coming before us. As for the Ministry of Health, we ask you not to read the whole report.

Ottaway I'm Brigadier Ottaway. I'm the Deputy Chief of the Army. With me I have Colonel Ray Seymour, and Lieutenant Colonel Steve Taylor. Both Colonel Seymour and myself are ex-Vietnam servicemen. We are not quite yet veterans, I don't think. We both served in that theatre of operations. The brief that we were given was simply to establish, from documentation that was within the New Zealand Defence Force, as to whether in fact spraying had occurred, or the use of herbicides had been used in the area that most New Zealand troops operated in. The work was primarily done by Colonel Seymour accessing documentation that was held by the Defence Force. I have to say that the two primary documents that he used are both unclassified documents—one from the United States, which has never had any security caveat on it, and also a major report done by the Australians, which, again, had no security classification upon it. So there was no restriction on the use of these documents.

Colonel Seymour also accessed a vast amount of records of the activities of New Zealand troops during operations in the Vietnam War. That list is probably not complete, and will never be complete. The issues that he was looking for in that evidence was where New Zealanders had actually been. He found some 850 references of locations. I would have to say that that would be well short of the number of actual positions that people went to, and slept in, and of course in the fog of war, these things are often just overlooked. He will explain the methodology he used and the results he obtained. So I will hand over to him to talk about the study that he did.

Seymour At the direction of the Chief of Defence Force, I conducted an investigation into the spraying of herbicides in Phuoc Tuy Province, South Vietnam. Phuoc Tuy Province was the base location for the majority of New Zealand Defence Force personnel during their active service in Vietnam. The aim of my investigation was to determine the following: was there spraying of herbicide in Phuoc Tuy Province during the period our

troops were in that province? If there was evidence of herbicide spraying in the province, I had to further determine if our troops possibly came into contact with any herbicide substance, and to investigate any reported incidence of alleged spraying of herbicides on to our troops, and, finally, to investigate any other matter that might be disclosed in the conduct of the inquiry.

Chadwick Sorry to interrupt, but just so I am clear with the timing: are you going to read the entire—

Seymour It's 20 minutes.

Chadwick Oh. 20 minutes?

Seymour Ladies and gentlemen, the executive summary of my presentation notes the following. There were three natures of herbicide spray, namely Agent Orange, Agent White, and Agent Blue, that were sprayed as part of the strategic spraying missions in Phuoc Tuy Province. There is evidence that 1,822,856 litres of these herbicides were sprayed in Phuoc Tuy Province during a 31-month window. Both Agent Orange and Agent White had an effective duration of 12 months, but similar evidence could not be gained for Agent Blue. My investigation identified a total of 356 probable occurrences when our troops moved through areas that had previously been sprayed. Evidence was gained that one New Zealand position had been sprayed at least 8 days before our troops arrived at that position, 35 locations had been sprayed between 1 month and 6 months prior to the arrival of our troops, and a further 47 locations had been sprayed between 6 and 12 months prior to their arrival.

I can confirm that on 15 September 1967 a New Zealand unit was sprayed with an unidentified substance. This was not a strategic spray mission. Finally, I can confirm that hand-spraying of foliage, using in the main knapsack spray units, was conducted around established base areas in Phuoc Tuy Province.

Now to examine the issue in more detail.

Chadwick Could I just interrupt and say, we will hear this, and then we will bring Defence back for questions, so that we at least get this tabled properly for you today, with respect to all you've done.

Seymour There were two principal documents that were used in the investigation into the actual spray missions that were conducted in Phuoc Tuy Province. These documents were a copy of the HERBS tapes that were provided to the New Zealand Defence Force in 1980 by the New Zealand Defence Force Liaison Officer based in Washington. This document had been made available to him by United States authorities as a result of it being released to the New Zealand Press Association representative in the United States at that time, a Mr David Barber. This document is at flag A in the detailed report.

The second document, shown at flag C in the detailed report, was an Australian report entitled the *Report on the Use of Herbicides, Insecticides and other Chemicals by the Australian Army in South Vietnam*, compiled in 1982. Neither of these two documents contain any classified material, but they do contain details on the specific strategic herbicide spray missions that were conducted in Phuoc Tuy Province during the period 10 November 1965 until 30 June 1968.

The committee should note, however, that these spray missions only relate to what are known as "Trail Dust" missions. "Trail Dust" missions were the spray missions planned and controlled at the highest military level, and conducted throughout South Vietnam.

This investigation did not set out to determine any other form of herbicide spraying in the province. By other forms, I include any herbicide spray missions that may have been planned at a subordinate military headquarters, and conducted by any allied force using any form of fixed or rotary-winged aircraft. Nor have I studied the spraying of herbicide by hand.

The investigation revealed that there were seven types of herbicide spray dispersed as part of the "Trail Dust" missions, but only three of these were sprayed in Phuoc Tuy Province. They were: Agent Orange, an oil-based herbicide that was a systemic defoliant effective against broadleaf vegetation, achieving maximum effect in 4 to 6 weeks, and with a duration of approximately 12 months; Agent White, a water-based herbicide that was a systemic defoliant effective against broadleaf vegetation, achieving maximum effect in 6 to 8 weeks, and with a duration of approximately 12 months; and Agent Blue, a water-based herbicide that was a non-systemic desiccant used primarily against grasses, taking effect in 24 to 48 hours and killing leaves in 2 to 4 days.

The investigation revealed that there was a policy that restricted the planning of any "Trail Dust" herbicide missions within 5 kilometres of any active rubber plantation. The assumption gained was that there could have been a drift of herbicide for up to 5 kilometres from either side of the actual spray line. In establishing the maps, rather than using the 5-kilometre rule, a conservative 500 metres has been applied to either side of the spray line.

The maps were developed by me for the purpose of this investigation. They certainly were not in existence when the Reeves committee conducted their review in 1999. Nor were they in existence for the recently released McLeod report.

I previously indicated that there were two prime documents that were available from which to extract the necessary data, from which the maps were compiled. Both documents show only the "Trail Dust" missions that were flown between 10 November 1965 until 30 June 1968. Whether any "Trail Dust" missions were flown outside of that window, or any other

form of herbicide spraying was conducted, is not known. The US-sourced HERBS tapes indicate that there were a total of 113 "Trail Dust" missions flown in that period. The HERBS tapes also reveal that these 113 "Trail Dust" missions accounted for 357,150 gallons of herbicide, of which there were 203,000 gallons of Agent Orange sprayed, 151,450 gallons of Agent White sprayed, and 2,700 gallons of Agent Blue sprayed. These gallons refer to US gallons.

The Australian data, while still keeping within the same window of 10 November '65 until 30 June '68, indicate that 121 "Trail Dust" missions were flown, and accounted for 481,600 gallons of herbicide being sprayed. For the purpose of my investigation, I have used the data contained in this Australian report.

A brief geography lesson: the province is situated approximately 60 kilometres south-east of what is now known Ho Chi Minh City. The province was approximately 60 kilometres west-east, and 42 kilometres north-south. Nui Dat was the base location where the majority of our troops served.

Now we look at a series of maps that will depict the actual "Trail Dust" spray missions that were flown during the period 10 November 1965 until 30 June 1968. The maps have been colour-coded in accordance with the type of herbicide that was being sprayed. Maps bearing orange strips depict the application of Agent Orange between two given points on the ground. Likewise, a map showing white strips depicts Agent White, and a map showing blue strips depicts Agent Blue. Some maps contain all three colours, and these maps have been devised to indicate the total herbicide spraying of all natures. The maps have, in the main, been compiled to depict only 12 months' worth of spraying. The process has been used on the basis that the effective duration of both Agent Orange and Agent White was given as 12 months. No data could be located on the effective duration of Agent Blue.

[shows 11 maps]

Having plotted all those Trail Dust missions, I then researched archived files, and identified approximately 850 known New Zealand troop locations. These locations, in the main, were the specific positions that our troops were reported to be situated at during their overnight operations, plus the locations of fire support bases established by 161 Battery. In addition, the locations include the positions where our troops came into action against enemy forces. The locations do not record the exact patrol route taken by our troops, and nor do they include all possible positions. Naturally, the data used was that what was available, and does not include detail from any activities that may have seen our troops operating in joint activities but under the command of Australian forces. In addition, only the data pertaining to our troop locations during the period 10 November 1965 until 30 June 1969 were recorded. 10 November was selected as this was

the date the "Trail Dust" mission data commenced. And 30 June 1969 was selected, as this was 12 months after the last recorded "Trail Dust" mission was recorded on the available information. Again, I must reiterate to the committee that these troop locations were only applied to "Trail Dust" missions and not to any other herbicide missions that may have been executed.

The final four maps depict colour-coded markers with an adjoining figure annotated on the map. The central core of this marker is colour-coded to depict the actual time between the spraying and the arrival of New Zealand troops at that very same location. The outer ring of the marker will depict the type, or types, of herbicide spray that was used on that particular mission, and the numerical figure is the actual number of days between the spray mission and the arrival of troops. By inserting these 850 locations into a computer programme I was able to ascertain the following, as depicted on the next series of maps.

[shows two maps here]

Collins When you're talking about "Trail Dust" missions, you're talking aerial spraying?

Seymour Aerial spraying.

Collins So everything we're talking about is aerial spraying.

Seymour Absolutely. And the strategic—

Collins And you're not dealing with the hand-spraying?

Seymour I'm not dealing with any other form of spraying.

[shows two maps here]

In summary, the results of the analysis of the correlation of our troops to areas sprayed by herbicide conducted under "Trail Dust" conditions indicate that there were 356 occurrences where our troops most probably came into contact with either Agent Orange, Agent White, or Agent Blue. However, there is evidence that one location had been sprayed at least 8 days before our troops had arrived at that location, that 34 locations had been sprayed between 1 month and 6 months before our troops operated in that location, and a further 48 locations had been sprayed between 6 months and 12 months prior to their arrival. The other 273 occurrences involved our troops operating in areas that had been sprayed over 12 months prior to their arrival.

There is one particular incident that I wish to draw to the committee's attention. This incident has received some media attention in the past, and it involves an incident in which a soldier from New Zealand's Victor Company has claimed exposure to herbicide spray. The incident is included

in the 1982 Australian report. Both the Vietnam veteran and the Australian report agree that the incident occurred on 15 September 1967. My research into this incident has revealed the following.

The Australian report records just two cases of actual exposure through aerial spraying, one of them being this particular incident. My investigation has confirmed that Victor Company was on an operation on that day and in that area that the incident occurred; that at 1055 hours on 15 September 1967, the day in question, Victor Company reported by radio that they had been "crop-dusted". Further investigation revealed that at 0827 hours that same morning a discussion was registered on another record sheet of a conversation between two Australian Army officers. This discussion confirmed that a "crop-dusting job" would be done in the area that Victor Company was operating.

My investigation did not find any other reference to this incident, apart from a report by the then Chief of General Staff, who in writing to the then Chief of Defence Force on 3 October 1967 stated, amongst other things, that the foliage in the area that Victor Company had been operating had been cleared back to about 200 metres on either side of Route 2, and along nearly 8,000 metres of the road's length. For this statement to be made some 18 days after the actual incident would suggest that the herbicide used was probably Agent Blue, which took between 24 and 48 hours to take effect.

This was not a "Trail Dust" mission. My investigation revealed that the task was to be done out of a small village called Xa Bang. The village of Xa Bang did not contain any form of airstrip for a fixed-wing aircraft to launch from. It is my assessment that a helicopter most probably completed this task.

To summarise, I submit that Victor Company, or elements of Victor Company, operating in Phuoc Tuy Province on 15 September 1967 were most probably sprayed by Agent Blue in an aerial operation conducted by a rotary-winged aircraft.

There is one further reported incident involving our troops and their involvement in defoliation that I found whilst completing this investigation. Contained in the archives was a monthly activity report for July 1970, submitted by Victor Company. This was most probably Victor Five Company. The document stated the following: "Defoliation. An attempt has been made to defoliate the perimeter wire. The defoliation machine has not been available and so the defoliation was done using knapsack sprays. The results do not justify further efforts being made with knapsack sprays."

Defoliation of perimeter areas was a constant and necessary task. My investigation revealed that on 21 September 1966, the Commanding General of the 10th United States Infantry Division approved the release of six drums, each containing 55 gallons of Agent Orange, to be hand-sprayed

around the perimeter of the Nui Dat base. This was the only evidence that I could locate that suggested that this herbicide had been used on this particular task. However, there was much evidence to indicate that there was always an ongoing operation to defoliate this perimeter, and substances such as polybor chlorate, borate chlorate, Dow chemical 2,4-TD, DMSO, Gramoxone, and Paraquat had been used.

My investigation also revealed that there were some specific safety precautions put in place for these defoliation tasks. First, there was a need for the units of the Nui Dat base to select "intelligent types" to expand an established defoliation team. The need for "intelligent types" was required as "the soldiers would be required to handle toxic chemicals in the course of their duties, and strict safety precautions would have to be observed". Another safety tip found during my investigation was that a particular substance was "fairly safe to use, as slight irritation of skin or throat shows operator when to stop".

Ladies and gentleman, that concludes my report on the investigation that I was directed to complete. I submit that there was spraying of herbicide in Phuoc Tuy Province during the period that our troops operated in that location. My investigation revealed that over a 31-month period, between 10 November 1965 and 30 June 1968, at least 481,600 gallons, or 1,822,856 litres, of a combination of Agent Orange, Agent White, and Agent Blue were sprayed during "Trail Dust" missions. However, my investigation only concerned itself with this type of herbicide mission, and the aerial spraying by other types of aircraft was not considered. Nor was hand-spraying considered, other than when dealing with one specific incident.

Having identified that these herbicides were sprayed in Phuoc Tuy Province, I can confirm that our troops were most probably exposed to these aerial-delivered herbicide sprays. I have identified a total of 356 occurrences when our troops probably came into contact with Agent Orange, Agent White, or Agent Blue. However, of these 356 occurrences, there is evidence that one New Zealand location had been sprayed at least 8 days before our troops operated in that location, that 34 locations had been sprayed between 1 month and 6 months prior to the arrival of our troops, and a further 48 locations had been sprayed between 6 months and 12 months prior to their arrival. The other 273 occurrences involved our troops operating in areas that had been sprayed over 12 months prior to their arrival.

I have therefore identified 83 occasions when our troops most probably came into contact with these agents that had been aerially delivered within the preceding 12 months. I can also confirm that on 15 September 1967, Victor Company, or elements of Victor Company, was most probably sprayed with an unknown herbicide, possibly Agent Blue.

Finally, I can confirm that whilst hand-spraying of foliage was conducted around established base areas in Phuoc Tuy Province, that apart from the

probably hand-spraying of Agent Orange on the perimeter of Nui Dat sometime after September 1966, it is probably that all other perimeter defoliation tasks were completed using herbicides other than these agents. That completes my investigation.

Chadwick Thank you very much. We won't have questions, but that was a very comprehensive report, and very clear, and we will be asking you to come back. We'll have to confirm that, we'll have to reshape the agenda for next week, but I'd like to thank you for the comprehensive submission that you made to us today—very open.

conclusion of evidence

Appendix H

Corrected transcript of evidence 10 December 2003

Members

Steve Chadwick (Chairperson)
Judith Collins
Hon Harry Duynhoven
Dave Hereora
Sue Kedgley
Nanaia Mahuta
Pita Paraone
Simon Power
Heather Roy
Dianne Yates

Staff

Catherine Parkin, Clerk of the Committee
Philippa Bell, Parliamentary Officer (Select Committees)

Witnesses

Colonel (Rtd) Raymond Seymour, New Zealand Defence Force
Brig. Rick Ottaway, Deputy Chief of Army, New Zealand Defence Force
Captain Jason Dyhrberg, New Zealand Defence Force
Lt Col Steven Taylor, New Zealand Defence Force

New Zealand Defence Force

Chadwick — Good morning. Thank you for carrying over from your submission last week. I suppose we could say: "Have you anything else that you wish to add?", and then questions if there's 5 minutes that—is there something that you wish to add, or are you happy that we go straight to questions?

Seymour — Absolutely.

Kedgley — I was wondering—I presume that you asked what was the chemical composition and risks, etc. of these particular sprays that they were spraying, ground spraying, or aerial spraying your troops?

Ottaway — We asked when, sorry?

Kedgley — Back at the time when it was taking place during the war, I'm presuming that someone from the military would have wanted to know what it was they were spraying their troops, and what was its safety profile, etc.

Ottaway Well, there was some comment in the Australian report, and I think Colonel Seymour mentioned it last week when he said "intelligent people" should be used to spray this chemical and that they may get sensations in their throats and what have you, and that appears to be the only information. Certainly, people at the time weren't very concerned about it, I think.

Kedgley But as the military responsible for our troops in Vietnam, did you not have a responsibility to find out what it was that they were spraying the troops with, or ground spraying, and to make sure that they were protected from any harmful effects?

Ottaway I don't think those attitudes prevailed at the time and certainly—I mean, I was just one of the ones who was out there in it, and we weren't asking any questions.

Kedgley So nobody asked any questions. I think we have had some evidence that people did actually—some previous submitters have said they wanted to know what it was, there were questions. At what point then did the military make inquiries and discover what in fact it was that they were spraying, for example, Agent Orange?

Ottaway Well, there's been discussion for many, many years. I haven't been involved in it, but yes there has been. This issue is not new. It's been going on for a long, long time, and it would appear that there's been various committees who have looked at this business, and I don't know whether they looked at that or not—I guess primarily the Reeves investigation.

Kedgley There were big cases with the chemical companies involved about what it was and what were the harmful effects of it. I would have thought you would have been intensely interested in those court cases, in those studies, in the suggestion that this Agent Orange they were spraying could—contained TCDD?

Ottaway We haven't certainly looked at that.

Kedgley You haven't looked at that?

Collins One of the questions I've got in my mind is the HERBS tapes and the report from Lt Col. Peck. I think I remember you saying, Mr Seymour that these documents were unclassified and were available, and in particular the HERBS tapes are referred to in both the Reeves and in the McLeod report. What I'm trying to get my head around is if this information was available, if it was made available to those two inquiries, how come they didn't come to the same sorts of conclusions that you now have? Do you now have any other information, such as—was it that the information wasn't explained to them, it wasn't interpreted, or something. Is there anything we can find there to help us understand that?

Seymour The two documents you talk about—the HERBS tapes from the United

States, which I indicated, came to New Zealand I think from memory in 1980 or 1982. I had never seen that document until I started this investigation, so whether it was available for the Reeves commission, I have no idea.

Collins It's referred to.

Seymour OK, I wasn't aware of that.

Power Have you read the Reeves report?

Seymour I've scanned it, yes.

Power So, given the information that was presented to the committee a week ago, what do you think of that report?

Seymour I really can't comment because I haven't studied it in that detail to make any comment on it. As far as I was concerned, it was irrelevant to what I was required to do, and what I was required to do was to determine, based on the data that I'd found and was given—and when I say found, it was the Peck report and the document that I was given was the HERBS tapes—to apply the data on those two documents on to a map, to ascertain whether any herbicide of any nature had been sprayed in Phuoc Tuy Province, full stop.

Chadwick Could I just ask too there, was the brief only covering Phuoc Tuy on this?

Seymour Yes, ma'am.

Chadwick What about Bien Hoa?

Seymour My brief was to just look at Phuoc Tuy Province, and that's what I did. Now, there is—I don't dispute that New Zealand troops did serve in Bien Hoa Province. My record shows that just over 2 percent of New Zealanders served in Bien Hoa Province—2 percent—but every member who served in Bien Hoa Province then moved to Phuoc Tuy Province, because in May of 1966, 161 Battery, who had served in Bien Hoa Province with the 1st 173rd Airborne Brigade, then were transferred to the 1st Australian Task Force, when it was set up in Phuoc Tuy Province. And of course, there were numerous other New Zealand servicemen and women and civilians who served in other provinces, not only Phuoc Tuy, but I didn't look at Bien Hoa, because that wasn't my brief.

Paraone Given that the original briefing was about the level of exposure, if any, of troops to Agent Orange and other herbicides, did you ever wonder why you weren't asked to have a look at other provinces where those herbicides were used?

Seymour I didn't wonder at all. I was given a task to do, and that's what I did. I didn't go outside the—

Paraone I just wonder whether or not that might be a question to—

Seymour I must add, I mean to say we're talking about 3,000-odd—3,800 New Zealanders served in Vietnam, and you're concerned about Bien Hoa, and I've just indicated that 2 percent of that 3,000 served in Bien Hoa. But every one of them moved into Phuoc Tuy Province and herbicide is herbicide. Herbicide in Phuoc Tuy Province, if it's Agent Orange, is the same Agent Orange that might've been sprayed in Bien Hoa Province.

Paraone But given the doubt that obviously some people have about the effects of exposure in one part of Vietnam, you would have thought that they'd look at all the evidence as to where—

Ottaway There is evidence that's publicly available which discloses how much herbicide was sprayed in every province, and yes, Bien Hoa got a good dousing of the stuff along with everybody else. So the correlation that we had people there and Bien Hoa was sprayed is clearly in the public realm. I don't think there's any dispute that if you were in Bien Hoa Province, the chances were that people came into contact with herbicide, because it's publicly acknowledged by the US that they used it in that province.

Chadwick We really just wanted to clarify it, because we've been contacted by many to say it seemed to focus on Phuoc Tuy, so that just clarifies it for the record for the inquiry.

Ottaway I guess the focus on Phuoc Tuy was because that's where the overwhelming majority served.

Chadwick So they all ended up going to Phuoc Tuy?

Ottaway Well, not necessarily, but the overwhelming majority. For example, I never went to Phuoc Tuy Province, but I was one of about 25 in an organisation that didn't. So, it's a very small number, and yes, when we go to the record, the area that we served in got its dose of herbicide, as well.

Seymour I don't think there is any province in South Vietnam that didn't get sprayed. That's my own personal view.

Power No province in South Vietnam?

Seymour I would imagine no province in South Vietnam did not get sprayed with some form of herbicide.

Kedgley I'm still rather puzzled that the military would not have made any investigations as to whether it was 480-odd gallons or—there was a substantial amount of this being sprayed over our troops. Is there no evidence through your records that you—that the military at any stage contacted the American Government, sought assurances, followed up on the health effects—particularly when it started emerging through international court cases around the chemical companies that were

producing it?

Ottaway Well I think this is possibly one of the issues that's at stake here. It's difficult to work out who has responsibility for what—whether it's been the Defence Department, the Ministry of Health, the War Pensions Board, the Veterans Affairs—it is difficult, because essentially we, in the New Zealand Defence Force, deal with people who are serving now, not those who have left the service.

Kedgley But don't you—that's the very issue, when you said, "who is responsible". Do you think that the military must take some of that responsibility for allowing their troops to be sprayed without thoroughly investigating it, or not particularly?

Ottaway I think you've got to go back into the context of the time it was happening. I mean, we're now applying a different set of criteria to it.

Kedgley Yes, but with all due respect, we'd had mustard gas from the First World War. We've had previous incidents in which our troops' health has been put at risk by exposure to these sorts of things, and I find it astonishing that we—that the military was not actively seeking to find out and to protect our troops from this sort of massive spraying operation.

Ottaway We can't find—we haven't looked at that sort of evidence. It would really require someone who was responsible at the time to come in and deal with it. Certainly, it's just beyond my knowledge. The documents we've looked at don't talk about that sort of thing. We know the RSA were interested in 1980.

Chadwick Can I just ask on that, some of the submitters told us that they thought that the spray—when they were directly sprayed—was for mosquitoes. Did they ever get told: "This is a defoliant, so that we can see that we've got good air surveillance."?

Seymour I did two tours in Vietnam, and I never knew that there was any such thing as herbicide spraying. On one occasion on my second tour, I observed three aircraft spraying, and I asked my platoon commander at the time: "What was that?". And the conversation ended up, "well, those aircraft are spraying", and I said "what are they spraying?", and my platoon commander said: "It must be against mosquitoes." I think I asked the question: "I wonder why they are spraying mosquitoes out here in the jungle?"—full stop.

Chadwick So it was a commonly-held belief? And we didn't have OSH then?

Seymour No, we did not.

Collins I'm still trying to get clear here, and perhaps, Brigadier Ottaway, you could help with this. Both the Reeves and McLeod report, I think, were very premised on the basis there was only one known instance of our troops

coming into contact with herbicide. Clearly, that was wrong. That information came at one stage, was on the Ministry of Defence, or the military—I mean, people don't just figure these things out by themselves. What I can't get through is why that patently wrong information was given through to both those inquiries, because if either of those inquiries had known what we now know, from the work that Mr Seymour has done under your direction, then a lot of this could have been avoided. Now, I'd like to know what actually went on, and I'm sure the committee wants to know. What did they ask for?

Ottaway I don't know. It's before my time. The information was there.

Collins Well, I'm just thinking back because Jessie Gunn, who was then a full colonel in the army, was, as I understand it, the liaison person between the Ministry of Defence and the Reeves inquiry. Now, she wasn't a secretary to it.

Ottaway No, she was—I understand she was a secretary of the—

Collins And that she would've had information available or been able to be involved in that sort of information. She's now the Director of Veterans Affairs, was involved in the commissioning of the McLeod inquiry. We really are trying to get to what went wrong here, so it cannot happen again.

Ottaway I just don't know. When we started this, this material was top of the list and, frankly, formed the basis of the work that Colonel Seymour did. And it was an exhaustive task, which took him some considerable period of time, but it really involved the transposing of map data in written form on to maps, making some assumptions that he explained to you last week about the width of flight paths and what have you, and at the end of it we ended up with a picture, which we came across and presented. I can assure you that our brief on this was clear, and we said, if it's there, we're going to tell it to you.

Collins That's great. I'd just like to say, thank you very much for actually putting it in a map form, because it then becomes completely obvious.

Ottaway I suspect if you're talking about Bien Hoa, whoever asked for the information, which the HERBS tapes that we got, was a request for information on the missions that were flown in Phuoc Tuy. If we were to go back to the United States now and say could we have the same information relating to Bien Hoa, I suspect they would probably cough it up.

Seymour It is interesting to note on the Bien Hoa issue, though—this was that report that I used, the Australian report—there are no HERBS tapes data in this report dealing with Bien Hoa, and yet Australians served in Bien Hoa. That's where our gunners from 161 Battery first went to, and the Australians, 1RAR, were in Bien Hoa Province at the time.

Kedgley Some submitters have suggested that there was a deliberate withholding of information. Some have even gone as far as to almost say it was a sort of cover-up across a number of departments, which would, of course, include the Ministry of Defence. What is your response to that sort of allegation, that somehow that information has been withheld over many years, rather than submitted to these various inquiries that were taking place?

Ottaway I don't know.

Kedgley You don't know.

Ottaway Our approach to this was—we've been given this job to do, we're going to produce everything that we can find.

Kedgley Somebody must know. In this, we need a bit of institutional memory, and I readily acknowledge that you personally don't know, but it would be helpful for us to find out what the military—

Ottaway I don't think we're equipped to answer that.

Kedgley So who is equipped in the picture?

Seymour When I researched for this investigation, I could find no evidence on the files that I located that they'd been researched by anyone else before.

Kedgley They'd never been researched. But they were there?

Seymour Absolutely.

Kedgley And people knew they were there, so why were they not handed on at an earlier time?

Seymour I'm not saying they weren't researched. I could find no evidence they had been researched.

Kedgley But the question is, if they were there and you knew they were there, and we knew that there's been these various inquiries researching these issues, you know it's controversial, you know that the Vietnam vets are concerned about it, I find it incomprehensible that they would not have been passed over at earlier time. If you can't answer this question, who in the military can?

Ottaway I suspect that the Reeves committee themselves may be able to answer some of those questions.

Duynhoven Have the files ever been copied, and maybe the copies processed?

Seymour Yes, they have. You've got sitting in front of you—

Duynhoven Sorry, prior to this.

Seymour I'm not aware of any—

Duynhoven Because you made the statement that it looked like they'd never been—

Seymour I could find no evidence that they'd ever been researched before. That doesn't mean to say that they weren't, but there was no document on the file to say—for example, you used Colonel Gunn's name. I found no document on any file which said that Colonel Gunn had read, taken a copy, or used this document at any time prior—

Power Just a point of clarification. In the submission on page 2 after your executive summary, once you've said that one New Zealand position had been sprayed at least 8 days before our troops arrives, 35 locations had been sprayed between 1 month and 6 months prior—at (f) there you say "I can confirm that on the 15th September 1967 a New Zealand unit was sprayed with an unidentified substance. This was not a strategic spray mission." What do you mean by "not a strategic spray mission"?

Seymour My investigation revealed that there were three types of missions. The one that we were dealing with in this investigation was based on what they called the "Trail Dust" missions. "Trail Dust" missions were a strategic herbicide spray mission. They were organised and controlled at the highest military level. If you're looking at Phuoc Tuy Province—that's what we were dealing with—the Commander of the 1st Australian Task Force in Phuoc Tuy Province had no control over those spray missions. He may have asked for the mission to go ahead, and it would not have been his prerogative to approve it. It would have had to go up to the highest military level. Also in Phuoc Tuy Province, there was a Vietnamese Province Chief. He could also ask for a spray mission to be conducted in Phuoc Tuy Province, and that same mission request would have to go up to the highest military level. Also in Phuoc Tuy Province, there were South Vietnamese military units, and those military commanders could also ask for strategic spray missions, and they would again have to go up to the highest military level. So that's what we were dealing with in this investigation. It was just the strategic high-level missions. The second layer, again using Phuoc Tuy as the example, the Australian Commander of the 1st Australian Task Force could decide that he wanted to do his own spray mission using his own resources, and so there was nothing to stop him from loading some herbicide up in aircraft that he owned and spray an area that he wanted sprayed. It didn't require clearance from the higher military headquarters. He could do it himself. I am suggesting that the 15 September 1967 incident which is recorded in the Australian report was not a strategic mission, because—

Chadwick OK. I think you covered that as well last week, quite comprehensively.

Kedgley To the military's knowledge, was Agent Orange ever produced and manufactured in New Zealand and sent to Vietnam.

Ottaway No idea.

Kedgley You've said basically that you have no idea about any of these questions, about whether the military knew about the effects of these chemicals, you've no idea about whether Agent Orange—it is a little bit unsatisfactory, and would it be possible to perhaps ask for the military itself to answer some of these questions in a subsequent paper to us. Because I think it's quite important that the veterans and that we know whether there was actually any investigation by military into, for example, the sprays that were used and the health effects of them.

Ottaway I'm not too sure I actually follow the question. You started off about whether it was manufactured here—

Kedgley That was Agent Orange, yes. You just said you had no idea.

Ottaway If one reads the newspapers, yes, one's aware of some conjecture that possibly it was. But that's in the public domain anyway.

Duynhoven Mr Seymour, you might, from either written evidence subsequently discovered or from practical knowledge from having been there, did you have any idea of where the chemicals which were sprayed, where they were sourced and their transport route into Vietnam?

Seymour No.

Duynhoven Nothing in any of the documents?

Seymour This document here certainly has detail on the procurement and the transportation of various herbicides into Vietnam from Australia. It also, from memory, included the purchase of herbicides whilst in Vietnam. Now, I can't recall where those herbicides were purchased from in Vietnam, but this document certainly does record the transportation and purchase of herbicides for this period.

Duynhoven Colonel Seymour, I apologise that I haven't been on the committee before, but does the name Subic Bay, in the Philippines, come into your recollection of the transport routes by which chemicals may have come?

Seymour No, it doesn't, but I'm not ruling it out. Again—

Duynhoven OK. Because a lot of chemical product was shipped from New Plymouth to Subic Bay around that time. It would be interesting to know what became of it.

Kedgley Presumably the military would have known, though, because presumably it would have had to be flown in on military aircraft of some sort.

Duynhoven Or shipping.

Kedgley Or shipping.

Chadwick But I think we have to accept we've asked the question. Afterwards, the committee can resolve to seek further—

Kedgley It is clear that you don't know. We accept that. But there must be those in the military with some institutional memory that we can ask about—

Ottaway We're about it.

Chadwick Thank you very much for coming before us, and thank you, everybody who's been listening. This is still ongoing, so we will be deciding as a committee what we do next.

conclusion of evidence

Appendix I

Corrected transcript of evidence 3 March 2004

Members

Steve Chadwick (Chairperson)
Judith Collins
Dave Hereora
Sue Kedgley
Nanaia Mahuta
Pita Paraone
Mark Peck
Heather Roy
Dr Lynda Scott
Judy Turner
Dianne Yates

Staff

Catherine Parkin, Clerk of the Committee
Philippa Bell, Parliamentary Officer (Report Writer)

Witnesses

Dr Deborah McLeod
Professor Tony Dowell, Head of General Practice Department, Wellington School of Medicine and Health Sciences, University of Otago
Professor John Nacey, Dean, Wellington School of Medicine and Health Sciences, University of Otago
Jessie Gunn, Veterans Affairs New Zealand
Air Marshall Bruce Ferguson, Chief of Defence Force

[Welcome, introductions]

Chadwick Thank you for responding to our request to offer the opportunity to come before the committee. We are very aware from various submissions that there were things said or things written that I felt_____ I'm sure we have some questions to ask of you.

McLeod Thank you. I intend to just speak to the written document that has been circulated to you. Thank you for the opportunity to address the select committee inquiry into the health effects of Agent Orange. Today what I plan to do is outline the background to our involvement in preparing a report for the Office of Veterans Affairs, to briefly summarise the approach taken in preparing the report, the issues involved in collating evidence about the health effects of Agent Orange, to respond to the allegations

made about the content and quality of the report I prepared, and, finally, to consider the interface between research and policy.

I felt it was useful to give you some background on how we came to be involved. In 2000 an invitation for registration of interest in research work was prepared by the Office of Veterans Affairs, and circulated to a group of organisations that may be interested in responding to the invitation. A copy of that was circulated to you, I understand.

Chadwick Can I just clarify, are you going to read the whole paper?

McLeod I don't need to, if you feel you've already read it. We can move straight on to questions.

Chadwick If you just want to do a summary. We have all read it, and I'm sure _____. Does that throw you terribly?

McLeod No, that's fine. Essentially, we became involved when we responded to an invitation for registration of interest. The invitation had very specific points of information that were sought from the applicants. We responded with a proposal addressing those points. Our proposal was accepted without changes. We carried out the work as outlined in the proposal, in a timely fashion. We put in place the usual quality control measures, including a peer review process, which we instigated ourselves. That was followed up with a peer review process undertaken by the Ministry of Health, where the reviewers were selected by someone other than ourselves.

We went to quite a lot of trouble in the report to outline some of the issues around the difficulties in actually providing evidence, retrospectively, on this sort of topic—particularly around the difficulty of ascertaining exposure, given that the relationship between exposure and outcomes is quite important in epidemiological studies.

I would like to take this opportunity to address the issues around the interface between policy and research, though. We feel that providing evidence is an important part of policy development, but it's not the only part. As researchers, it is not up to us to determine the research questions that the policymakers require answers to. It is really up to us to respond to the questions that the policymakers feel they require evidence about. In this context, we feel we have done that. If the questions asked were not the appropriate questions, we don't feel that is our responsibility.

We also feel that some of the issues and the amount of protection for researchers who are involved in providing evidence in controversial topics is an issue that needs to be grappled with, if the Government continues to want academic institutions to provide evidence to inform policy. Has that covered all the main points? Does anyone have any questions?

Chadwick No, we won't go to questions just yet. Is there anything else that your colleagues want to add to what you said? I do assure you that we read this really well.

Dowell I suppose that as head of the department in which Dr McLeod works, while certainly acknowledging the concern of the veterans about this issue—and it clearly is something that has been an important part of their lives—I would just like to endorse the quality and the rigour with which I feel Dr McLeod and team carried out this piece of work. It was certainly in accord with the usual academic and university practices.

Nacey As head of the local institution and representing the University of Otago, which is the host institution for this, once again I would like to reaffirm the university's viewpoint that we stand by the quality of the research, and we are absolutely sure that this was conducted in a robust manner that would satisfy, to our mind anyway, the most fair and rigorous critique of it. Certainly, I think Debbie has given a very good overview of the main issues that we think are remaining with the document.

Chadwick Thank you.

Kedgley Going back to your statement that has been_____[30 seconds inaudible]

McLeod Not at the time that we undertook this project, no.

Kedgley So you weren't.

McLeod No.

Kedgley When you went to the Office of Veterans Affairs, did you ask them—did you probe for proof that there were maps, or for evidence, or did you just simply accept that basically this was the best report, the most up-to-date information?

McLeod We asked the Office of Veterans Affairs if they could give us copies of any other reports or material that they had, which would be relevant to us preparing the report. We certainly didn't ask for maps, or for evidence about exposure, because we were not collecting original data. We were not attempting to ascertain the degree of exposure of New Zealand veterans. I mean, we were reviewing published international literature, so the question of to what extent were New Zealand veterans exposed was not the question we were answering.

Kedgley But nevertheless, you do sort of address that. But when you said that they gave you some reports, what reports did they give you?

McLeod They gave us a copy of the Reeves report, and they also gave us some earlier reports they had prepared on the area of Operation Grapple veterans.

Kedgley I'm just wondering, because it focuses a lot on aerial spraying issues—to suggest that they often used spray. Of course, we have conflicting evidence on that. But were you aware of the potential for dioxin poisoning—that it is not simply through aerial spraying, that you can get that through the food chain, and through all sorts of pathways, not simply aerial spraying?

McLeod That's right, and not simply in Vietnam.

Kedgley Indeed. So why did you deem to focus simply on aerial spraying?

McLeod I think, in retrospect, in the executive summary portion of the report, we added information on exposure just in terms of providing a context. I mean, it was not a question we were focusing on.

Kedgley Do you accept now, and do you regret, that you didn't probe a little deeper? That to accept that argument, use that as an assumption—that the New Zealand vets were not basically or invariably exposed to dioxin—could have been seen to be a flaw in the research?

McLeod I don't regret not following up that issue any further, because that was not part of our brief. We were looking at published international evidence. The published international evidence is primarily on American troops, where there is no debate about whether they were exposed or not. I went to some lengths in the report to discuss the issues around measuring exposure. I mean, in these studies it is individual exposure that's actually of interest, not exposure of the whole group. What I possibly regret is mentioning exposure at all in the executive summary, and not making a stronger statement that this was not an area that we were addressing in our report. In retrospect, I would have quite clearly said that. I felt that the disclaimer we'd put in there, based on the information available to us at the time, was sufficient.

Kedgley Just before I close—because others want a question—if I could just ask one. You said things like: "Interpretation of this data must take into account the very limited potential that New Zealand troops had for exposure to Agent Orange."; you made a series of statements such as those about where there was no area of spraying etc., which in hindsight, from our maps and evidence, turn out not to be true. So does that concern you?

McLeod No. Well, it concerns me, because obviously it would be good to have accurate information about what happened. But it doesn't concern me in terms of changing the conclusions we reached, because the conclusions were reached on published studies of US soldiers, not on studies of New Zealand soldiers, and we were not reaching our own original conclusions based on any study of New Zealand troops. I would also like to note that these summary points are from the executive summary, which is a very few pages in the context of a very large report. The issue of exposure and the problems around assessing exposure in epidemiological studies are dealt with in quite a lot of detail in the main body of the report. I think that

needs to be taken in the context of reading the few brief summary statements that it is possible to make in an executive summary.

Scott The title of the report is *The Health Needs of Children of Vietnam and Operation Grapple Veterans*. If you go the heart of the matter, you've stated to us that the research team was not in a position to independently access information about New Zealand troop movements. But then in the report, on page 42, it states that there is only one reported case that Anzac troops were in an area where they could have been exposed to aerial spraying. So did you just not dig deep enough, or did you ask and were not given the information about exposure, because this is the heart of the matter that the veterans are on about.

McLeod No, this is the heart of the matter about whether veterans were exposed. It is not the heart of the matter in terms of whether the evidence from the international literature suggest that there are health outcomes for the children of Vietnam veterans. That's the matter that we were exploring, not the exposure question.

Scott So you're saying that you were only exploring an international question—you weren't looking at New Zealand children of New Zealand veterans.

McLeod Well, if I could just go back to the invitation for registration of interest, which asked us to undertake a comprehensive and critical review of all available international research on the health of Vietnam and nuclear-test veterans' children. That is not the same as talking to veterans and asking about levels of exposure to Agent Orange.

Scott Did it ask at any time to look at how that affects the New Zealand children of New Zealand Vietnam veterans?

McLeod It asked us to consider the implications of that research within the New Zealand context.

Scott Then surely exposure is an issue. Because if you say that all the international evidence is such that they have high levels of spina bifida, and some of the things that we know, but that our Vietnam vets weren't exposed, or were only exposed on one case, then therefore—I mean, the extrapolation is that it can't possibly be the case for our veterans, so—

McLeod There is no evidence in the international literature, which is convincing, that there are health effects for the outcomes of children of Vietnam veterans, in our opinion, having studied the literature. So, given that that literature was based on very exposed groups, looking at the exposure of New Zealand veterans was not a high priority. The exposure levels of New Zealand veterans, it seemed to us, based on the information available, were lower than those of many US troops.

Scott And you are saying that even based on looking at those US troops, you believe there is no correlation between effects on the children and their exposure.

McLeod Well, the conclusion that we've reached is the one in the report, and I'm not going to try to attempt to reword it. If you read the points in here, in almost all of the good quality papers, the authors of those have reached conclusions, which say, for example, in the CDC study: "The study team concluded that, at least for birth defects evident at birth, children of Vietnam veterans were not at increased risk." That was a high-quality study. The Ericsson study: "Ericsson notes that while these results were statistically significant, they may not be biologically significant."

Scott What was statistically significant?

McLeod There was a slightly elevated risk of spina bifida, I think, recalling from memory, in the Ericsson study. Statistical significance is basically applying a test to a large number of data. OK? If you set the significance level at 10 percent, that means that 10 percent of the things that you test will be significant randomly, because that's what happens. So if your significance level is 10 percent, 10 percent of anything you test will randomly appear significant.

The idea of assessing evidence—and what we did—is to then look at causation. Does that significance correspond to causation? Is it actually coherent? What Ericsson was saying was that while they may have found a statistically significant effect for spina bifida, anencephaly, which is a very similar condition, wasn't. So, if it was actually biologically significant, what is the mechanism that would separate the two? You would expect both conditions to actually show an association, if the association was real.

Kedgley Are you aware that with dioxins—and, of course, DDT is the most serious case of all of those dioxins that we are talking about for exposure—the effects can be very long term; that they may not show up in the first few years? They take decades, in fact, to show up. I think there's an expression _____, but did you take that into account in reaching this very firm conclusion that there was no evidence to this correlation?

McLeod The conclusion we reached was based on the literature we reviewed, and clearly those studies taking place 20 or 30 years in advance haven't been carried out. Different conclusions may be reached if they were.

Kedgley Did you take into account the fact that they might take time to manifest, and that they might not be seen and we may see them in another decade?

McLeod What we took into account was what there was evidence available for us to take into account. I can't make subjective decisions about what might happen in the future. We were just—

Kedgley But your literature is supposed to be reaching—

McLeod No, it's not. It's a review of the available international research.

Chadwick No, that's not what we've been told.

Dowell Excuse me. Within the briefing paper, very clearly the limitations of epidemiological studies are outlined. There are limitations to epidemiological studies. You have identified one, which is to do with the time factor. Beyond that, if the information is not there, it cannot be assessed.

Peck If I go through your report, Dr McLeod, on page 5 you outline that most of the good-quality studies were of US veterans, and there was no _____ them to be sprayed with Agent Orange. Quite clearly, you were dealing with an issue where exposure was just simply not an issue. That was an accepted fact.

McLeod Yes, although there were difficulties in how much individuals had been exposed.

Peck I understand that. Even in the New Zealand context, that would have varied, depending on the length of service, and things of that ilk?

McLeod And specific _____.

Peck There's no difference between American soldiers and New Zealand soldiers, in terms of their reaction to exposure to dioxins, I would have thought.

McLeod I would not have thought so, either.

Peck That's the first thing. The second thing—as I was reading through further, on page 6 you make the comment about the role back then. You responded to a remit to do some research. It's not for you to reinterpret the level of remit that you are given to do the work on.

McLeod Not necessarily. Sometimes the request for a proposal might be couched in terms of: "This is the problem. How would you design a study to solve it?" In this case, the remit was put in very specific terms.

Peck In which case, you work specifically to the remit. You've got a contract to do, and the funding around that is based on the research that you do in respect of that work?

McLeod Yes, although obviously, as we did in this case, we came back and said: "Look, there's not that much evidence. There aren't that many papers based just on veterans, so would you like us to extend it and have a look at occupational exposure, as well?"

Peck Did you do that?

McLeod Yes, we did.

Peck Having got to that particular point, before you publish any documents, you then peer review the work that's done; and get others to have a look at it to make sure the process is robust. If there is any area of outstanding debate, you have that debate, and even, I would have imagined, have a minority-type report attached to a piece of research, if there's any doubt amongst academics as to the veracity of the work being carried out.

McLeod Normally, if you were having something peer reviewed, you would make changes to take into account their comments, rather than attach a supplementary report.

Peck I know we don't have long, but this is important. What I read in page 6 and 7 of your commentary is that regarding the work that has been carried out by the academics in this particular study, the reaction has been such that you yourself feel that it's not worth your while doing any further research into this matter. You personally wouldn't do it. Would your colleagues feel the same way?

McLeod You would have to ask them. I'm pretty sure that they do.

Peck The question that comes from that is this: because we have a negative reaction to a report—that researched the documents and the published research—that is so serious in that respect that nobody wants to pick up the ongoing work that needs to be done, does that not have a detrimental effect in the long term on the health of veterans and their children?

McLeod It absolutely does, I think. I certainly would think very seriously about being involved in any controversial topic, because of the amount of additional time—unfunded time—that we have had to spend on this project, and in particular, the abusive and offensive manner in which debate has been carried out on this topic. There is always going to be debate, and there is room for debate. I would certainly not have any problem with debating the issue with somebody, but having debate through the appropriate channels in the appropriate manner is, I think, very important if academics are going to continue.

Dowell Could we put that also within the context of the department, which would not shy away from controversial research issues. I think the point that Dr McLeod is making is about who is responsible for the communication that might then ensue as a result of a debate being initiated from the research. I think on this level, Dr McLeod, in particular, has felt that some of the comments, understandable though they might be from veterans' point of view, have become very personal. I can support the view that she would find that distressing.

Roy My line of questioning was going to be similar to Mark Peck's, but there's just one thing I want to follow through on. In the letter by Jessie Gunn, from the Office of Veterans Affairs, that has been attached as an appendix,

it outlines clearly what the purpose of the inquiry was to ascertain, and she has gone on later to say "I envisage that the following sequence of tasks could be completed."—those are the ones that you have copied over into here. Was there discussion with the Office of Veterans Affairs about whether the tasks they had suggested were, in fact, going to get to the bottom of the purpose of the inquiry, as they had outlined. Was there discussion between the two of you? Did you feel that the tasks were appropriate? Did you feel that you were compromised in any way in the tasks that they had requested in coming to the purpose of the inquiry?

McLeod At that point we were responding to this as sort of "naive investigators", which has advantages and disadvantages. The advantage is that you are going in with sort of a blank slate, in that you don't know anything about the topic. You don't have any background preconceptions, so you can look at the literature from an assuredly neutral viewpoint. The disadvantage of that is that you don't actually know a lot about the background and the potential controversy, or the potential fish hooks in the topic. So, in that situation, and particularly in a competitive tender situation, there's not usually a lot of discussion about "Should we change the questions?". Usually, you are responding. Any discussion that might take place would happen after.

Roy And did that happen?

McLeod It happened a little. Certainly, there was discussion about whether it was possible to carry out a study on New Zealand veterans—a similar high-quality New Zealand-based study. We felt it would be difficult, due to the fact that the survey that had been carried out on New Zealand veterans had only been able to track something over 66 percent or so of veterans—if you're going to carry out a good-quality epidemiological study, you have to account for a much, much higher proportion. With the lack of computerised records, trying to find the good control group, or a relevant control group, would be difficult. So we flagged that. We thought that there would be some difficulties in getting good-quality data from veterans. And going out and getting more poor-quality data was just not going to achieve anything.

Roy And what sort of response did you get to those comments from the Office of Veterans Affairs?

McLeod They were asking us for advice, and they just accepted the advice we gave on that. But they had been certainly concerned. The impression we had the whole time was that the Office of Veterans Affairs was very concerned about getting good evidence to support their decisions. We didn't ever have the impression that they were trying to cheat the veterans out of anything. In fact, the support packages they've put in place to support the children, in the absence of actual evidence, we felt were quite reasonable. Really, we wouldn't have agreed to be part of it at all unless that was their attitude.

Chadwick One of the subsequent findings is that we just didn't have a big enough research group. That was the question Heather raised: would we do some New Zealand research? Did it ever get discussed at that point—"Let's look at New Zealand and Australia vets."?

McLeod What would you want to find out from them is the question. All of the studies of the sort of the defects that might happen to young children have been done. There have been good studies done in the States. There is no reason to repeat those studies.

Kedgley Maybe time is the reason.

McLeod I was just going to say that the only possible thing you might want to look at would be to see what the later effects are. But then you've got real problems around trying to trace the veterans and the older children, and you've also got the same issues around measuring exposure. You can do the studies, but the studies retrospectively have to make some assumptions about who's exposed and who's not exposed, and how much they're exposed. There may be a subgroup of people who were very exposed, where the effects are different from the group of veterans as a whole. You can't measure it. I mean, studies are only a tool. They are not a definitive answer.

Collins I read your report, and you just talked about the exposure of the troops. The main point the veterans are mostly worried about is that you continue to repeat that there was very limited potential for New Zealand troops to have full exposure to Agent Orange, and that the information available to you was that_____ in certain pockets, there wasn't. All the evidence we have from Defence and elsewhere is that the problems were with the highest amount of Agent Orange. What I'm wondering is where you got the information from; where you sourced it from—simply from reports in the Office of Veterans Affairs, or where?

Dowell With respect, I think that was the first couple of questions, and I think we have had good discussion about that. We've already done that.

Collins So what is the point of your report in the first place?

Dowell We've dealt with that in the first two or three questions. We've already dealt with that particular point in the first two or three questions.

(Several people talking at once)

Collins We've got this exposure issue and then we've been hearing just now from Dr McLeod about the difficulty with such a small sample. I was wondering, Dr McLeod, whether there was any point at all in having the report done.

McLeod Our report was not based on a small sample.

(Several people talking at once)

Kedgley Nevertheless, you did make some quite strong conclusions—namely that interpretation of the data in New Zealand must take into account very limited potential of exposure. There was no evidence. You haven't just simply looked at the literature. You made some quite strong conclusions, and those conclusions are, in turn, linked to what now turns out to be erroneous information.

Dowell I think it would be worth pointing out, though, that those strong conclusions, such as they are, were reached on the basis of exposed populations, in so far as there is data about them. So, the researchers have taken a worst-case scenario.

McLeod We weren't dealing with anecdotal evidence. We were dealing with literature.

Kedgley Would you think that all the anecdotal evidence—we have had people come here, and they have presented what seems to be strong anecdotal evidence, some of it is obviously after some decades—could be called into question, or are you absolutely confident that there is no possibility?

McLeod Our position is not to assess the anecdotal evidence. In all due respect, that is your position. We provided you with the evidence. If you want to take into account anecdotal evidence—I mean, not all decisions are based on evidence. We've provided you with some evidence. Use that evidence as you wish to make the decisions that you think are most appropriate.

Kedgley Given the anecdotal evidence, would you think if you were reconsidering _____ long-term exposure?

Dowell No, that would not be our decision.

Yates I think that question is out of order. Dr McLeod didn't _____.

Chadwick I'm ruling that out. That's my prerogative as the chair. Thank you for coming before us.

conclusion of evidence

JESSIE GUNN EVIDENCE - 12 minutes – unrecorded

Appendix J

Corrected transcript of evidence 24 March 2004

Members

Steve Chadwick (Chairperson)
Dave Hereora
Dr Paul Hutchison
Sue Kedgley
Nanaia Mahuta
Pita Paraone
Mark Peck
Dr Lynda Scott
Judy Turner
Dianne Yates

Staff

Catherine Parkin, Clerk of the Committee
Philippa Bell, Parliamentary Officer (Report Writer)

Witnesses

John Masters
Lachlan Irvine

Chadwick [Welcome]

Masters Could I just start by thanking you for giving us this time today. When I made my written submissions in July, I think it was, last year, it became very clear to me that I had neither the academic qualifications nor the research credibility to make comment on the work of Dr McLeod. Without putting any fine point on it, I strongly disagreed with what she said, but I knew that if I just said that it would mean very little, and so I went in search and was very fortunate to find in Australia, at the Australian National University, a Phd student who was also an honours graduate from West Australia University and who, much more importantly, is very widely accepted as Australia's foremost scholar on Vietnam veterans' affairs, and who was himself a private soldier with the Royal Australian Infantry regiment, which was supported by my battery, 161 Battery, when he served there in 1967-68. I intend to say more than to say I was very pleased to find him then, and I am quite delighted that you are prepared to listen to him now. Thank you.

Chadwick Can I assure you that the committee's of one resolve, that we want to listen to this properly and give some closure to Vietnam vets—that we're spending considerable time and consideration before we report back.

Irvine Can I just say that it's an honour to be here. As John said, I have an honours degree—1st class honours degree in history—and am nearing completion on a Phd. My thesis title is: "An Australian Odyssey: the long journey home for Vietnam veterans". I've held many positions in the veteran community. I was National Secretary of the Vietnam Veterans Association of Australia during the Evatt Royal Commission days, in the 1980s. I was also secretary of the committee that organised the welcome home parade in Sydney. I was coordinator of the Vietnam Veterans Job Link programme. I've been involved in organisations such as Legacy, the Australian Veterans and Defence Services Council, the Australian Vietnam War Veterans Trust, and several others. Most of this involvement was in the 1980s and early 1990s. Due to health considerations I restrict myself these days to being a voluntary pension officer with the Vietnam Veterans Federation in Canberra, and giving priority to my studies at university.

It's an honour for me to be here, and it's also an honour to be working again with veterans of 161 Battery, because, as John said, I served with 3RAR, which worked as a team with 161 Battery, and for 5 months of my 12-month tour of duty in Vietnam, I was part of a small subunit called Fire Control Centre, which consisted of three radio operators from the battalion and three from the battery. So we were a real Anzac team within an Anzac team.

I'm not going to read from a prepared speech. I'm just going to speak extemporaneously on the assumption that you've all read my submission.

One development since my submission was written that you probably should know about relates to the Ranch Hand studies. You may recall that the Ranch Hand studies found a 50 percent increase rate of birth defects in the Ranch Hand personnel but did not report that. Instead, they reported that they found no linear regression to dioxin. Well, a conference paper was presented recently in the US by a couple of scientists from Yale, using more up-to-date statistical methods to analyse those very same Ranch Hand statistics, and they say that it does indeed show a linear regression to dioxin. That article is likely to be published shortly. The first of those scientists is Knafl, and the other one is Schwartz.

I'll go over some of the more important points in my submission. One point that I tried to emphasise all the way through is that I based my report entirely on information that was available to McLeod. Now McLeod may not have chosen to seek out that information, but it was all available to her. I was sitting in an office at ANU, I had the resources of the ANU library, and my computer in my office and my bookshelves. I had no access to any information that McLeod did not also have access to. I want to make that very clear.

I also want to make clear—and I hope I did in my report—that the errors, falsehoods, and misrepresentations in the McLeod report leap off the page. They certainly did to me, anyway, when I read it. It is inconceivable to me

that that report has been through a review process, apparently by five separate people.

Let me just give you one small example. Very early on in the McLeod report, there's a reference to a source, and it's referenced as Leepson (1999). When you look up the bibliography, you find that Leepson (1999) was the *Webster's [New World] Dictionary of the Vietnam War*. No disrespect to that publication—I own a copy of it myself—but in bookshops you'll find that sitting on the shelves next to *The Idiot's Guide to the Vietnam War*. It is not a serious publication. What serious researcher would quote that source and not quote, for example, the Agent Orange Scientific Task Force report, the Zumwalt report, the official history of the Operation Ranch Hand programme, the United States Air Force's province by province herbicide figures, or any primary sources from the New Zealand Defence department? This is not research. This is bizarre surrealist humour. This is a Monty Python sketch. This raises serious questions, in my opinion, about the standard of research in New Zealand.

You have, in the McLeod report, a chart graphically showing the results of the studies that McLeod has researched. That chart clearly shows 13 out of 20 studies finding an increased risk of birth defects for Vietnam veterans. The average risk, charting all the odds ratios of that chart, is 1.4, which means a 40 percent average increased risk of birth defects. McLeod's conclusion is that those studies show, overall, no increased risk of birth defects. Clearly, there is no relationship between that conclusion and that chart, unless you take into account deliberate misrepresentation. I can't think of any other explanation.

I'm sure some of you are lawyers. Now, if you have a witness in court who says, "I am a professional researcher, and I have reviewed this report, and I did not notice the discrepancy between this conclusion and the research on which it was based", would you regard that person as a credible witness? If you had five people coming in and saying, "We all reviewed this report, and we are all professional researchers, and none of us noticed the discrepancy between this conclusion and the research on which it is based", would you consider them to be credible witnesses? Or would you, perhaps, suspect, on the balance of probabilities, that none of them had actually read the report—they had simply been told to give it a tick, and they obeyed orders? Again, I suggest to you that this raises serious questions about the standard of research in New Zealand.

Now, you've all been made aware, I believe, of a number of emails between various people, including an email from Ms Gunn of Veterans Affairs and Dr McLeod, in which Dr McLeod infers that she received an instruction from Gunn that she could proceed on the assumption that Anzac forces generally served in Phuoc Tuy Province, and that Phuoc Tuy Province was not sprayed. There are some very serious issues here, both for Gunn and for McLeod. Starting with Gunn, there are two possible conclusions to be drawn from that particular incident—if it is, in fact, what happened. We

know that that instruction was false. We know that Anzac forces served all over the III Corps tactical zone, and we know that Phuoc Tuy Province was indeed sprayed. So we know that that instruction was false. Now, did Gunn pass that instruction on knowing it to be false—that in itself is a very serious matter—or did Gunn pass that information on in ignorance of service conditions in Vietnam? We're talking about the head of Veterans Affairs New Zealand apparently showing complete ignorance of service conditions in the Vietnam War. This is the person who is in charge of caring for the health of the veteran community in New Zealand.

Moving from Gunn to McLeod—if McLeod accepted that instruction, then I suggest to you that that is absolutely reprehensible. Let me give you a brief analogy to explain my point. Let's say that I am a professional researcher. I am commissioned to do a report on the health of World War II veterans. A senior bureaucrat comes to me and says, "I've got this history of the world—a very credible publication—it's published in 1930 and it makes no mention of the Second World War. So I want you to use this as your source and proceed on the assumption that World War II never happened, and therefore if these people have any health problems, they weren't caused by World War II." As a professional researcher, would I accept that instruction? Of course I wouldn't, because I would instinctively know that there must be a more up-to-date source. Now, McLeod is a professional medical researcher, and therefore knows, as well as anybody, the importance of keeping up to date with the very latest medical research. McLeod must have known that sources such as the Evatt report in 1985—a highly subjective secondary source, certainly not a primary source—could not possibly be the latest information on Agent Orange. So for McLeod to have accepted that instruction, knowing that there must be other sources available, to me is reprehensible.

My submission is basically divided into three. The first part is devoted to disproving that statement—that Anzac forces generally served in Phuoc Tuy Province, and that Phuoc Tuy Province wasn't sprayed. Unfortunately, that whole issue of direct exposure is a distraction, because direct exposure is not an issue. It is not an issue in Australia, it is not an issue in the US. Recent research—and I have cited it in my submission—shows that Vietnamese people who were not sprayed by Agent Orange in South Vietnam now have extraordinarily high levels of dioxin in their blood. They were not directly sprayed. The same research show similarly high levels in soil, in water, in fish, in poultry—in other words, it's in the food chain, it's in the environment. This research suggests that if you go to South Vietnam now, you too will be exposed to Agent Orange that was sprayed 35 to 40 years ago.

The Australian veterans affairs system accepts time spent in Vietnam during the war as proof of exposure. The United States system does the same thing—proof of Vietnam service is proof of exposure. One of the great successes of those who deny the Agent Orange problem, over the years, is that they have been able to force the veteran community to divert their

resources into fighting this spurious argument of direct exposure for years—for decades.

At the start of my report, I cited the current United States Senate Opposition leader, Tom Daschle, as referring to the Agent Orange issue as an example of Nietszche's theory of eternal recurrence. What that means is, if you look at the history of the Agent Orange issue as a linear progression from its origins to now, you could cut into that linear progression at any time in that history, and you will find the same battles in progress. You will find it always starts with an expression of concern by veterans. That's followed by official denial. That's followed by research that shows that the veterans were right and the official denial was wrong, and the end result is always an incremental increase in the services available to veterans. It would be nice to think that we've been through all that, and that we might be able to get from the expression of concern by the veterans to an increase in the services available without going through the middle parts, but Senator Daschle pointed out, that's not the way it happens. We seem to be destined to go through the same battles time and time and time and time again.

I'm not going to take up too much time here, by the way, speaking to you, because I want to leave time for questions. I do want to talk briefly about another study that's been done in Australia recently. I attended a presentation by Dr Keith Horsley, who conducted the research into the health of Korean War veterans in Australia. I attended a presentation on the cancer study in that series of studies. That research found that there was a very high level of cancer in Army and Navy veterans in Korea, but not in Air Force people. Now, if that was all they had, they might have found that a bit difficult to explain, but Dr Horsley had put together an advisory group of Korean War veterans from all services, and they were able to point out that Australia's contingent of Army and Navy units in Korea were entirely made up of front-line combat troops and sailors, whereas our Air Force contingent consisted of transport flights based in safe areas, well behind the lines. So the Army and Navy people were exposed to a number of carcinogens that the Air Force people weren't—for example, excessive smoking and drinking because of the combat stress and because of the extreme cold during the winters, and the fact that they used to apparently throw DDT powder around the bunkers to kill rats, and they also burned benzine to keep warm. If Dr Horsely hadn't had that advisory council of veterans, he would have been hard-pressed to explain this discrepancy between the Army and Navy figures, and the Air Force figures. I would suggest to you that that is the way to do a health study on veterans. I am sure that it hasn't escaped your notice that it would appear that Dr McLeod didn't consult with any Vietnam veterans, at all.

I, at this stage, have not seen transcripts of the appearances before this committee of Ms Gunn or Dr McLeod. That puts me at a slight disadvantage, because I don't know if they have responded in any way to my report. I understand from the secretary of the committee that they have not directly responded to my report, but if they have responded in an

indirect way—mentioned anything in my submission that criticised their submissions—then the only way that I will be able to find out about that is if you ask me questions on those topics. So I certainly invite you to do that.

There are a couple of things that I have been made aware of in the last couple of days. I didn't have any access to transcripts at all until the last couple of days, but I noticed that in Gunn's first submission to you, as you would expect from the head of Veterans Affairs New Zealand, she was making the point that the New Zealand system is far better than Australia and the US. You would expect that. I have no criticism of that. But she made one point that I think requires a bit of comment. She pointed out that New Zealand has what she called an open-ended system of claims for health effects that may be affected by war service, whereas Australia has what we call the SOP system—statements of principles. Gunn was suggesting that that SOP system is somehow restrictive. There is a finite number of SOPs, therefore Australian pensions officers must be restricted in what they can claim through Veterans Affairs.

That's not entirely true. I work within the current system as a voluntary pensions officer, and I've worked in the old system, and I find the new system quite liberating in many ways. I can give you an example. For a start, if you put in a claim for a condition that doesn't have an SOP, that may well be because nobody's ever put in a claim for it before, and your claim may well lead to another SOP being written. I'll also give you the example of a veteran who comes in with, let's say, ischaemic heart disease. Now in the SOP for ischaemic heart disease, there may not be a causal factor that you can link to that veteran's war service. But there will be a causal link to hypertension, and there still may be no direct link to the war service, but you'll find a link to alcohol abuse. If you look up the SOP for alcohol abuse, you'll find that one of the causal factors is suffering a severe stressor, such as combat. So you don't have to go to ischaemic heart disease, you can start by putting in a claim for alcohol abuse, and you can use those SOPs as stepping stones to get to the point that you want to reach. Also, you know, when you start building up those stepping stones, that not only do the SOPs apply to the pensions officers, but they also apply to the determining officers within Veterans Affairs. So you know that once you've got that first stepping stone established, say, in my example, of alcohol abuse, you know that the determining officer is looking at the same SOPs and therefore cannot reject your next claim for hypertension, because the SOPs show that alcohol abuse is a causal factor. This leads to, in my opinion, an increase of understanding and trust between the pensions officers and the determining authorities within the Department of Veterans Affairs.

I'm going to wrap it up so that you've got time to ask me some questions. I just want to thank John Masters for getting me involved in this. It's been an interesting experience for me, and I've been happy to do it, and I've been happy to do it in my own time and at no cost to the New Zealand taxpayer. And I would have been happy to do it if asked by the New Zealand taxpayer, without cost to them. There was no $78,000 or whatever you had

to spend for the McLeod report. My research was free, and freely undertaken.

One more thing that arose from the transcripts that I saw—there was a presentation of information on herbicide spraying in Phuoc Tuy Province. I think the man's name was Seymour who presented it. I have no criticism of him. I think that was an excellent presentation. But it started with herbicide spraying in Phuoc Tuy Province in 1965. Now, there were no Anzac forces in Phuoc Tuy Province in 1965. Anzac forces in 1965 were in Bien Hoa Province. Why would you have a presentation of herbicide spraying in Phuoc Tuy Province for a time when Anzac forces were serving in Bien Hoa? Why would you have a presentation of herbicide spraying only in Phuoc Tuy Province, knowing that Anzac forces served in several other provinces? I've noticed, since I first got involved in this particular issue, that there seems to be this kind of collective blindness about service outside of Phuoc Tuy Province. Please, forget about provincial boundaries in Vietnam. They are irrelevant to this argument.

I think there I should leave it and let you ask the questions.

Kedgley I've just got a couple of questions. You've sort of suggested that there's been widespread falsification, deception—you imply a sort of cover-up. What do you think would be the motive for that? Why would that happen?

Irvine I don't think it's up to me to attribute motives. I've been watching this from afar. I haven't been speaking to the people first-hand—I've only been corresponding by email with John, so I don't know the personalities involved. So I really couldn't comment on that.

Kedgley You've focused a lot on McLeod, but do you find it surprising that the Ministry of Health, who peer reviewed this report, would presumably—as you said—have not picked up some of the issues that you have picked up, and also the Ministry of Health, when they came to us, basically said that they hadn't advised the Minister of investigating dioxin and its effects, with respect to Vietnam and also in other areas in New Zealand. Do you find it surprising that there would be a lack of investigation by the Ministry of Health into this issue, and in the long-term effects.

Irvine I, for a start, do not find it credible that the Ministry of Health has actually reviewed this report. When I talk about review, I mean a serious critical analysis of the report. The other issues you're talking about are, in a sense, outside my brief. Certainly, there is research being done in Vietnam itself by international groups of scientists, because we've noticed, from past experience, that research that comes out of Vietnam is not looked at seriously in the West—in the US, in Australia, in Britain, and so on. So I'm hopeful now that international teams of scientists, usually led by Americans, are studying in Vietnam—that some of that research will be made available to us and will considered credible. Certainly the Schecter studies that I referred to are very credible studies. The New Zealand Ministry of Health,

in a sense, is outside my brief, but I do not find it credible that they have seriously reviewed the McLeod report.

Scott The McLeod report was a literature review, and she made it clear to us that she was only acting within the bounds of the proposal that was put to her. On page 23 of your report here, you've talked about the odds ratio from the studies that were actually examined, and said that the Blatter report should have been outside of that. Are there a lot of other studies that weren't included that should have been in this odds ratio, and could you talk a little bit about the odds ratio, because some of them, the confidence levels sort of go across the 0 to 1 percent.

Irvine OK. I think I named a couple of studies that weren't included—Albanese, I think, was one, I think Michalek and Rahe was another one—and from memory they have odds ratios of around the 1.3 to 1.4 mark. The odds ratio—I'm interested in the trend. You can make a point for individual study that your odds ratio is, for example, 1.4 in confidence. The interval might be 1.4 to 1.6, so the real figure could be anywhere in that. I'm interested in the fact that when you take a significant number of studies—20 in this case—you're starting to get a picture of what the overall picture might be. And when you analyse those odds ratios, you find that the average is 1.4. Incidentally, there's a version of my submission on my website, and on my website I have averaged that out and come to the 1.4 figure. So that indicates overall, on the health studies that McLeod herself claims to have researched, the figure is 1.4. And speaking of McLeod's research, I have done all of the same Internet keyword searches that she claims to have done, and you cannot do those key word searches and avoid seeing, for example, the Agent Orange Scientific Task Force report, the Zumwalt report, and all these other things that I mentioned in my submission. Those keyword searches produce those results.

Scott And yet we have a summary saying that 'all birth defects' are remarkably consistent and show overall no increase for Vietnam veterans. What do you say to that?

Irvine There's no way that that can be explained. That chart is not my chart. It is McLeod's chart. It appears on page 64 of the longer version of the McLeod report. That chart speaks for itself. There is no way that you can get that conclusion from that chart. And that chart purports to be the health studies that McLeod is basing that conclusion on.

Scott Right.

Yates Thank you very much for your report and thank you for the effort that you've put into this, and for appearing before us, and, obviously, for your continued interest. In the conclusion, you've said that there appears to be a genuine desire to prevent services to New Zealand veterans falling behind those available in Australia. The historical events and so on I think are tremendously important, and you've obviously got huge knowledge and

done a great deal of work on that, and you have talked about the SOP system in Australia. What I'd like you to talk about is how you think the comparison of services goes in New Zealand—how you've said it's open-ended here and you've assured us that it's open-ended in Australia because of the SOP system. How do the services compare, not only the services through Veterans, but through other social services? That's my concern—where to from here?

Irvine The first thing you asked about—my contacts, both John and my New Zealand contacts in Australia—are crediting the Government with a sincere desire to fix this system, so that's why I made that comment—that I believe the McLeod report was commissioned by the Government with the right motives in mind—until I can see any evidence to the contrary, I assume that. I do believe we have more services in Australia—for example, we have the Vietnam Veterans Counselling Service in Australia provides a wonderful range of services, not only to Vietnam veterans, but their families, and veterans of all other wars. It was initially set up to service Vietnam veterans suffering from post-traumatic stress disorder, but it has since widened to include veterans of all wars and their families. And that provides not only counselling but lifestyle advice, heart-health exercise programmes, all sorts of things—and, also, services for sons and daughters of Vietnam veterans, who are now very important. As we know from the Australian veterans' health study—which, incidentally, McLeod chose to ignore, for some reason—a huge study on a large base of Vietnam veterans in Australia—one of the most shocking results from that study was that sons and daughters of Vietnam veterans have a suicide rate that is three times the national average. So the Vietnam veterans counselling service was expanded to cover those people, as well.

I think that's one of the main differences. The American system, of course, doesn't have the reverse onus of proof, so they have to decide that a particular condition can be linked to Agent Orange, so they have what they call the Agent Orange list. It consists of about a dozen or so conditions, most of them cancer, and also the spina bifida in the children, and the complete range of the birth defects in the children of female veterans. We have a very small number of female veterans in Australia, and your number is even smaller. I think I'm getting off the track here, but the overall package of services in Australia, I believe, is better than New Zealand is, and I get that anecdotally from the—

Yates I'm just going to ask—because I know your study concentrates on the McLeod report. Have you done the study of the two delivery systems?

Irvine No, I'm an Australian historian, my study is Australian history—

Yates That's fine. It's just that the aim is to make sure the services are fine. What you've concentrated on is the report, and I think that's been very helpful to us. Thank you.

Chadwick Can the SOP approach of Australia be matched to a conditions list approach, because it sounds similar, but something that could be put together?

Irvine I think the SOP system is, in my opinion, vastly superior to the specific conditions approach. I also see no reason why, if you genuinely have an open-ended system here, as described by Ms Gunn, if a pensions officer puts in a claim for a veteran and has an open-slather approach to finding reasons why that condition could be related to war service, I don't see any reason why they couldn't use the Australian SOPs. Because they're there on the Internet, so New Zealand pensions officers could very well put in a claim for a condition and cite the Australian SOPs as a list of causal factors by which they could link that condition to war service.

Chadwick And I know that's outside of your research.

Scott If we, via this inquiry, have shown that point 1, that there was no aerial spraying and no exposure, is incorrect, and also that that exposure hasn't led to any significant increase in birth defects and we're saying that there is some sort of causal link, what do you think the next step for New Zealand is? What would be your advice for what you think should be the next recourse?

Irvine I've seen correspondence between Jessie Gunn and veterans that suggests that the next step is going to be taken anyway. The next step would be to provide services to sons and daughters of Vietnam veterans who are born with cleft palate, spina bifida, adrenal gland cancer, and acute myeloid leukaemia. That would bring the standard of service up to the Australian level, and I think a recognition that New Zealand veterans were exposed in exactly the same way as Australian and American veterans would lead to facilitating of claims through the New Zealand system being accepted in the same way as they are in Australia. And I do think that the Australian system, at the moment, is the best one around, and to bring your services up to the Australian level would be an aim worthy of aiming for.

Chadwick You don't have a trust fund for children of Vietnam vets in Australia, do you?

Irvine No, a separate issue to the veterans affairs system in Australia was the US class action which provided about 3 million US dollars to Australia, and a smaller sum to New Zealand, and both countries set up a trust fund to deal with that money. The aim was always that that money would eventually run out, because it was only a finite amount of money, and that has happened. Initially, that money in Australia was provided to veterans in need. Then, after several years, the purpose of using that money was changed to providing services such as scholarships for children, and I believe that money has run out in the last 12 months or so in Australia, finally. So it was used for nearly 20 years, which wasn't a bad effort.

Hereora I'm just trying to reconcile the information you've got in the introduction. I'll just quote it first: "The Australian Department of Veterans Affairs, while not accepting a link with Agent Orange . . ." and it goes on to say: also "not accepting a link between birth defects and Agent Orange." Can you just—

Irvine Yes. The system in Australia is that you don't have to prove the specific link. The Australian approach is to say, statistics show us that Vietnam veterans have these health problems. We can't say that there is a definite link between these health problems and Agent Orange, but we know that something in the war service of these veterans caused these problems. That is enough, with the reverse onus of proof system, to provide the services to the veterans. You don't have to say we're providing these services because Agent Orange causes these conditions. You can say that we are providing these services because we can't prove beyond reasonable doubt that your war service didn't cause these conditions. And there is enough evidence available to provide—this is the crucial phrase in the Australian system—"a reasonable hypothesis" of a link between war service and those conditions.

Masters Can I interrupt and just make a comment here that the significant difference, in answer to the recent questions between the Australian system and ours, from a veterans' point of view is that Veterans Affairs make a virtue of the fact that every case will be considered on its merits. This has the effect, for somebody far less articulate than people who've sat in this room, as seeing themselves as supplicants, having done service, having got some sort of affliction, and then pleading for help, and it's the supplicant situation, as opposed to the recognition, which is the significant difference between the Australian and New Zealand circumstances.

Kedgley Just two quick questions—we were told that the Governments were not aware of the risks of spraying Agent Orange, and that they thought it was just a sort of weed killer that was being sprayed, and they were unaware of it. When do you think the Governments, firstly of America and then of Australia and New Zealand, were made aware of the health effects of what they were spraying over Vietnam? Secondly, one of the issues that we see that the McLeod report didn't really focus on is the fact that the health effects etc. may take the latency effect—so that it was like assessing, because effects hadn't been shown in the first decade or so, and not acknowledging that it may take several decades. Have you had any research on that latency effect that you could—

Irvine There are only a few conditions that are acutely caused by herbicides—only skin conditions. Most of the conditions that are listed in the Agent Orange list in America, for example, are conditions that have a long latency period, such as cancer—various forms of cancer. So, yes, there is, generally speaking, a latency period to be considered in these studies. There's also, potentially, a second generational effect—potentially a third generational effect. It's far too early to know about that.

As to the awareness, for publicly available documents generally suggest that the awareness was becoming pretty solid around 1970 in the US. Certainly, in 1969—I don't have these documents on me—but in 1969, from memory, the United States commanders in Vietnam issued an instruction that the enemy is trying to discredit our herbicide spraying programme, and they will use the media to spread propaganda, so therefore any criticism that you find in the media about the herbicide spraying programme can be assumed to be enemy propaganda. Now, this led to a farcical situation where a retired Governor-General of Australia, Lord Casey, read an article in the New Yorker magazine about birth defects in Saigon hospitals. He wrote to the Minister for the Army, Andrew Peacock, and said: "Andrew, I'm sending this information to you because, as Minister for the Army, I'm sure you'll be aware that our veterans would have been exposed to the same stuff." Peacock passed that on to the then Minister for Defence, Malcolm Fraser, later our Prime Minister, who gave it to the senior defence officials in Australia, who filed that under "Enemy propaganda". It stayed there in that file of enemy propaganda for about 15 years until it came to light in about 1985. A letter from the retired Governor-General of Australia to the Minister for the Army was filed under "Enemy propaganda". So they were certainly aware of it in 1969, in order to make that directive.

Hutchison You said in your conclusion that the McLeod report has been subject to a variety of reviews at different levels, and go on and say it's allegedly been subject to peer review, although the reviewers apparently wish to remain anonymous. Now, since you've written this, have you elicited any reason for their anonymity, or how do you think that reflects on the credibility of the whole review process and the peer reviewers?

Irvine OK. The anonymous reviewers were apparently at the first level of review, which was at the Wellington school itself. The health department reviewers are not anonymous—they've been named, the three. I think it's not uncommon for peer reviewers to request anonymity, but I have a concern that when the report that they have reviewed is subject to as much publicly available criticism as this one has been, and to a parliamentary inquiry, I don't know whether there's a case that can be made that those people should be allowed to remain anonymous. Obviously, that's outside of my remit to make that statement.

Hutchison Given the table on 64 of the long McLeod report has in the end concluded no link, could you summarise for us what you regard as the most compelling evidence to show that there is a clear link between dioxins and subsequent morbidity.

Irvine There are a number of significant ones. You're talking about a link between dioxins and subsequent morbidity. I'm talking about Vietnam service and subsequent morbidity—

Hutchison Sure. In this context.

Irvine Yes. One of the most convincing studies is actually one of the Ranch Hand studies. On page 1-33—I think it is, I've cited the page in my submission—there's a number of faults with the Ranch Hand study that's been conducted by the US Air Force—it's comparing US Air Force veterans who worked on Operation Ranch Hand with other people who served in South East Asia, so there's a few problems there—but they found two things. They found, (1), that the Ranch Hand veterans compared to the comparison group had an odds ratio of 1.456, which rounds up to 1.5, or 50 percent more birth defects than the comparison group, overall, but they also found that a lot of those Ranch Hand veterans were already fathers when they went to Vietnam, and the babies born after they came back, compared to the babies born before, went from 52 per 1,000 to 91 per 1,000, which is very nearly double. Apart from that, I just find the trend convincing, that so many studies—although the odds ratio is not big, I'm not suggesting that veterans have twice or three times the number of birth defects—the figure is probably somewhere around 25 to 30 percent, judging on the studies that I've seen, but the consistency over all of the studies—you'll find two that find 20 percent, 30 percent, 40 percent, then you'll find one that doesn't find any. Then you'll find another two that have a small increase, and another one that shows no increase. When you put all that together, you get a definite trend, and that's what I find convincing.

Chadwick Thank you very much, that's a very valuable perspective. We've got more work to do, but thank you for coming before us and thank you, Mr Masters, for bringing Mr Irvine today.

conclusion of evidence

Appendix K

Corrected transcript of evidence 9 June 2004

Members

Steve Chadwick (Chairperson)
Judith Collins
Darren Hughes
Dr Paul Hutchison
Sue Kedgley
Mark Peck
Barbara Stewart
Judy Turner
Dianne Yates

Staff

Michelle Malyon, Acting Clerk of the Committee
Philippa Bell, Parliamentary Officer (Report Writer)

Witness

Barry Dreyer

Chadwick [Welcome] Now, as you'll understand, Mr Dreyer, we've heard these in literally dribs and drabs, but we wanted to make sure that every submitter who wished to be heard has been heard. So these are the last two submissions today. We still have to come before us the ministry of veterans affairs, and then we'll be starting to draft our report. So welcome.

Dreyer OK. Thank you very much.

Chadwick You're probably going to be freshest in our minds.

Dreyer Thank you very much for your patience, because I think my submission was written in about July last year, so it's nearly a year ago, and no doubt you've heard very similar things to what I'm going to say.

Essentially, I'd like to start by saying: I was a regular army officer and shortly after I was commissioned I was posted to Vietnam, when 161 Battery was serving with the Americans in Bien Hoa. After the Australians arrived I moved down with the battery to the main operation area in Phuoc Tuy Province. I was in Vietnam from May 1966, and I arrived home September 1967. I left the regular army in 1976, and I've been employed in commerce and for the last 20 years had my own business in Auckland.

There have been many studies in New Zealand and overseas on Agent Orange and other defoliants. There are a lot of upset veterans in New Zealand, and there have been since the mid 1960s. Next year it is 40 years since the first New Zealand combat troops deployed. I think it is important that there is some closure on the subject—closure for the soldiers, closure for the families, and, probably, closure for the general public. Firstly, I don't think the committee should be surprised by the reaction that you have had from veterans. In my recollection, we have never been officially asked if we were sprayed, or were in Agent Orange defoliated areas, or whether we used Agent Orange. It should be pretty clear by now that we were all of those things. We have never been asked.

I want to go over my written submission just very briefly, to reinforce the facts. We were sprayed in my time, we operated in sprayed areas in my time, and we used Agent Orange or similar defoliants on a regular basis ourselves. Really just to highlight the points in what I've got—and I must apologise because I haven't got copies—but I've got operations maps and I've got photos of areas linked to the maps that we actually operated in.

Chadwick I wonder if we'd be able to have copies. We've had wonderful submissions before the committee with maps.

Dreyer I'm sure you've probably seen the maps but the point I want to make on these maps—these are maps that I used in 1966, and it says on them that the data is 1965. So it was current within a year, and there are areas that I operated in that I've got photos of, which says it's rubber and in fact it's dead trees in the photos a year later.

Chadwick Could we copy your maps? Do you mind that? We don't need to do it for every member today, but what we're trying to do is develop a very comprehensive record for once and for all.

Dreyer I've got two sets of photos, one in the south of the task force area and another set in what's supposed to be rubber plantations. And I can show you on the map where they are, which says that they're mangroves and rubber, and in fact I've got photos from when I was there, and they certainly weren't.

Chadwick The clerk can certainly take them, and we'll get them back to you. It's better than you having to flip through them.

Dreyer The first one is an area that we deployed in on Operation Ingham—

Chadwick Ingham, yes.

Dreyer That was mid November to late December in 1966, but the map that I've given the committee support member shows the area which we referred to as the "rubberless rubber". The guns were deployed in there. The map that was a year old said it was established rubber plantation, and I'll just pass round some photos which show, on about 19th November—and it's still

got my handwritten notes on the back—at the time, which says this is the rubberless rubber gun position. I mean, that's what we called it—the rubberless rubber gun position. So I'll just pass those round. In particularly the small one, you'll see the dead trees in the background. We were in that area, in that gun position, for about 8 days. The only ones in there were the New Zealand gun battery; we sometimes had some Australian infantry protecting us, but we were there for about 8 days for ourselves. You'll see that it's just dead stumps and broken-down trees, mostly. That area had been defoliated.

Chadwick Did you know how recently it had been defoliated?

Dreyer The map I've given you is dated 1965, so it had been defoliated in the previous 12-18 months. It was only the rubber area that had been defoliated—the jungle hadn't. It was quite an important supply route that the rubber was astride, and they'd defoliated the rubber.

Hutchison Could I ask you a question while I've got this photograph here—is that possible?

Chadwick Can you hold it, Paul?

Hutchison I can hold it. I'll do it when the time comes.

Dreyer The second area that I've got maps of, this is an area you'll have seen. That's Vung Tau, that's the peninsula up to Vung Tau, and up here, somewhere, is the task force area. I've got photos taken by a bridge coming down through the mangroves. This is the same. The map says 1965, all mangroves; 1966, it's stumps. That's taken from a bridge looking back towards the provincial capital of Ba Ria, which you can see in a couple of them in the background.

Chadwick And you just had these records sitting at home?

Dreyer No one's ever asked the question. Not that I kept them for that—I've got many photos—but those are the ones I'm happy to show you. There were other areas, but I mention those in particular because I've got maps and the photos to show what the difference was in a year. There were two other areas that I clearly remember. When the 1st Armored Cavalry Regiment, which was a very large American formation, deployed, they came in by sea to Saigon, they had to come around the coast area and up through the task force area to go up to Xuan Loc—it was about 600 or 800 armoured vehicles—we deployed to protect the route, particularly by the mountains. 161 Battery deployed into just north of what was called Route 15, and this would have been July 1966, and all of that area between those two large mountains were defoliated. Unfortunately I don't have photos, but it was just jungle without any foliage.

Chadwick So what we need to do, really, is make sure that those areas also match with what we've been told by the Ministry of Defence.

Dreyer With what you've got, yes. In fact, that's Operation Brisbane which was 16-18 July 1966 on provincial route 15. The third area where I actually saw aircraft spraying occurring was in an area that we called the Long Green. We had deployed just outside Long Tan, after the battle of Long Tan, and C130 or C128 aircraft went over in close formation, flying to about 500 feet, spraying—not exactly where we were but they sprayed in the Long Green, which was a long piece of jungle bounded by mangroves on either side and swamp. North of the road, they sprayed in a particular area, which was heavy jungle. I remember that particularly, and the operation, because they were also rolling 44 gallon drums of—something—out the back, and we assumed it was CS crystals—CS crystals are long-effect tear gas crystals, and they used to dust an area with that to stop people going through it. Certainly they were spraying from the air and throwing out drums of crystals which burst on impact and left what we assumed was to be tear gas to stop movement through the jungle area. That occurred over about half a day.

Chadwick Was that common practice with the crystals?

Dreyer Yes, not often from the air, but it was quite often, if you got into a tunnel complex or a bunker complex, that you'd leave behind CS crystals, which would last about 3 months.

Hutchison What are CS crystals?

Dreyer It is tear gas—crystals of tear gas, and they emit tear gas over—you know, the normal anti-riot gas. It's crystals of tear gas. It looks like a salt or a sugar.

Hutchison They were used up in Kerikeri on the tamarillo blocks.

Dreyer CS crystals?

Hutchison Something like that.

Dreyer To keep insects out, or something?

Hutchison Yes, or stock off the vegetation.

Dreyer Well, the CS crystals did no damage to the vegetation. It was uncomfortable for people to move through areas where CS crystals were without a gas mask on. It's the ordinary tear gas—the anti-riot gas.

Chadwick We actually haven't heard that from other submitters.

Dreyer Yes, well it was certainly being used when I was there—CS crystals to dust areas to stop movement and it would last 10-12 weeks.

Chadwick Thank you.

Dreyer Now the other area is, we regularly used defoliants on our gun position. And, as you can see from that photo I've sent around of the gun position, there's lush grass growth, and if we were in a position for more than a few days the grass would grow up and we couldn't see to protect ourselves. And so we would regularly spray the long grass on the lines of fire of our defensive machine gun so we could see and have a firing arc that we could control. Where we had put concertina wire around the gun position when we were on operations, which was used to demarcate us from anyone else, when the grass grew up through that we couldn't see through it, of course, and so we'd spray that.

In the Nui Dat base we used defoliant on a regular basis, for the same reason, to keep the wire clear, to keep the grass down and to control it, and we'd use it, in the peak growing season, every 2 or 3 weeks. We had knapsack sprayers issued by the system—and 4-gallon kerosene tins of defoliant—it wasn't called Agent Orange, it just came in a khaki tin with yellow markings with all of the normal precautions on it, and we'd mix it, whatever it was, just like Round Up—you know, 10 to 100 with water, or whatever—roll your sleeves down, put a hat on, and we'd go around and spray the long grass. That was the same defoliant that was being used from the air, and it was used, as I say, we probably used it in the 11 months I was the gun position officer, 20 or 30 times, without any—you know, it was used regularly around the gun position. But we took the normal precautions. You know, you'd roll your sleeves down and that sort of stuff.

Peck No masks?

Dreyer We didn't have masks, no.

Yates You were very exposed then, weren't you?

Dreyer Well, that's my whole point. I mean, for years and years we haven't been asked. But we used it regularly.

Yates No, I didn't just mean to the spray. I mean you were very exposed in terms of bombing and stuff, weren't you? You must have been very visible.

Dreyer Well, yes, we did as much as we could to avoid that, of course.

Peck Funny, that!

Dreyer Yes.

Yates No, I'm just saying by the time you've taken all the grass and everything off—

Dreyer Yes, but that was the whole point. That's what we did so people couldn't come close to us without us knowing they were there, by day or by night. If we left long grass, at night the other side could sneak up on us, and—

Collins That's the nature of the war.

Yates I do know the nature of war, thank you.

Collins No, the nature of THE war, I'm not being insulting.

Yates Yes, I've been bombed before, but if you've got no—

Chadwick Carry on, Mr Dreyer.

Dreyer Now, just in summarising, if I may, the Australians and other nations that were in Vietnam during the period have a presumptive list of ailments. I strongly believe in New Zealand that we should do the same, and we should have had the same for many years. For what was seen as probably very valid reasons at the time Governments, politicians, and bureaucrats have made what the veteran would regard as poor decisions. They were made for valid reasons at the time. But I think this is now the chance to put that right, like the other countries have put it right over a number of years. And it is this, which is the most important thing from my point of view. We need to do it for the veterans—I mean, it's the 21st century and this happened nearly 40 years ago and we're still arguing it. I mean it's an appalling process. That's the end of my submission.

Collins Thanks, Mr Dreyer, for coming in and making your submission. Are you aware of what's happening, or what benefits are available for veterans and their families through Veterans Affairs?

Dreyer I should have said I am a war pensioner myself. I'm on about a 25 percent disability pension, and have been since 1968—

Collins There's been some disagreement in the evidence given to us in this committee about how well New Zealand veterans' benefits stack up against the Australian veterans' benefits. I think that that is one of the things that we are trying to come to grips with. I was wondering if you knew anything in particular about that, given—

Dreyer The only thing that I know is anecdotal. I think that the process of supporting the veteran, except in the areas of Agent Orange and causal relationships, has improved dramatically in the last 6 or 8 years—the service provided, the 0800 numbers, the ability to talk to support people in Veterans Affairs and in WINZ. The war pensions department of WINZ has improved dramatically. There has been a lot of work done in those areas. But there are huge differences between Australia and New Zealand, and certainly between New Zealand and America, on what in other countries is regarded as automatic support. Let me give you some anecdotal—I mean, you would have heard about the Australian gold card and that sort of process, and you will be aware of what those people get. I don't think anyone is advocating so much for a gold card or something similar here—

Collins Oh, we are.

Dreyer —but they just want support. I went to a funeral last week of one of my soldiers. He served on that rubberless rubber gun position. He was a sergeant at the time. He had three cancers. Now, I am not a doctor, but that would be almost remarkable. One of them was what would be regarded as a causal cancer. He had a sarcoma, or whatever that one is. But he had three cancers when he died. Now, it is his family that need the support. This should have happened years ago. That is the issue. That is what it is about for these people. It needs putting to rest, otherwise people are going to be arguing it in 10 years' time. There will be theses written about it in 10 years' time. It has gone too far for that.

Hutchison I was merely going to go back to your photos, which fascinated me, in that there were even little branches coming off the rubberless rubber trees. So, presumably at the time, did you just think this was another herbicide that was reasonably safe? You just had to roll down your sleeves. Did you just not have any idea to use masks, or were there no instructions?

Dreyer There were no instructions, whatsoever. We probably didn't even think that it had been defoliated, in that sense. I mean, we were flown in by helicopter, by Chinook helicopter. We deployed, we fired the guns, we patrolled, and we looked after ourselves. The last thing you were thinking of was: "Has this been defoliated? Is this rubber?" I mean, for all we knew, it was rubberless rubber. There were no briefings about it.

Peck You wouldn't have been unhappy that the rubber trees were gone, though?

Dreyer No, no, no. I presumed someone else picked the gun position for us, and they would have done an aerial reconnaissance—and here's a fantastic bit of cleared area where we could put the guns in, in the middle of the jungle. So that's where they sent us, and we just flew in and that was it.

Hutchison Can you just tell us: when was really for you the first time you realised that there was something in this, with what you'd done?

Dreyer Defoliant?

Hutchison When did it dawn on you?

Dreyer Well, I wouldn't have even heard of the words "Agent Orange" until the late '60s. We certainly didn't use those sorts of words in Vietnam. It was just a defoliant. The first time I really saw it was in Operation Brisbane, which was July '66, when we deployed into the area which was jungle, and was just bare trees. So we certainly were aware that it had been defoliated, but we weren't aware that it could really cause serious damage. And I don't think many people were, then. They didn't know.

Turner One of the things that interested me after everything we've heard is that for so long the emphasis was on who was sprayed and who wasn't—and

obviously there's no doubt that New Zealanders were sprayed—but what interests me is that in effect it was irrelevant, because you were working all the time in such a contaminated environment, whether you were sprayed or drinking water, or back-pack spraying yourselves, it was there, captured in the environment. Apart from the obvious things of having to spray, were you ever aware of things that at the time might have seemed significant—the taste of it in the air or in the water or anything that was in your food—

Dreyer No, not at all. The base water came, I think, from a well that was purified and filtered. The Australians had a water unit that did that. On operations, we would get it from streams or catch rainwater. I mean, you'd just use local water, but you'd go through the process of a blue pill and a white pill—the things that killed the bugs—and boil it if necessary. But all the water we would have got from streams tasted funny anyway—so whether it was Agent Orange, or bits of slug, I've got no idea.

Peck The slug was a bit of protein.

Collins This is a sort of strange question—it's because of the previous question before—I presume that the greatest danger in this war, from your point of view, would have been because of the fact that the enemy could get so close and it was in fact such a hand-to-hand combat sort of war, wasn't it?

Dreyer The aim, when we used defoliant, was to keep them at arm's distance, so we could see them coming at us. Of course, the other thing is that the last thing on our mind was a defoliant being poison. There were other things that were worrying us much more than that, which was the combat side of it.

Kedgley Getting out of the way of the shots.

Dreyer Yes. And from our point of view, the defoliant was a useful tool, because we used it so we could see and use our machine guns.

Collins What was the average age of the men in your unit?

Dreyer Well, I was 21, and I would have been—the average age would have been 26, 27.

Collins And you were quite young, weren't you?

Dreyer I was relatively young then, yes.

Chadwick Thank you, and thank you for bringing your photos.

Dreyer Can I ask: have you seen photos before, like that?

Chadwick We have seen photos—

Yates Not quite like that.

Collins Yours are very good.

Peck Yours are actually allied with a map. You can show us on that it says it's a rubber tree and we see the photo and see there are no rubber trees. There are stumps.

Chadwick And I don't think we've seen the grassed area, either. We've seen the effect on the trees, but not—

Dreyer Well, I've certainly got photos of the gun position and base where we mostly used it. And the grass there is about that long—because we didn't let the long grass grow.

Peck You were an officer as well, so you observed these things. So it was well observed, and kept all these years.

Dreyer I kept the stuff. Yes, well, these maps were used subsequently for training. That's why I brought them home. They were used in Waiouru and at the—

Chadwick Do you belong to a veterans' association now?

Dreyer No, I don't. No, I belong to the RSA. Have done since I came home, but I'm not active in any veterans' association, no.

Chadwick Thank you.

conclusion of evidence

Appendix L

Corrected transcript of evidence 16 June 2004

Members

Steve Chadwick (Chairperson)
Judith Collins
Darren Hughes
Dr Paul Hutchison
Sue Kedgley
Pita Paraone
Mita Ririnui
Heather Roy
Judy Turner
Dianne Yates

Staff

Catherine Parkin, Clerk of the Committee
Philippa Bell, Parliamentary Officer (Report Writer)

Witness

Jessie Gunn, Veterans Affairs New Zealand

Chadwick — Jessie, welcome to the table. I'm sure that you have had some wonderful experiences and lots of talk to the veterans no doubt.

Gunn — Yes, indeed. The projector, will that be used in this submission?

Chadwick — No. I will just refresh the committee on your papers from December 2003, and the comparative table, too. If you would like to take us through those, and then we want the opportunity to ask some questions so that we can get our heads around what we want to consider in our report.

Gunn — I think when we are talking about war disablement pensions, in doing the comparative chart between New Zealand, Australia, and the United States, New Zealand comes out of it by far by being the most generous that is around. It is compensatory, as opposed to compensation, and it is paid in recognition of the impact that a disability is deemed to be attributable or aggravated to service in a war or emergency. It is paid in respect of an individual veteran, and in respect of his specific disability. It is designed to counterbalance the impact of the disability, as opposed to compensating any loss. So, it is basically the impact on quality of life.

There are no restrictions to the type or, indeed, the number of disabilities that a veteran may make application for. The basis of awarding a war

disablement pension is on the reverse onus of proof. So that allows the veteran to apply for any conditions that the veteran believes to be attributable to, or aggravated by, service. If attributability, or aggravation, to service cannot be ruled out, then a war disablement pension must be awarded, and that is written into the War Pensions Act 1954.

The percentage of pension paid is determined on a case-by-case basis. Basically, that is done by a medical assessment of an individual. The percentage is not fixed and it can be reviewed at any time when the veteran feels that the disability has deteriorated. An additional pension is also payable where a veteran's quality of life is severely limited by the disabilities.

In comparison, the Australian war pension system is a disability compensation scheme. It is designed to compensate veterans for injuries or diseases that have been accepted as being caused, or aggravated, by war, defence, or peacekeeping service on behalf of Australia. It works on the basis of statements of principle, which, on the balance of probabilities, there is a connection between injuries, diseases, or death in eligible service.

Those statements are used to decide whether a claim will be accepted. Disabilities are not included in the statements of principle, are not automatically accepted, and, in those cases, a connection between service and disability based on medical evidence must be gone through to get the condition accepted. The percentage of pension paid to Australian veterans is assessed according to the degree of incapacity against a preset scale of compensation. There is, therefore, no individual medical assessment undertaken of the veteran to determine the actual level of disability.

In the United States, a disability compensation system is available that is designed to make restitution to veterans who have incurred a disability during service. For some deployment such as Vietnam, once again, there is a list of conditions that are presumed to be service related for compensation purposes. In order to obtain compensation for any other disability, there is a need to prove a connection to service on a direct, as opposed to presumptive, basis.

Once again, the percentage of pension paid is assessed according to a degree of incapacity against a preset scale. In addition to the war disablement pension, which is paid for specific disabilities, New Zealand veterans are also able to receive the veterans pension, which is an income support payment aligned to the rate of New Zealand superannuation. Veterans who have reached the qualifying age for New Zealand superannuation may qualify for the veterans pension if they have service in a recognised war or emergency, and are in receipt of a war disablement pension of 70 percent or more. Veterans who have not reached retiring age for New Zealand superannuation purposes may qualify if they had service in a recognised war or emergency, and are unable to work due to mental or physical infirmity. That mental or physical infirmity may, or it may not, be attributable to service. The emphasis there is on may not.

A veterans pension is not asset-tested and it confers automatic entitlement to the community services card for the veteran and the veteran's partner, and a lump sum payment if the veteran, or the partner, dies. Veterans' payments are not reduced should a veteran require ongoing hospital care. If veterans undertake paid employment, their employment income reduces the amount of veterans pension they receive, but their war disablement pension is not considered as income.

In Australia, veterans are able to apply for a service pension, which are means tested, similar to the Australian social security age pension. If the veterans have qualifying service they can receive a service pension 5 years earlier than they would receive a social security age pension. The war pension, or the war disablement pension equivalent, is considered income in terms of asset testing or the service pension.

Veterans who are unable to work because of their service-related disabilities only are able to access an income support payment. This is also work-tested, based on the number of hours that the veteran is able to work. The number of hours worked impacts on the rate paid.

In the United States veterans who have limited income can receive an additional disability pension which provides financial support. The disability pension is designed to bring the veteran's total annual income up to a specified level. Veterans who are unable to undertake paid employment, again, because of their disabilities that do not have to be service related, can receive a disability pension.

Collins Thanks Mrs Gunn, for coming in again, and for your submission. Have you seen the submission and the transcript of evidence from Irvine Lachlan?

Gunn No, I haven't.

Collins He's actually looked at the research. He's living in Australia—a veteran there, and he has also seen your submission. The system in Australia as you described it sounds as though it is not as good for veterans as the system in New Zealand. He points out that the system, in his opinion, is actually better in Australia and then states why. I am a bit disappointed that you haven't been given access to that.

Chadwick Would you like to resolve that?

Collins Yes, could Jessie have that, because I think it would be much more helpful for her if she had that. In addition to that, one of the things you said just before was about the fact that in Australia the veterans aren't necessarily individually assessed. One of the concerns that veterans have expressed to me—and I am wondering whether you could comment on it—is that they feel that—they go to one psychologist who says this, or one psychiatrist; they go to someone else who says something else, they are assessed at various levels and things, and they feel like the individual assessment of them is incredibly invasive to them. They find it very, very—

Gunn Stressful.

Collins Yes, really stressful. I know that you all try and do the right thing here and I'm just wondering whether or not that's something you have come across, or whether you would have any comment on it. Here we are trying to treat people in an individual way, but they are perceiving it as a really stressful thing. A lot of these men in particular feel very embittered by the entire experience of having been and come back from Vietnam and everything else. Many I would say are damaged in many health ways and they feel insulted almost that they have to ask. I am wondering, whether there is something from your experience in Veterans Affairs—

Gunn No, it's not really, in terms of I would have liked to have thought that in recent times we've become more kindly and more flexible in terms of the approach that we adopt, in terms of the medical assessments that are required of veterans. A veteran is only required to front up for one medical examination in order to get a war disablement pension. If he fronts up and fills out a form and says "I have a psychological, psychiatric, or mental disability.", I require—and it is something that I have introduced quite recently in terms of the last 18 months, and it is born of precedent that forced me into this scenario—that at first point of call, a veteran who fronts up with a psychological condition be, in the first instance, examined by a psychiatrist. That really is to satisfy my statutory responsibility to rule out any possible risk of an organic medical condition. It is from that point on that the psychiatrist may recommend that the veteran be referred to a psychologist for ongoing therapy or counselling.

I have to say that if a veteran is not happy about the nominated specialist that he is required to go to, he certainly has the ability to put up his hand and say "I don't like that person, or I don't want to go there. I would prefer to go to somebody else." That, basically, is necessary. An examination by a specialist is necessary (a) given that we are also required to provide the ongoing treatment for the disability, but also in terms of basically getting a diagnosis that the veteran does, indeed, have a disability.

Collins Can I just comment on that Jessie. The comment that's been made to me by many veterans is that they feel that they are having to be in the role of a supplicant. They find it incredibly insulting—they feel that they are having to ask and to verify themselves. Occasionally, I think they come across people in the medical profession who don't believe them, and that, of course, is insult added to injury.

Gunn OK. I think that's a separate issue in terms of the understanding of the medical profession. That is a separate issue to the application process per se. Certainly, I am aware that there have been a number of instances in the past and currently, probably in many cases as well, where veterans feel that the specialist they have been referred to does not necessarily have the requisite level of empathy with the veterans, or indeed, an understanding of the issues that they have faced. It is a separate issue.

We are aware of that, and one of the things that I have done in recent months is to meet with the Ex-Vietnam Veterans Association, and indeed, with the Nuclear Test Veterans Association that has quite disparate, but not dissimilar, requirements. I have asked each of those organisations to put forward to me the issues that they would want represented to a specialist who is going to undertake a medical assessment of a veteran. They have been put forward and, with incredible respect, in some cases they were very long.

I am now paying for a person who is PhD qualified to go through and summarise those issues in terms of what the presenting conditions, in terms of the veteran's disabilities or symptoms, may be and also in terms of summarising their environment and the environmental risks that the veteran was exposed to. They will go out each time a veteran is referred for medical referral. In addition to that, I am also looking at the way that we make referrals for medical assessments of veterans, and I am quite confident—

Chadwick Is it also a training issue?

Gunn Yes, it is.

Chadwick I've met many who don't even sort of see it when it goes close to the case.

Gunn And that's what it is. It's really getting it into a succinct summary that the specialist knows what the issues are that the veteran has suffered.

Yates You have partly answered my question just by saying what you were doing then, because I was going to ask what kind of evaluation have you done of people's perception. I was talking to someone from Australia who's the granddaughter of a vet who was saying "My God, in Australia it's terrible. You can't get money out of the system.", and blah, blah. I just wonder—is there much variation from what you've done so far of people's perceptions. From what evaluation you've done so far, are people's perceptions of what they're receiving at variance, or are you saying that most people are satisfied, and there's one or two—this woman from Australia was totally slating their system and saying "My God, it's awful. You should come here."

Gunn I think as education increases, and awareness is happening around, the New Zealand veteran is comparatively well provided for. I think there will always be a perception that on a share-dollar basis, the Australian veteran is better off. We have done some examples here to show the various levels of pensions, the supports available, the medical assistance that is available, and quite frankly, no, they are not better off. There's only one area where they could be.

Yates And if they're accepted?

Gunn If they're accepted, yes.

Chadwick Which area could they be better off in?

Gunn Once again it's a comparison in terms of different social and income support services as well. The only area really is in terms of the totally and permanently incapacitated category that the Australians have. These are veterans who, because of a war-caused injury, or war-caused disability, or both, are incapable of undertaking remunerative work for periods aggregating more than 8 hours a week. Those veterans receive a gold card and $752 a fortnight. We don't have such a category of veteran, but when a veteran is unable to work, we provide support, whether the injury is war related, or not.

Turner The gold card is something that is often brought up as something that certainly from a perception point of view New Zealanders feel they are short-changed on. Is that just available to that category, or do all veterans get a gold card?

Gunn No, it's not available just to the totally, permanently, and incapacitated. The gold card is also available to Australians who served in the Second World War and who are over 70 years of age. But I think in realising the gold card, we have to look at the differences in terms of the medical services that are provided in each country, in realising that New Zealand has a publicly funded medical system, whereas the Australian system is based on essentially a private medical insurance scheme.

Turner Sometimes I wonder whether perception is just the mechanism by which something is delivered. One of the things that I was aware of with the gold card was that it may not only deliver all in terms of what the Government provides to New Zealanders, but there is also a social sense in which often businesses will give discounts to gold card holders as a sense of honouring. That gold card facilitates that. So it's a mechanism I know, and I wonder whether that could be a helpful thing to consider—

Gunn It is helpful. One of the other things I will say about that as well is that many of the benefits that are available to Australian veterans through a gold card activity are, in fact, State-based, as opposed to Federal Government-based. So if you live in Brisbane you may get something, but you're not necessarily going to get it if you live in Queensland, or somewhere else. It is very State, as opposed to Federal based.

Turner But do you think there's merit just in the sense of a mechanis—

Gunn It's an identity card and something that we have and are ongoing looking at. One of the things we are doing at the moment is working with health to promote the synergies of veterans' health with the PHOs that are being established as well. But there's also things in terms of a veteran's card as an identity issue, which is something that we are looking at.

Chadwick We've got the War Pensions Act here. Should we be adding other conditions to that?

Gunn But there's nothing you can add to the War Pensions Act, because the War Pensions Act says "any condition". If they're an Australian, they've only got that many conditions, but it's that wide.

Chadwick OK, don't go prescriptive.

Gunn No.

Chadwick The other question I have here, and it was a couple of submissions from children of vets who felt that they had to pay for prescriptions though they had become high users in the end, and travel costs. Are those things usually met?

Gunn That's something if they come back to—I guess there are areas. The defined disabilities that we will make all their medical costs for are spina bifida, cleft palate, and those ones. But through the case management service we have picked up a heck of a lot more other issues which we have taken a very, very liberal and generous approach to.

Chadwick So would you rather that it be kept like that?

Gunn I would say so, because I think that gives the flexibility. But what it says is that if we, as Veteran Affairs New Zealand, can't meet those costs, we will certainly be able to do the on-referral to agencies within the community that have the charter to do so.

Chadwick We have a really impassioned submission from Marakech, which is public, so we can mention her, and it was basically the added costs that she felt that she had personally had to come up with that were an incredible burden in her life. Is there some other way that we can look at support for children like this?

Kedgley Can I just add to that. Quite a number raised the issue that it's a very narrow range of illnesses that are recognised, and in fact, it's inevitable that the effects of dioxin would vary according to foetus, body, and whatever. It's a very narrow range. Somehow I don't think it's acceptable that we would perhaps limit it to this very narrow range. Yet, doesn't America accept a—

Gunn No, ours is more generous than America. We accept more conditions than the Americans and the Australians do for their children.

Kedgley There seems to be some mechanism that enables a greater flexibility just recognising that dioxin will not only manifest in particular ways.

Gunn One of things I would go on to say from that is that while we only have those prescribed conditions at the moment, Government has undertaken to keep monitoring the conditions that—

Chadwick OK, so it might be helpful for us.

Gunn Yes, it is.

Paraone I was going to suggest that given this flexibility issue and the fact that Mrs Gunn has referred to some issues that we've already considered, why not add those issues to the present list, but still maintain the flexibility that you've referred to?

Chadwick I think that's an issue for us as a committee when we look at drafting our report and what recommendations would we put in there. Do you want to add comment to that Jessie?

Gunn In terms of?

Paraone Whether there would be any difficulty with that—by adding the extra issues that you alluded to earlier on to the present list that you have, but still maintain the flexibility.

Gunn I think if you become too prescriptive, you tend then to preclude other considerations, and that would be my concern. I think by having some flexibility at the moment we are able to probably better serve people's needs. I can't talk about individual circumstances. While Marakech's situation may well be known to this committee, her health condition, and indeed, that of her father's, is still subject to an appeal under the War Pensions Act, and I can't intervene.

Chadwick We don't expect you to. But the committee has resolved in public and we will send the Irvine Lachlan submission. I'm sure we would love something back in writing that would just help us.

Gunn Yes.

Chadwick Is the committee happy with that?

Yates Perhaps in writing the answer you just gave us about the kind of evaluation report that you are doing. That would be helpful.

Gunn In terms of the case management system?

Chadwick Yes.

Gunn By all means. While we perhaps have no formal charter to do so, we are also taking account now of the grandchildren who are coming through, because that's the next generation down. That's another _____ again.

Chadwick Thank you for coming before us.

conclusion of evidence